

Standards for Accreditation of
**POST-BACCALAUREATE
NURSE RESIDENCY
PROGRAMS**



Commission on
Collegiate Nursing
Education

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Introduction

Accreditation Overview

Accreditation is a nongovernmental process conducted by representatives of postsecondary institutions and professional groups. As conducted in the United States, accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within institutions. Two forms of accreditation are recognized: one is institutional accreditation and the other is professional or specialized accreditation. Institutional accreditation concerns itself with the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. In addition, consideration of the program's mission, goals, and expected outcomes is of importance to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

Commission on Collegiate Nursing Education

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. As part of this mission, CCNE has become the standard setting accrediting organization in the area of post-baccalaureate nurse residency programs. A specialized/professional accrediting agency, CCNE ensures the quality and integrity of baccalaureate and graduate degree nursing programs and post-baccalaureate nurse residency programs. CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, and clinical nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), using a separate set of accreditation standards.

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs. Because the accreditation process is a voluntary enterprise, institutions that seek CCNE accreditation of their baccalaureate and/or graduate degree nursing education programs or post-baccalaureate nurse residency programs are viewed to have a cooperative relationship with CCNE in seeking ways to improve and enhance the educational programs for professional nursing students.

CCNE has established a peer review process in accordance with nationally recognized standards established for the practice of accreditation in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form the basis for planning and the setting of priorities at the institution.

The CCNE accreditation evaluation consists of a review of the program's mission, goals, and expected outcomes; and an assessment of the performance of the program in achieving the mission and goals through the most effective utilization of available resources, programs, and administration. The evaluation process also calls for a review of evidence concerning the application of these resources in assisting the students in attaining their educational goals.

In evaluating a post-baccalaureate nurse residency program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the key elements presented in this publication. A self-study conducted by the sponsoring institution prior to the on-site evaluation provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards and procedures for post-baccalaureate nurse residency programs and the accreditation procedures for baccalaureate and graduate degree programs may be obtained by contacting CCNE offices.

Accreditation Purposes

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest – the nursing profession, consumers, employers, higher education, students and their families, nurse residents – and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program meets accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.
5. To foster continuing improvement in nursing programs – and, thereby, in professional practice.

Background of Post-Baccalaureate Nurse Residency Programs

Post-baccalaureate nurse residency programs were developed to improve quality of patient care by providing additional training and support to the new baccalaureate nursing graduate. The purpose is to support the development of competent professionals who will provide patient care leadership at the bedside. Several factors have driven the development of these programs:

1. Research demonstrates improved outcomes for patients when care is provided by a baccalaureate prepared nurse. The American Organization of Nurse Executives and the American Hospital Association released a statement supporting that the educational preparation of the nurse of the future should be at the baccalaureate level.¹ This education will prepare the nurse of the future to function as a collaborator and manager of the complex patient care journey.
2. The complexity of patient care today requires highly competent nurses who use research and other forms of evidence to guide practice to ensure patient safety and quality care. New baccalaureate graduates must develop skills to apply valid current and emerging evidence to improve outcomes for their patients. Education, training, and support for new nurses are necessary to fully develop professional practice and skills critical to patient safety and quality of care. Many acute care hospitals provide extended orientation and/or residency programs to support new graduates in the transition into practice.
3. An aging nursing workforce, combined with diverse career opportunities and an increased societal need, are driving the demand for professional nurses. The support and education provided in the post-baccalaureate nurse residency programs are designed to improve retention and job satisfaction for new graduates, and to strengthen their life-long commitment to professional nursing.

¹ BSN-Level Nursing Education Resources. American Organization of Nurse Executives Web Site. <http://www.aone.org/aone/resource/practiceandeducation.html>. Accessed March 5, 2008.

Because of the wide variety of transition-to-practice programs and their characteristics, nationally recognized accreditation standards have been developed and are contained herein to ensure uniformity of the quality, content, and structure of post-baccalaureate nurse residency programs.

Purpose of Post-Baccalaureate Nurse Residency Programs

Post-baccalaureate nurse residency programs are developed and offered through a partnership between an accredited acute care hospital and one or more accredited academic nursing program(s). They bridge baccalaureate education and professional nursing practice, building on the foundation of *The Essentials of Baccalaureate Education for Professional Nursing Practice* [American Association of Colleges of Nursing (AACN), 1998]. Nurse residency programs support residents to:

1. Transition from entry-level, advanced beginner nurse to competent professional nurse² who provides safe, quality care.
2. Develop effective decision-making skills related to clinical judgment and performance.
3. Develop strategies to incorporate research-based and other evidence into practice.
4. Develop clinical leadership skills at the point of patient care.
5. Formulate an individual career plan that promotes a life-long commitment to professional nursing.

CCNE Accreditation: A Value-Based Initiative

CCNE accreditation activities are premised on a statement of principles or values. These values are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the interested community.
4. Rely on *review and oversight* by peers from the community of interest.
5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Assure *autonomy and procedural fairness* in its deliberations and decision-making processes.

² Patricia Benner. From Novice to Expert: Excellence and Power in Clinical Nursing Practice. Addison-Wesley Publishing Company Nursing Division. 1984.

Goals for Accrediting Post-Baccalaureate Nurse Residency Programs

In developing the standards for determining accreditation of post-baccalaureate nurse residency programs, CCNE has formulated specific premises or goals on which the standards are to be based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nurse residency programs.
2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the conduct of the accreditation process.
3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable with respect to the institution and nurse resident.
4. Assessing whether nurse residency programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that nurse residency program outcomes are in accordance with the expectations of the nursing profession to improve support for new-to-practice individuals in areas of evidence-based practice, early development of leadership skills, and promotion of life-long learning.
6. Encouraging nurse residency programs to pursue academic excellence through improved teaching/learning and assessment practices in accordance with the unique mission of the institution.
7. Ensuring that nurse residency programs engage in self-evaluation of personnel procedures and services, and that they facilitate continuous improvement through planning and resource development.
8. Acknowledging and respecting the autonomy of and diversity of institutions offering post-baccalaureate nurse residency programs.
9. Ensuring consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.
10. Enhancing public and credentialing agencies' understanding of functions and values inherent in nurse residency program accreditation.
11. Providing to the public and credentialing agencies an accounting of nurse residency programs that are accredited and merit their approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

About This Document

This publication describes the standards, key elements, and examples of evidence used by CCNE in the accreditation of post-baccalaureate nurse residency programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the residency program offered and to hold the program accountable to the community, the nursing profession, and the public. Separate standards and procedures are published by CCNE for the accreditation of baccalaureate and graduate degree nursing programs. All post-baccalaureate nurse residency programs seeking CCNE accreditation are expected to meet the standards presented in this document. Program compliance with the key elements promotes good practice in the field of nursing and thus enables CCNE to grant or confirm accreditation.

The standards presented in this document describe the operational and programmatic structural elements that the Commission deems essential to a quality program. The standards ensure the consistency and quality of the post-baccalaureate nurse residency program for nurse residents, the patients they serve, and the community. The accreditation process is based on trust, integrity, continuous quality improvement, and values adopted by CCNE. Achieving accreditation demonstrates to the public and to potential residents that the program meets a level of educational excellence and quality.

The standards are written as broad statements that embrace several areas of expected program performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of whether the broader standard has been met. The key elements will be considered by the evaluation team, the Residency Accreditation Committee, and the CCNE Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable the broadest possible interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of residency programs and the integrity of the accreditation process.

Following each series of key elements is a list of examples of evidence that assists program representatives in addressing the key elements, developing self-study materials, and preparing for the on-site evaluation. If utilized, these examples of evidence may be included in the self-study document or made available for review by the evaluation team on site. The examples of evidence are neither inclusive nor exclusive of all conditions to be present within a program. Rather, they are to be used to guide program representatives and the individuals involved in the accrediting process in determining sound practices. Evidence may be provided in paper or electronic form. The Commission recognizes that reasonable alternatives exist when providing documentation to address the key elements.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the analysis and discussion of additions and deletions. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.

At the end of this document is a glossary, which defines terms and concepts used in this document. Terms defined in the glossary are indicated in color throughout the standards. The terms “post-baccalaureate nurse residency program,” “residency program,” and “program” are used interchangeably throughout this document.

Standard I.

Program Quality: Program Faculty

The **acute care hospital** and the **academic nursing program** ensure the availability of qualified faculty to enable the **post-baccalaureate nurse residency program** to achieve its mission, goals, and expected outcomes. The **program faculty** are qualified and ensure the achievement of the mission, goals, and expected program outcomes.

Key Elements

- I-A. The **program faculty** have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.
- I-B. The **program faculty** are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.
- I-C. The **program faculty** are evaluated for their performance in achieving the mission, goals, and expected program outcomes.
- I-D. The **program faculty** participate in professional development activities.

Examples of Evidence

1. Provide a list of names, titles, educational credentials, and orientation records of the **program faculty** and others who participate in program implementation (Key Element I-A).
2. Provide selection criteria for the **program faculty** (Key Element I-A).
3. Provide the role descriptions for the **program faculty** and others who participate in program implementation (Key Element I-B).
4. Provide evidence of how the **partnership** between the **acute care hospital** and the **academic nursing program** is actualized through the roles and responsibilities of the **program faculty** (Key Element I-B).
5. Provide evidence of residency program orientation received by **program faculty** (Key Element I-B).
6. Describe how **program faculty** performance is evaluated (Key Element I-C).
7. Provide curricula vitae or other professional records for the **program faculty** and others who participate in program implementation (Key Elements I-A and I-D).
8. Demonstrate that curricula vitae or other professional records are updated annually and reflect participation in professional development activities. Professional development activities may include, but are not limited to, academic courses, continuing education, advanced degrees, or professional certification (Key Element I-D).

Standard II.

Program Quality: Institutional Commitment and Resources

The **acute care hospital**, in **partnership** with the **academic nursing program**, demonstrates ongoing commitment and support for the **post-baccalaureate nurse residency program**. **Program faculty**, appropriate facilities, fiscal commitment, and resources are available to enable the program to achieve its mission, goals, and expected outcomes. As a resource to the program, a sufficient number of **program faculty** assures the achievement of the mission, goals, and expected program outcomes. There is fiscal commitment from the **acute care hospital** to enable **residents** to fully participate in the program. Documents and publications are accurate.

Key Elements

- II-A. Through **partnership**, the **acute care hospital** and **academic nursing program(s)** foster the achievement of the mission, goals, and expected program outcomes.
- II-B. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.
- II-C. The program is restricted to **eligible employees**, and all **eligible employees** participate in the program.
- II-D. A **residency coordinator** is designated who is academically and experientially qualified to provide effective leadership to the program in achieving its mission, goals, and expected outcomes.
- II-E. The **program faculty** are sufficient in number to achieve the mission, goals, and expected program outcomes.
- II-F. **Teaching-learning support services** are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the **resident**.
- II-G. The **chief nursing officer** is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes.
- II-H. The **chief nursing officer** has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.
- II-I. The **chief nurse administrator** is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes.

- II-J. The **chief nurse administrator** has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.
- II-K. Unit leadership of the **acute care hospital** assures **resident** participation in program activities.
- II-L. Documents and publications are accurate. Any references in promotional materials to the program's offerings, outcomes, and accreditation status are accurate.

Examples of Evidence

1. Provide documentation of the terms and conditions of the **partnership** between the **acute care hospital** setting and the **academic nursing program** that facilitates the achievement of the mission, goals, and expected program outcomes (Key Element II-A).
2. Describe the structures, including scheduling, that support **resident** participation in **learning sessions** (Key Elements II-A, II-B, and II-K).
3. Provide documentation, such as attendance at **learning sessions**, demonstrating that all **eligible employees** participate in the program (Key Elements II-C and II-K).
4. Provide evidence that there are adequate fiscal, physical, and human resources to achieve the mission, goals, and expected program outcomes (Key Elements II-B, II-D, and II-E).
5. Provide evidence that there are adequate **teaching-learning support services** available (e.g., access to space, equipment, supplies, reference resources, and computer and technology resources) to meet the mission, goals, and expected program outcomes (Key Element II-F).
6. Provide documentation, including but not limited to the program budget and organizational chart, that the **acute care hospital** and the **academic nursing program** allocate resources sufficient to enable the program to achieve its mission, goals, and expected outcomes (Key Elements II-H and II-J).
7. Document that the **acute care hospital** and the **academic nursing program** provide resources for ongoing professional growth and development of the **program faculty** (Key Elements II-H and II-J).
8. Provide curricula vitae, position descriptions, and other documentation showing the academic and experiential backgrounds of the **chief nursing officer** and **chief nurse administrator** (Key Elements II-G and II-I).
9. Provide copies or access to promotional materials about the program (Key Element II-L).

Standard III.

Program Quality: Curriculum

The **post-baccalaureate nurse residency program** curriculum is centered on leadership, patient outcomes, and professional role. Leadership focuses on managing resources, including staff, supplies, and services for quality patient care. Patient outcomes focus on nurse sensitive quality indicators and on the provision of quality care and assurance of patient safety. Professional role focuses on the advancement of nursing knowledge and experience.

Key Elements

III-A. LEADERSHIP

Leadership, an essential nursing role function, is demonstrated by the planning, implementation, and coordination of care on behalf of the patient, family, or others significant to the patient. Leadership encompasses prioritizing care as well as the appropriate delegation to and supervision of specific care functions by other health care personnel. Leadership includes acting as an advocate on behalf of the patient and family, delivering care with compassion, and role modeling these behaviors with the team. The nurse is responsible for evaluating patient care outcomes, including exercising critical thinking, and utilizing evidence to analyze the effects of care. The program is designed to help the **resident** develop the skills necessary to become a leader at the patient's bedside.

III-A.1. Management of Patient Care Delivery

The program is designed to give the **resident** the skills to manage the delivery of patient care, including determining the appropriate plan of care, organizing and prioritizing care, and delegating care to unlicensed or supportive care givers.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Monitor the patient's condition and develop an individualized plan of care that includes identification of patient and family emotional and spiritual needs.
2. Delegate patient care functions and supervise patient care delivered by unlicensed or support personnel.
3. Manage patient care assignments based on patient acuity, workload, resources, and anticipated needs.
4. Evaluate patient and organizational care delivery outcomes.
5. Identify situations in which patient needs have changed.
6. Make appropriate referrals for managing care delivery in complex patient situations.
7. Examine quality and patient safety as complex issues that involve all health care providers and systems.
8. Analyze how data are used to investigate quality and safety issues and how action plans are developed for quality improvement.

III-A.2. Resource Management

The program is designed to help the **resident** develop the effective resource management skills needed to deliver safe patient care and optimize patient flow. These skills include time management, organization of care delivery, prioritization, and decision making.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Develop time management strategies that support professional nursing care.
2. Competently use the health care facility's documentation systems.
3. Identify factors relating to patient flow through the health care system that affect institutional and patient outcomes.
4. Appropriately utilize resources to ensure safety of patient, self, and others.
5. Evaluate effectiveness of team roles and analyze their effects on patient care outcomes.
6. Analyze and set priorities within the context of the health care team.

III-A.3. Communication

Language and communication are major components of the provision of safe patient care. Nurses are responsible for communicating with other members of the health care team to safely and effectively manage patient care. The program is designed to develop the **resident's** communication skills, including the effective transmission of information based on the patient's plan of care and changes in condition. **Residents** are expected to communicate within the established chain of command.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Communicate effectively with patients and their families, considering any speech, hearing, or visual impairments and any language or cultural barriers.
2. Communicate effectively with physicians and other members of the health care team.
3. Use available resources to promote effective communication with patients, families, and members of the health care team.
4. Collaborate with physicians and other members of the health care team in planning care and meeting patient needs.
5. Recognize a patient's changing condition and concisely articulate the key cues and alterations from established parameters.
6. Use a standardized approach to hand-off communication that includes an opportunity to ask questions and verify information.
7. Describe factors that create a culture of safety (such as standard communication strategies and organizational error reporting systems).

III-A.4. Conflict Management

The program is designed to help the **resident** develop skills needed to manage conflict that may occur within the health care team and between patients and their families and the health care team.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Detect signs of tension and interactions that may lead to conflict and develop successful strategies to prevent continued escalation.
2. Effectively manage conflict using appropriate resources.
3. Ensure safety of self and others in a threatening situation.

Examples of Evidence

1. Provide the curriculum, learning activities, and/or **clinical narratives** that address management of patient care delivery (Key Element III-A.1).
2. Provide policies and procedures that address delegation of patient care and patient care assignments (Key Element III-A.1).
3. Provide the curriculum, learning activities, and/or **clinical narratives** that address the role of the nurse in delegation and referral within the intraprofessional and interprofessional team (Key Element III-A.1).
4. Provide evidence of national patient safety resources available to the **resident** to assist in focusing attention on safety in patient care settings (Key Element III-A.1).
5. Provide the curriculum, learning activities, and/or **clinical narratives** that address quality improvement processes and tools and examination of hospital-specific data (Key Element III-A.1).
6. Provide the curriculum, learning activities, and/or **clinical narratives** that address resource management (Key Element III-A.2).
7. Provide samples of completed documentation (e.g., patient care assessment, patient care plan, progress notes) (Key Element III-A.2).
8. Provide evidence of progression with managing patient care assignments, including increased level of patient acuity (Key Element III-A.2).
9. Provide the curriculum, learning activities, and/or **clinical narratives** that address communication and how communication affects patient safety (e.g., hand-off communication, error reporting systems, etc.) (Key Element III-A.3).
10. Provide any tools used to guide the **resident** to communicate with physicians and other members of the health care team (Key Element III-A.3).
11. Provide evidence of **resident** participation in intraprofessional and interprofessional patient care activities that identify and support patient needs (Key Element III-A.3).
12. Provide the curriculum, learning activities, and/or **clinical narratives** that address the chain of command and conflict management (Key Element III-A.4).
13. Provide evidence of resources available to the **resident** to assist in managing conflict and assuring safety (Key Element III-A.4).
14. Provide sample **resident** performance reviews reflecting achievement of expected outcomes (Key Elements III-A.1, III-A.2, III-A.3, and III-A.4).

III-B. PATIENT OUTCOMES

The program is designed to give the **resident** the skills to safely manage patient care for quality patient outcomes. The **resident** uses case studies and examples from clinical practice to understand the impact of actions on patient outcomes, as well as the effect of system issues on care delivery and outcomes. The **resident** is aware of causes of error and the institution's approach to dealing with errors. The **resident** understands the institution's quality improvement process and participates in quality improvement efforts.

III-B.1. Management of the Changing Patient Condition

The program is designed to give the **resident** the skills to apply standards of care, policies, and procedures for patient assessment and reassessment, including responses to changes in patient condition and alterations in the plan of care.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Review critical functions and, using evidence from nursing research and other sources, perform accurate patient assessment and reassessment.
2. Recognize changes in patient condition, demonstrate critical thinking, and intervene utilizing institutional resources.
3. Describe the role of the nurse within the multidisciplinary team when there is a change in patient condition.
4. Analyze the importance of the chain of command and the impact of team functioning on patient outcomes.

III-B.2. Patient and Family Education

Patient and family education is an essential element of the professional nurse role. Education should be specific to the patient's needs and presented in a way that meets the patient's learning preferences and style. Such education includes health promotion and prevention as well as disease management. The program promotes the **resident's** continued development in identifying available resources to provide quality instruction to patients and their families.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Identify how the institution provides patient education across the continuum of care.
2. Identify patient and family education needs, including those related to health promotion and prevention.
3. Assess patient readiness to learn and identify resources to achieve the learning objectives.
4. Plan, deliver, and evaluate effectiveness of patient education consistent with the plan of care and institutional procedure.
5. Evaluate the effectiveness of existing educational materials and participate in developing new materials and strategies for patient education.

III-B.3. Pain Management

The program is designed to provide **residents** with basic knowledge of the professional and regulatory requirements for optimal pain management.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Define the concepts and special considerations in pain management among various patient populations.
2. Discuss the barriers to optimal pain management in specific situations based on evidence.
3. Identify and implement principles of pain assessment and management based on evidence, including the pharmacological and non-pharmacological management of pain.
4. Evaluate the effectiveness of pain management strategies.
5. Follow institutional policies and procedures and identify resources for pain management.
6. Discuss institutional policies and procedures for pain management, comparing these to professional and regulatory standards for pain management.

III-B.4. Evidence-Based Skin Care Practice

Skin integrity is a patient outcome and nurse sensitive indicator, linked to the outcomes of nursing practice. The program is designed to provide the **resident** with the ability to analyze and implement best practices for maintaining skin integrity.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Describe the rationale for skin care that is evidence-based.
2. Discuss institutional policies and procedures for assessing and implementing safe skin care practices, comparing these to relevant professional and regulatory standards.
3. Demonstrate proper use of an evidence-based scale to identify risk for and assess skin breakdown.
4. Identify wound care principles and establish treatment goals.
5. Implement interventions to prevent and treat skin breakdown.
6. Evaluate the effectiveness of interventions to prevent and treat skin breakdown.

III-B.5. Fall Prevention

The nurse is the first line of defense in patient fall prevention. The program is designed to provide baseline knowledge and skills to assess patient risk for falling, and to manage this risk to prevent falls.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Identify patient fall risk factors and the nursing assessment of these risk factors using an evidence-based assessment and risk rating tool.
2. Implement interventions to prevent patient falls.
3. Evaluate the effectiveness of interventions to prevent patient falls.
4. Discuss key strategies to effectively manage clinical and systems issues to prevent patient falls.
5. Accurately report patient falls.
6. Review institutional and unit data on patient falls to improve practice.

III-B.6. Medication Administration

Accurate medication administration is critical to patient safety. The program is designed to provide the **resident** with the ability to safely and correctly administer medications; to identify situations, circumstances, and actions that contribute to medication errors; to discuss how a blame free environment impacts both the reporting and the consequences of making medication errors; and to actively participate in the unit-based quality improvement efforts related to safe medication administration.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Demonstrate accuracy in calculating medication dosages.
2. Correctly interpret medication orders on the assigned unit.
3. Describe the process for questioning/confirming medication orders.
4. Safely and correctly administer medications on the assigned unit.
5. Demonstrate knowledge of the medications routinely administered on the assigned unit.
6. Describe evidence-based methods to prevent medication errors.
7. Identify situations, circumstances, and actions that contribute to medication errors.
8. Describe the institutional process for reporting medication errors.
9. Describe the mechanism for monitoring medication errors on the assigned unit.
10. Identify trends related to medication errors on the assigned unit.
11. Evaluate systems related to the administration of medications on the assigned unit.
12. Collaborate with others to modify situations, circumstances, and actions to prevent medication errors.

III-B.7. Infection Control

Controlling infection is essential for achieving quality patient outcomes. The patient depends upon nurses to actively intervene to prevent infection by using proper aseptic techniques, by exercising vigilance in detecting the early warning signs of infection, and by using rapid interventions to interrupt the progress of infection. The program expands the **resident's** knowledge of evidence-based infection control principles to apply critical thinking and skills in the prevention and alleviation of infectious diseases.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Recognize the evidence-based principles underlying the institution's infection control policies and procedures.
2. Comply with the institution's infection control policies, procedures, and surveillance programs, including those related to hand hygiene.
3. Critically evaluate the institutional and unit data on nosocomial infection rate(s).
4. Discuss barriers to compliance with the institution's infection control policies and procedures.
5. Perform a self-evaluation of adherence to principles of asepsis and the institution's infection control policies and procedures.
6. Describe the implications of infection control practices for patient care outcomes and health care provider safety.

Examples of Evidence

1. Provide the curriculum, learning activities, and/or **clinical narratives** that address assessment skills (Key Element III-B.1).
2. Provide the curriculum, learning activities, and/or **clinical narratives** that address changing patient condition and chain of command (Key Element III-B.1).
3. Provide the curriculum, learning activities, and/or **clinical narratives** that address patient and family education, including selecting education materials and evaluating the effectiveness of patient and family teaching (Key Element III-B.2).
4. Provide the curriculum, learning activities, and/or **clinical narratives** that address pain management principles and applications to patient situations (Key Element III-B.3).
5. Provide the curriculum, learning activities, and/or **clinical narratives** that address skin care management principles and applications to patient situations (Key Element III-B.4).
6. Provide the curriculum, learning activities, and/or **clinical narratives** that address fall prevention management principles and applications to patient situations (Key Element III-B.5).
7. Provide the curriculum, learning activities, and/or **clinical narratives** that address medication administration, including dosage calculation (Key Element III-B.6).
8. Provide the curriculum, learning activities, and/or **clinical narratives** that address infection control and applications to patient situations (Key Element III-B.7).
9. Provide sample **resident** performance reviews and/or checklists reflecting competency in managing the patient's changing condition, providing patient and family education, managing pain, maintaining skin integrity, preventing patient falls, accurately administering medication, and preventing and controlling infection (Key Elements III-B.1, III-B.2, III-B.3, III-B.4, III-B.5, III-B.6, and III-B.7).

III-C. PROFESSIONAL ROLE

The program is designed to give the **resident** the skills to practice in a professional manner. The nurse is in a unique position to be involved with the patient and family in very intimate circumstances, up to and including the end of life. The **resident** recognizes that clinical decision making reflects ethics and values as well as science and technology. The **resident** is sensitive to and respects patients and families, including their values and health practices. The **resident** is prepared to work with and care for people while demonstrating sensitivity to such factors as age, gender, religion, culture, ethnicity, language, socioeconomic status, vulnerability, gender identity, sexual orientation, and lifestyle choice.

As professionals, nurses are committed to life-long learning to maintain an evidence-based practice. **Residents** commit to planning and developing their careers, including the possibility of obtaining professional certification and pursuing graduate education.

III-C.1. Ethical Decision Making

The nurse must be prepared for ethical dilemmas and be able to make decisions to support patients and families. The program is designed so that the **resident** continues to build a professional and ethical framework that can be utilized to resolve ethical problems encountered in clinical practice.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Review the ethical principles important to nursing.
2. Utilize an ethical decision-making model to frame the ethical dilemmas encountered clinically.
3. Describe the role of the American Nurses Association's *Code for Nurses with Interpretive Statements* in guiding ethical clinical decision making.
4. Analyze and implement evidence-based approaches to resolving selected ethical problems.
5. Describe the institutional policies and procedures for handling complex ethical dilemmas.
6. Take action to prevent or limit unsafe or unethical health and nursing care practices by self and others.
7. Advocate for health care that is sensitive to the needs of patients, with particular emphasis on the needs of vulnerable populations.
8. Advocate for high quality and safe patient care as a member of the health care team.

III-C.2. End-of-Life Care

The nurse cares for patients, families, and others significant to the patient at the end of life. The program is designed to help the **resident** integrate core knowledge and develop the professional role in providing support and care to the dying patient and family.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Identify factors that affect the patient's and family's beliefs and perceptions regarding end-of-life care.
2. Describe the nurse's role in supporting the patient and family in palliative and hospice care.
3. Discuss ethical considerations in end-of-life care.
4. Examine and implement evidence-based interventions to manage pain and discomfort at the end of life.
5. Describe signs and symptoms of imminent death.
6. Discuss patient and family counseling and educational strategies related to end-of-life care.

III-C.3. **Cultural Competence** in the Nursing Care Environment

The nurse cares for and works with diverse populations while demonstrating sensitivity to such factors as age, gender, religion, culture, ethnicity, language, socioeconomic status, vulnerability, gender identity, sexual orientation, and lifestyle choice. The program is designed to facilitate the **resident's** identification of issues related to diversity and transcultural nursing care in the care environment, and to increase the **resident's** sensitivity to diversity in both health care peers and patient populations.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Identify dimensions of diversity in self, patients, and staff.
2. Compare and contrast similarities and differences in the values, beliefs, and different cultural practices.
3. Apply evidence-based strategies related to **cultural competence** to effectively manage clinical issues to ensure patient safety and quality outcomes of care for diverse populations.
4. Use appropriate language assistance services to achieve mutual understanding with the patient and family.

III-C.4. Stress Management

The nurse must recognize and deal with personal stress levels in order to effectively manage situational stress. The program is designed to help the **resident** develop strategies to manage stress that results from a new job, role, or work environment. The **resident** must also learn to anticipate, assess, and intervene when situational stress occurs in a variety of interactions with different people.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Identify personal and professional sources of stress.
2. Discuss the concept of compassion fatigue.
3. Identify evidence-based techniques to manage stress.
4. Assess situational stress in various relationships.
5. Practice stress management interventions.
6. Apply self-care techniques.

III-C.5. Evidence-Based Practice

The nurse must have current knowledge of best patient care practices and must be able to use evidence from multiple sources, including nursing research. The program is designed to help the **resident** apply the concepts of evidence-based practice and identify its importance in the delivery of safe, quality patient care.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Identify the key concepts of evidence-based nursing practice.
2. Apply the concepts of evidence-based practice when caring for specific patient populations and/or to a specific clinical setting.
3. Identify and use available resources for best practice information.
4. Identify the institution's process for using evidence in the revision of standards, guidelines, policies, and procedures.
5. Critically appraise a research study.
6. Develop an evidence-based practice project.

III-C.6. Professional Development

The role of the professional nurse is constantly evolving and requires a commitment to life-long learning. The program is designed to provide the **resident** with the tools to develop a personal plan for professional development to advance the individual's experience, knowledge, education, and continued ability to contribute to quality health care.

Seminar content, clinical, and other learning experiences enable the **resident** to:

1. Identify the **resident's** progress toward becoming a competent professional nurse.
2. Evaluate benefits of joining professional nursing organizations.
3. Construct a preliminary career plan.

4. Identify a professional mentor.
5. Review the benefits of and resources for life-long learning.

Examples of Evidence

1. Provide the curriculum, learning activities, and/or **clinical narratives** that address ethical decision making in nursing practice and how ethical decision making promotes safe patient care (Key Element III-C.1).
2. Provide the curriculum, learning activities, and/or **clinical narratives** that address the needs of patients requiring end-of-life care (Key Element III-C.2).
3. Provide the curriculum, learning activities, and/or **clinical narratives** that address **cultural competence** in nursing practice (Key Element III-C.3).
4. Provide the curriculum, learning activities, and/or **clinical narratives** that address methods of stress management (Key Element III-C.4).
5. Provide examples of evidence-based practice activities, including examples of **residents'** projects (Key Element III-C.5).
6. Provide examples of professional development activities, including examples of **residents'** career plans (Key Element III-C.6).

Standard IV.

Program Effectiveness

The **post-baccalaureate nurse residency program** is effective in fulfilling its mission, goals, and expected outcomes. **Resident** learning outcomes, program satisfaction, and the evaluation of program accomplishments demonstrate program effectiveness. Outcomes for the **program faculty** are consistent with the mission, goals, and expected program outcomes. Data on program effectiveness are used to foster ongoing improvement.

Key Elements

- IV-A. A written evaluation plan describes how program data are systematically collected and analyzed.
- IV-B. Program data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.
- IV-C. Program data are used to foster ongoing program improvement.
- IV-D. **Resident** performance is evaluated by the **acute care hospital** staff and demonstrates successful transition from advanced beginner to competent professional nurse. The evaluation process is defined and consistently applied.
- IV-E. Program satisfaction data are collected from **residents**, as well as from others who are responsible for or otherwise involved in the program.
- IV-F. Program data are shared between the **acute care hospital** and the **academic nursing program(s)** to strengthen the partner relationship and to foster ongoing program improvement.
- IV-G. A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Examples of Evidence

1. Provide evidence of data collection for ongoing program evaluation, including **program faculty** evaluations of the program, **resident** evaluation of **learning sessions**, employer surveys, and other data (Key Elements IV-A and IV-E).
2. Provide aggregate outcome data including rates of attendance at **learning sessions**, completion of an evidence-based project, and program completion. Demonstrate that these outcome data are analyzed, compared to expected outcomes, and used for program improvement (Key Elements IV-A, IV-B, and IV-C).
3. Provide aggregate data on retention at the institution post-program completion. Demonstrate that these data are analyzed, compared to expected outcomes and used for program improvement (Key Elements IV-A, IV-B, and IV-C).

4. Provide evidence that aggregate data are analyzed and used to improve program quality and to strengthen the **partnership** between the **acute care hospital** and the **academic nursing program** (Key Elements IV-A, IV-C, and IV-F).
 - a. Describe how **program faculty**, employers, and **residents** evaluate the program.
 - b. Provide a summary of evaluations from **learning sessions**, and demonstrate how these data are analyzed to identify areas for program improvement.
 - c. Provide examples of curricular changes and program improvements that have resulted from analysis of program evaluation data.
5. Provide evidence that evaluations of **program faculty** performance are shared with the respective individuals to foster performance improvement (Key Element IV-C).
6. Provide evidence that graduates of the program have achieved the competencies outlined in the program's expected outcomes and curriculum (i.e., samples of professional career plans, evidence-based projects, and **resident** performance appraisals) (Key Elements IV-A, IV-B, and IV-D).
7. Provide examples of achievements of graduates of the program, such as contributions to the employment site, leadership positions, and advanced degrees (Key Element IV-D).
8. Provide a copy of the policies regarding the filing, review, and maintenance of records of formal complaints related to the residency program. Provide a record of any such formal complaints for the past 3 years (Key Element IV-G).
9. Provide evidence that formal complaint data related to the program are analyzed and used to foster ongoing program improvement (Key Element IV-G).

Glossary

Academic Faculty

Educators who are employed by the partnering academic nursing program, hold a baccalaureate or graduate degree in nursing, and participate in the nurse residency program (e.g., resident facilitator, residency coordinator, or content expert).

Academic Nursing Program

A baccalaureate degree nursing program or entry-level post-baccalaureate degree nursing program accredited by a nursing accrediting agency that is recognized by the U.S. Secretary of Education.

Acute Care Hospital

An acute care hospital that is accredited by a nationally recognized accrediting agency.

Chief Nurse Administrator

The registered nurse with a graduate degree who serves as the administrative leader for the academic nursing program.

Chief Nursing Officer

The registered nurse with a graduate degree who serves as the administrative leader for the acute care hospital.

Clinical Narratives

A written description of a clinical situation used to demonstrate understanding and application of essential concepts, as well as the ability to use the nursing process and critical thinking skills in a given situation. Sometimes referred to as an “exemplar,” the narrative should include lessons learned from the situation, what was done well, and areas for improvement.

Cultural Competence

Effectively applying knowledge and understanding about a diverse group to provide culturally-sensitive care. Achieving cultural competence is an ongoing process that involves accepting and respecting differences and not letting one’s personal beliefs have an undue influence on those whose world view is different from one’s own. Cultural competence includes having general cultural as well as culture-specific information to assure patient safety and quality outcomes of care for diverse populations.

Eligible Employees

Individuals who are serving in their first nursing role and who have graduated from an accredited baccalaureate degree nursing program or an entry-level post-baccalaureate degree nursing program. All eligible employees participate in the post-baccalaureate nurse residency program, and this program is restricted to eligible employees.

Hospital Educators

Clinical educators who are employed by the partnering acute care hospital, hold a baccalaureate or graduate degree in nursing, and are responsible for professional development of residents.

Learning Sessions

Face-to-face seminars or comparable learning activities that relate to one or more of the curricular elements of the nurse residency program. Scheduled during paid time, these sessions are distributed appropriately over the 12-month residency program and are

designed for participation by a cohort of residents. Learning sessions may be conducted monthly over a four-hour block of time or reasonable equivalent. The resident-to-facilitator ratio is appropriate given the learning activities and learning styles.

Partnership

A mutual agreement between an accredited acute care hospital or hospital system and one or more accredited academic nursing programs that collaborate and provide resources to support a nurse residency program. The agreement must be written, and it must be signed by the participating parties.

Post-Baccalaureate Nurse Residency Program

A series of learning sessions and work experiences that occurs continuously over a 12-month period and that is designed to assist new employees as they transition to their first professional nursing role. Intended for direct care roles in the acute care hospital setting, the program is offered by an acute care hospital in partnership with an academic nursing program. Only new graduates of baccalaureate degree nursing programs or entry-level post-baccalaureate degree nursing programs are eligible to participate in the residency program.

Program Faculty

The term “program faculty” includes the residency coordinator(s), hospital educators, academic faculty, and resident facilitators, each of which is defined separately in the Glossary.

Residency Coordinator

A registered nurse with a master’s or graduate degree in nursing or a related field who is responsible for overall planning, implementation, management, and evaluation of the residency program. This individual coordinates the roles of the hospital educators, academic faculty, and resident facilitators to achieve program outcomes. The coordinator’s roles may include but are not limited to collaboration with the hospital’s human resources department to recruit nurse residents, implementation of the residency curriculum, oversight of the residents’ progression through the program components, collaboration with the partnering academic nursing program(s), and ongoing program evaluation to assure achievement of overall program. The coordinator has the authority to utilize a wide array of resources and personnel to enhance resident development.

Resident

An individual who has graduated from an accredited baccalaureate degree nursing program or entry-level post-baccalaureate degree nursing program (see Academic Nursing Program) and who is enrolled in the nurse residency program. This individual must hold a registered nurse license or temporary permit to practice, must be an employee of the acute care hospital, and must be serving in his or her first nursing role. No longer than one year shall elapse from the time of graduation from the baccalaureate or entry-level post-baccalaureate degree nursing program to admission into the residency program. Residents are expected to fulfill obligations of a registered professional nurse after completion of the institution’s orientation program.

Resident Facilitator

An experienced registered nurse with a baccalaureate or graduate degree in nursing who guides and supports nurse residents in classroom and clinical settings to achieve the goals of the residency program. This individual’s primary role is to facilitate learning sessions. Other roles may include but are not limited to providing expertise to develop residents’ clinical judgment and decision-making, reviewing clinical narratives to further develop residents’ nursing practice, and acting as a clinical resource.

Teaching-Learning Support Services

Services available to the nurse residency program that facilitate program faculty and nurse residents in achieving the expected program outcomes. These may include, but are not limited to, space for program activities, laboratories, equipment, access to evidence through library access and searchable databases, clerical services, and computers.



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