

STANDARDS FOR ACCREDITATION

OF BACCALAUREATE AND
GRADUATE NURSING PROGRAMS

AMENDED 2013





Copyright © 2013 by the Commission on Collegiate Nursing Education. All rights reserved.

The Commission hereby grants its constituent programs permission to copy and otherwise reproduce this standards document as necessary for their own use. Except for reproduction authorized in the preceding sentence, no part of this document may be reproduced in print or electronic formats or in any other manner, without the expressed written permission of the Commission.

TABLE OF CONTENTS

INTRODUCTION	2
Accreditation Overview	2
Commission on Collegiate Nursing Education	2
Accreditation Purposes	3
CCNE Accreditation: A Value-Based Initiative	3
Goals for Accrediting Nursing Education Programs	4
Curricular Innovation	4
ABOUT THIS DOCUMENT	5
STANDARD I	
PROGRAM QUALITY: MISSION AND GOVERNANCE	6
STANDARD II	
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES	10
STANDARD III	
PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES	13
STANDARD IV	
PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES	17
GLOSSARY	21

INTRODUCTION

ACCREDITATION OVERVIEW

Accreditation is a nongovernmental process conducted by members 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. A specialized/professional accrediting agency, CCNE strives to ensure the quality and integrity of baccalaureate and graduate nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs) (see glossary). CCNE also accredits post-baccalaureate nurse residency programs.

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 continuous quality improvement in nursing education and post-baccalaureate nurse residency programs. As accreditation is a voluntary process, CCNE strives to ensure that the process is collegial and fosters continuous quality improvement.

CCNE is recognized by the U.S. Department of Education for the accreditation of baccalaureate, master's, and doctoral programs 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, goals, and expected outcomes through the most effective utilization of available resources, programs, and administration. Inherent in the program evaluation process is a review of evidence concerning the application of these resources in assessing student achievement.

In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate 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 programs are publicly available, are accessible on the CCNE website, and may be obtained by contacting CCNE.

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.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of principles or values. These 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 community of interest.
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. Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.

GOALS FOR ACCREDITING NURSING EDUCATION PROGRAMS

In developing the educational standards for determining accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate 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 nursing education 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, program, and student.
4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/ learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.
7. Ensuring that nursing education 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 institutions and the diversity of programs involved in nursing education.
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 understanding of the functions and values inherent in nursing education accreditation.
11. Providing to the public an accounting of nursing education programs that are accredited and merit public approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

CURRICULAR INNOVATION

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods.

ABOUT THIS DOCUMENT

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the educational program offered and to hold the nursing program(s) accountable to the educational community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the accreditation standards presented in this document. The standards are written as broad statements that embrace several areas of expected institutional 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 are considered by the evaluation team, the Accreditation Review Committee, and the Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable a broad interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which is provided to assist program representatives in addressing the key element and to enhance understanding of CCNE's expectations. Following each standard is a list of supporting documentation that assists program representatives in developing self-study materials and in preparing for the on-site evaluation. Supporting documentation is included in the self-study document or made available for review by the evaluation team on site. Supporting documentation may be provided in paper or electronic form. The Commission recognizes that reasonable alternatives exist when providing documentation to address the key elements.

Throughout this document, the need for programs to demonstrate the incorporation of professional nursing standards and guidelines is emphasized. CCNE requires, as appropriate, the following professional nursing standards and guidelines: 1) *The Essentials of Baccalaureate Education for Professional Nursing Practice* [American Association of Colleges of Nursing (AACN), 2008]; 2) *The Essentials of Master's Education in Nursing* (AACN, 2011); 3) *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2012]; and 4) *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). Programs identify additional nursing standards and guidelines selected as the basis for specialty programs, as appropriate.

At the end of this document is a glossary, which defines terms and concepts used in this document.

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.

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 ELEMENTS

- I-A. The mission, goals, and expected program outcomes are:
- congruent with those of the parent institution; and
 - consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program's mission statement, 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. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

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), 2012].*

A program may select additional standards and guidelines.

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).

- I-B.** The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:
- professional nursing standards and guidelines; and
 - the needs and expectations of the community of interest.

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

- I-C.** Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.

- I-D.** 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.

- I-E.** 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}

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

“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”

“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).”

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, 2012).

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student 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 student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

SUPPORTING DOCUMENTATION FOR STANDARD I

1. Mission, goals, and expected program outcomes.
2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:
 - Baccalaureate degree programs: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
 - Master's degree programs: *The Essentials of Master's Education in Nursing* (AACN, 2011).
 - Doctor of Nursing Practice programs: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
 - Graduate degree (master's or DNP) or certificate programs preparing nurse practitioners: *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
 - Post-baccalaureate entry programs: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and other relevant standards based on the degree outcome (e.g., *The Essentials of Master's Education in Nursing* for master's programs, *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs, and *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs).
 - All programs: Any additional relevant professional nursing standards and guidelines used by the program.
3. For APRN education programs (degrees/certificates), evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate.
4. Appointment, promotion, and tenure policies or other documents defining faculty expectations.
5. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.
6. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.
7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including (among other things) academic calendar, recruitment and admission policies, grading policies, and degree/post-graduate APRN certificate program completion requirements.

8. Program advertising and promotional materials directed at prospective students.
9. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.

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, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

KEY ELEMENTS

- II-A.** Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of 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 also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is 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) are sufficient to achieve the program's mission, goals, and expected outcomes.

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

- II-B.** Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. There is a defined process for regular review of the adequacy of the program's academic support services. Review of academic support services occurs and improvements are made as appropriate.

- II-C.** The chief nurse administrator:

- 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 academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;



- 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 perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

II-D. 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 full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The overall faculty (whether full-time or part-time) is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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 rationale 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.

II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:

- clearly defined;
- congruent with the mission, goals, and expected student outcomes; and
- congruent with relevant professional nursing standards and guidelines.

Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

- II-F.** 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 and in support of the mission, goals, and expected faculty outcomes. For example:

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

SUPPORTING DOCUMENTATION FOR STANDARD II

1. Nursing unit budget for the current and previous two fiscal years.
2. Name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
3. Current curricula vitae of the chief nurse administrator and faculty.
4. Policies regarding preceptor qualifications and evaluation. Documentation of preceptor qualifications and evaluation.
5. Current collective bargaining agreement, if applicable.
6. Policies regarding faculty workload.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

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 ELEMENTS

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, and with the roles for which the program is preparing its graduates.

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.

III-B. 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).
- 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, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- 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, 2012).

- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

APRN education programs (degree and certificate) (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 has deemed this necessary.

Master's programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

III-C. The curriculum is logically structured to achieve expected student outcomes.

- **Baccalaureate curricula build upon 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 program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate 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 course work.*

*Graduate curricula 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. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire 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 doctoral-level competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.

Elaboration: Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student outcomes identified in course, unit, and/or level objectives.

III-E. The curriculum includes planned clinical practice experiences that:

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

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

III-G. 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.

III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals 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. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.

SUPPORTING DOCUMENTATION FOR STANDARD III

1. Course syllabi.
2. Examples of student work reflecting student learning outcomes (both didactic and clinical).
3. Student performance evaluations (both didactic and clinical).
4. Course/faculty evaluations.
5. Current affiliation agreements with institutions at which student instruction occurs.
6. Student and faculty evaluations of clinical sites.
7. Documents (e.g., minutes, memoranda, reports) that reflect decision-making or improvements related to curriculum and teaching-learning practices.
8. Examples of assignments and/or course content reflecting incorporation of professional nursing standards and guidelines in curriculum.

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 ELEMENTS

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- is written, 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; and other program outcomes);
- identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;
- includes timelines for collection, review of expected and actual outcomes, and analysis; and
- is periodically reviewed and revised as appropriate.

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:

- The completion rate for each of the three most recent calendar years is provided.
- The program specifies the entry point and defines the time period to completion.
- The program describes the formula it uses to calculate the completion rate.
- The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher 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.

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

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

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

- *The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.*
- *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. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

- *Data are provided regarding the number of graduates and the number of graduates taking each certification examination.*
- *The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.*
- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.*

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

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

IV-D. Employment rates demonstrate program effectiveness.

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

- *The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. For example, employment data may be 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.*

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

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

IV-E. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

- *are identified for the faculty as a group;*
- *incorporate expected levels of achievement;*
- *reflect expectations of faculty in their roles and evaluation of faculty performance;*
- *are consistent with and contribute to achievement of the program's mission and goals; and*
- *are congruent with institution and program expectations.*

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

IV-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.

IV-H. Data analysis is used to foster ongoing program improvement.

Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- *Data regarding actual outcomes are compared to expected outcomes.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

SUPPORTING DOCUMENTATION FOR STANDARD IV

1. Aggregate student outcome data (not applicable to new programs without graduates), including:
 - Completion rates for each degree and post-master's APRN certificate program
 - NCLEX-RN® pass rates
 - Certification pass rates by APRN role, population focus, and/or specialty
 - Certification pass rates for any other roles/areas for which the program prepares graduates
 - Employment rates for each degree/certificate program
 - Other aggregate data, as appropriate
2. Summary of aggregate faculty outcomes for the past three years with an analysis of aggregate faculty outcomes in relation to expected faculty outcomes.
3. Program policies related to formal complaints.
4. Record of formal complaints, if any, for the past three years, and any action(s) taken to foster program improvement.
5. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to assessment of program outcomes.
6. Examples of use of aggregate data to foster program improvement when indicated.

GLOSSARY

Academic Policies: Published rules that govern the implementation of the academic program, including, but not limited to, policies related to admission, retention, progression, graduation/completion, grievance, and grading.

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services.

Advanced Nursing: Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's, doctoral, or post-graduate APRN certificate level.

Advanced Practice Registered Nurse (APRN): The title given to a nurse who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

APRN Education Program: A master's degree program in nursing, a Doctor of Nursing Practice (DNP) program, or a post-graduate certificate program that prepares an individual for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The education program must also prepare the individual in one of six population foci:

- family/individual across the lifespan
- adult-gerontology
- pediatrics
- neonatal
- women's health/gender-related
- psychiatric/mental health

Chief Nurse Administrator: A registered nurse with a graduate degree in nursing, and a doctoral degree if a graduate nursing program is offered, who serves as the administrative head of the nursing unit.

Clinical Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Distance Education: As defined by the Higher Education Opportunity Act of 2008:

“(A) Education that uses one or more of the technologies described in subparagraph (B)—

- (i) to deliver instruction to students who are separated from the instructor; and
- (ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.

(B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—

- (i) the Internet;
- (ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
- (iii) audio conferencing; or
- (iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii)” [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)].

Formal Complaint: A statement of dissatisfaction that is presented according to a nursing unit’s established procedure.

Goals: General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission: A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program: A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master’s, doctorate) or certificate level (for post-graduate APRN certificate programs).

Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Outcomes: Indicators of achievement that may be quantitative or qualitative, broad or detailed.

Student Outcomes: Statements, including those focused on learning, explicitly describing the characteristics or attributes attained by students as a result of program activities.

Faculty Outcomes: Statements explicitly describing the achievements attained by faculty as part of their participation in the program.

Program Outcomes: Statements of levels of achievement, which encompass student achievement, faculty achievement, and other program-selected indicators of achievement. Program outcomes may be expressed in the form of overall program goals, end-of-program outcomes, curricular outcomes, and/or faculty outcomes.

Expected Outcomes: Statements of desired and predetermined levels of student, faculty, and program achievement.

Actual Outcomes: Results describing real student, faculty, and program achievement.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Department of Education that has overall responsibility and accountability for the nursing program.

Post-Graduate APRN Certificate Program: A post-master's or post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs. Although other types of nursing certificates may be offered by an institution, they are outside CCNE's scope of review.

Preceptor: An experienced practitioner who facilitates and guides students' clinical learning experiences in the preceptor's area of practice expertise.

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, professional doctoral, and post-graduate APRN certificate program. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that pre- and post-licensure baccalaureate and graduate pre-licensure programs in nursing use *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); that master's degree programs use *The Essentials of Master's Education in Nursing* (AACN, 2011); that DNP programs use *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); and that nurse practitioner programs including post-graduate APRN certificate programs use *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012). Programs incorporate additional professional nursing standards and guidelines, as appropriate, consistent with the mission, goals, and expected outcomes of the program.

Program Improvement: The process of utilizing results of assessments and analyses of actual student and faculty outcomes in relation to expected outcomes to validate and revise policies, practices, and curricula as appropriate.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving expected student outcomes.



Serving the Public Interest Through Quality Accreditation

ONE DUPONT CIRCLE NW
SUITE 530
WASHINGTON DC 20036-1120

202-887-6791

[WWW.AACN.NCHE.EDU/
CCNE-ACCREDITATION](http://WWW.AACN.NCHE.EDU/CCNE-ACCREDITATION)