

STANDARDS FOR ACCREDITATION

OF BACCALAUREATE AND
GRADUATE NURSING PROGRAMS

SUPPLEMENTAL RESOURCE
OCTOBER 2016



NOTE ABOUT THIS RESOURCE

The CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2013) went into effect January 1, 2014. Since that time, CCNE has been collecting information regarding the types of evidence that programs often provide to demonstrate compliance with each key element. The intent of this resource is to give guidance regarding the types of evidence that are appropriate for demonstrating compliance with each key element.

Please note that the examples provided in this resource are not exhaustive nor are they the only appropriate or acceptable evidence. There are multiple ways for programs to demonstrate compliance with the standards and key elements.



HOW TO READ THIS DOCUMENT

Each page of the supplemental resource pertains to a specific key element of the CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* and follows the below layout.

Key Element and Elaboration

This is a verbatim restatement of the key element and elaboration from the CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs.

KEY ELEMENT

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.

Examples of Evidence	Common Examples of Misplaced Evidence
<ul style="list-style-type: none">• Individual and aggregate faculty data• Aggregate faculty achievement, e.g., tables, summaries• Actual faculty outcomes that demonstrate achievement in teaching, scholarship, service, and practice, as appropriate• Comparison of expected levels of aggregate faculty achievement to actual levels of aggregate faculty achievement	<ul style="list-style-type: none">• Expected faculty outcomes (I-C)• Faculty qualifications (II-D)• Support for faculty development, e.g., grant awards, seminars, enrichment exercises, and funding for educational pursuits (II-F)• COI satisfaction data regarding faculty (IV-E)

Please note: Generally, evaluation teams are able to make a determination about compliance without having review individual faculty evaluations and personnel files. However, teams may need to access and review such information under special circumstances.

Didn't find what you were looking for? Try on overlapping key element(s).

Key Element(s) that overlap with IV-F
I-C
II-F

37 ☆

Common Examples of Misplaced Evidence

Examples of evidence that demonstrate compliance with different key elements.

Examples of Evidence

Examples of evidence that demonstrate compliance with this key element.

Examples are not exhaustive.

Notes

Additional guidance is provided as appropriate.

Overlapping Key Elements

Key elements that overlap with other key elements (see Relationships Between Key Elements).

LIST OF ABBREVIATIONS

These abbreviations are used throughout this document.

AACN	American Association of Colleges of Nursing
APRN	Advanced Practice Registered Nurse
BSN	Bachelor of Science in Nursing
CCNE	Commission on Collegiate Nursing Education
CNA	Chief Nurse Administrator
CNL	Clinical Nurse Leader
COI	Community of Interest
DNP	Doctor of Nursing Practice
FNP	Family Nurse Practitioner
FTE	Full-Time Equivalent
MGO	Mission, Goals, and Outcomes
N/A	Not Applicable
NTF	National Task Force on Quality Nurse Practitioner Education
PNSG	Professional Nursing Standards and Guidelines
RN	Registered Nurse
SLO	Student Learning Outcomes



RELATIONSHIPS BETWEEN KEY ELEMENTS

While many of the key elements share similar concepts, some key elements are more closely related than others and some key elements overlap with other key elements. The table below highlights these relationships and includes only those key elements that have a relationship with one another; therefore, not all key elements are included in the table.

Key Elements	Reason
I-A I-B III-A	I-A speaks to MGO congruence with the parent institution and identifies PNSGs I-B speaks to MGO revision and congruence with PNSGs III-A speaks to MGO congruence with curriculum
I-B III-B	I-B speaks to MGO revision and congruence with PNSGs III-B speaks to curriculum congruence with PNSGs
I-B III-F	I-B speaks to how MGOs reflect the needs and expectations of the COI and defines the COI III-F speaks to how teaching-learning practices meet the needs and expectations of the COI
I-C II-F IV-F	I-C speaks to expected faculty outcomes II-F speaks to sufficiency of support for expected faculty outcomes IV-F compares expected faculty outcomes to actual faculty outcomes
I-C II-D II-F	I-C speaks to expected faculty outcomes II-D speaks to faculty sufficiency and preparation to teach II-F speaks to sufficiency of support for expected faculty outcomes
I-E I-F	I-E speaks to documents and publications being accurate, e.g., policies and program offerings I-F speaks to policies being fair and equitable, published and accessible, reviewed and revised
II-A II-B II-F	II-A speaks to sufficiency of fiscal and physical resources II-B speaks to sufficiency of academic support services II-F speaks to sufficiency of support for expected faculty outcomes
II-E III-E	II-E speaks to preceptor qualifications, roles, and responsibilities III-E speaks to the inclusion of planned clinical practice experiences
III-A III-B	III-A speaks to curriculum congruence with MGOs III-B speaks to curriculum congruence with PNSGs
III-D III-E	III-D speaks to the teaching-learning environment and practices III-E speaks to planned clinical practice experiences
III-D III-F	III-D speaks to the teaching-learning environment and practices III-F speaks to how teaching-learning practices meet the needs and expectations of the COI
III-F III-H	III-F speaks to how teaching-learning practices meet the needs and expectations of the COI III-H speaks to evaluation of curriculum and teaching-learning practices for improvement
III-H IV-H	III-H speaks to evaluation of curriculum and teaching-learning practices for improvement IV-H speaks to data analysis in IV-B, IV-C, IV-D, and IV-E being used for program improvement
IV-B IV-C IV-D IV-E IV-H	IV-B, IV-C, IV-D and IV-E speak to the collection and analysis of data IV-H speaks to data analysis in IV-B, IV-C, IV-D, and IV-E being used for program improvement

■ key elements that overlap

■ key elements that are related but do not overlap



STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

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

KEY ELEMENT

I-A

The mission, goals, and expected program outcomes are: congruent with those of the parent institution; and 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).

Examples of Evidence

- Excerpts from student handbooks, websites, or recruitment materials confirming program MGOs
- Discussions with administration, faculty, and students confirming congruence between program MGOs and parent institution MGOs
- Excerpts and/or descriptions of MGOs in student, faculty, and other program outcomes
- Program incorporation of PNSGs at the governance level, e.g., statements in handbooks linking MGOs to PNSGs
- Descriptions of the APRN roles and population foci for which the program prepares students

Common Examples of Misplaced Evidence

- Descriptions of program revision or changes to better reflect MGOs (I-B)
- Descriptions of congruence between curriculum and the program’s MGOs in course syllabi or other documents (III-A)
- Student statements regarding their understanding of expected student outcomes (III-A)
- Tables linking course syllabi to PNSGs (III-B)

*Didn’t find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with I-A
I-B
III-A

Please note: If there is an APRN track in a program under review that does not align with the role and population focus areas (family/individual across the lifespan, adult-gerontology, pediatrics, neonatal, women’s health/gender-related, or psych/mental health) as outlined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008) (accessible at <http://www.aacn.nche.edu/education-resources/APRNReport.pdf>), there is cause for a compliance concern.



KEY ELEMENT

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.

Examples of Evidence

- Descriptions of a periodic defined process for review and revision of MGOs to reflect PNSGs
- Meeting minutes that discuss revisions to MGOs related to updates in PNSGs
- Definitions of the COI, e.g., relationships with alumni, nursing communities, or healthcare institutions
- COI involvement in development and/or revision of program MGOs
- Examples of program revision or changes to better reflect MGOs
- Examples of review and/or revision of MGOs in response to COI feedback

Common Examples of Misplaced Evidence

- Evidence of incorporation of PNSGs at the governance level, e.g., statements in program materials linking MGOs to PNSGs (I-A)
- Examples of student and/or faculty input affecting program change based on involvement in governance activities (I-D)
- Examples of curriculum revision to better reflect PNSGs (III-B)
- Changes to teaching-learning practices (whether classrooms, clinical, laboratory, or simulation experiences) that affect curriculum (III-D)
- Changes to program curriculum, program delivery, or course sequencing to reflect COI needs or expectations (III-F)
- COI involvement in the development of curriculum and teaching-learning practices (III-F)
- Revision and evaluation plans specifically related to curriculum (III-H)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with I-B
I-A
III-B
III-F



KEY ELEMENT

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.

Examples of Evidence

- Excerpts from faculty handbooks, contracts, appointment letters, or other documents that confirm measurable expected faculty outcomes
- Guidelines for faculty appointment, promotion, and/or tenure
- Definitions of expected faculty outcomes, e.g., teaching, scholarship, service, and practice
- Faculty statements regarding their understanding of expected faculty outcomes

Common Examples of Misplaced Evidence

- Information that reflects the program is able to recruit and retain qualified faculty and staff (II-A)
- Factors affecting faculty sufficiency (II-D)
- Faculty qualifications, e.g., expertise, education, credentials, licensure, and certification (II-D)
- Faculty professional development opportunities, enrichment exercises, funding for faculty educational pursuits (II-F)
- Actual faculty outcomes that demonstrate achievement in teaching, scholarship, service, and practice, as appropriate (IV-F)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with I-C
II-F
IV-F



KEY ELEMENT

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.

Examples of Evidence

- *Descriptions of student and/or faculty roles in program governance in bylaws, handbooks, and other documents*
- *Meeting minutes reflecting student and/or faculty participation on committees and/or involvement in program governance activities, e.g., development, review, or revision of academic policies*
- *Committee organizational charts or records of committee composition*
- *Student and/or faculty comments regarding opportunities to participate in program governance and examples of effects of participation*

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with I-D

N/A



KEY ELEMENT

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.

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>).”

Examples of Evidence

- Accurate disclosure of CCNE accreditation status
- Transcripts or other official documents that specify the APRN role and population focus of the graduate
- Publications, including websites, that are accurate, current, and accessible
- Descriptions and references to academic policies, e.g., recruitment, admission, retention
- Descriptions and/or examples of how important programmatic information is communicated, e.g., emails, bulletins

Common Examples of Misplaced Evidence

- Descriptions and/or examples of academic policies, such as recruitment, admission, and retention (I-F)
- Descriptions and/or examples of academic policies related to student evaluation, e.g., grading criteria, evaluation mechanisms (I-G)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with I-E
I-F



KEY ELEMENT

I-F

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

Examples of Evidence

- Descriptions of academic policies that are congruent with MGOs
- Academic policies that are different than those of the parent institution but support MGOs, e.g., admissions or progression criteria
- Examples of where academic policies, such as recruitment, admission, and retention, are published, e.g., university/college catalogs, websites, and student handbooks
- Examples of how and when policies are reviewed
- Statements from students that academic policies are fair and/or equitable

Common Examples of Misplaced Evidence

- Examples of policies that are current, accurate, and accessible (I-E)
- Descriptions and/or examples of academic policies related to student evaluation, e.g., grading criteria, evaluation mechanisms (III-G)
- Examples of or changes to academic grievance policies (IV-G)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with I-F

I-E



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 ELEMENT

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.

Examples of Evidence

- Descriptions of fiscal resources
- Descriptions of facilities and equipment
- Examples that the budget supports MGOs and development, implementation, and evaluation of the program
- Information that reflects the program is able to recruit and retain qualified faculty and staff
- Descriptions of how physical resources, e.g., physical space, equipment, and supplies, are sufficient
- Examples of the defined process for regular review of the program’s fiscal and physical resources

Common Examples of Misplaced Evidence

- Descriptions of academic support services, e.g., library databases, information technology, writing centers (II-B)
- Support for the achievement of expected faculty outcomes (II-F)
- Fiscal support services, e.g., grant awards, travel funds, scholarships that support faculty development (II-F)

Please note:

CCNE does not require programs to provide salary data of nursing unit personnel to the evaluation team.

Didn't find what you were looking for?
Try an overlapping key element(s).

Key Element(s) that overlap with II-A

II-B



KEY ELEMENT

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.

Examples of Evidence

- Descriptions of library services, orientations, advising/learning services, writing centers
- Descriptions of information technology support and services for students and faculty
- Examples of the defined process for regular review of academic support services
- Descriptions of learning management systems, e.g., Moodle, Blackboard, Desire2Learn

Common Examples of Misplaced Evidence

- Descriptions of facilities and equipment (II-A)
- Descriptions of faculty support services, e.g., grant development, stipends, mentoring, research assistance, publication opportunities (II-F)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with II-B
II-A
II-F



KEY ELEMENT

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).

Examples of Evidence

- Curriculum vitae of CNA
- Summaries of CNA education and expertise, e.g., credentials, qualifications, and achievements
- Faculty or administration statements that the CNA's administrative authority is comparable to that of other chief administrators of similar units in the institution
- Statements from faculty, students, or others regarding the CNA's effectiveness and collaboration with the COI
- Meeting minutes confirming CNA consults with faculty and others in the COI when appropriate
- Rationale and plan if the CNA does not meet the educational degree requirements

Common Examples of Misplaced Evidence

- Qualifications of program directors, coordinators, and/or lead faculty (II-D)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with II-C
N/A



KEY ELEMENT

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.

Examples of Evidence

- Descriptions of program formulas for calculating FTE for all faculty in each program
- Faculty workload formulas
- Faculty-to-student ratios for teaching, advising, etc.
- Statements from the CNA, faculty, and/or students concerning sufficiency of faculty
- Faculty qualifications, e.g., expertise, education, credentials, licensure, and certification
- Faculty credentials and/or experience are appropriate for the areas in which they teach
- Evidence that the advanced practice lead faculty are nationally certified in the same role and population-focus areas in which they teach and/or oversee
- Fiscal factors affecting faculty sufficiency
- Rationale for use of faculty who do not have a graduate degree

Common Examples of Misplaced Evidence

- Guidelines for faculty appointment, promotion, and/or tenure (I-C)
- Support for the achievement of expected faculty outcomes (II-F)
- Faculty evaluation processes (IV-F)
- Actual faculty outcomes that demonstrate achievement in teaching, scholarship, service, and practice, as appropriate (IV-F)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with II-D

N/A



KEY ELEMENT

III-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.

Examples of Evidence

- Documents verifying preceptor qualifications, e.g., curricula vitae, resumes
- Criteria for preceptor selection and review
- Examples of preceptor orientation
- Descriptions of preceptor role, e.g., teaching, supervision, and input into student evaluation
- Documents that clearly communicate performance expectations for preceptors
- Completed preceptor evaluations
- Student, faculty, and preceptor statements describing collaboration/engagement of faculty with preceptors

Common Examples of Misplaced Evidence

- Clinical practice experiences are evaluated by faculty (III-E)
- Individual student performance is evaluated by faculty (III-G)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-E

N/A



KEY ELEMENT

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.*

Examples of Evidence

- *Professional development opportunities, enrichment exercises, and funding for educational pursuits of faculty*
- *Descriptions of faculty support services, e.g., grant development, stipends, mentoring, research assistance, publication opportunities*
- *Opportunities for release time for faculty to pursue teaching, scholarship, service, and/or practice expectations*
- *Faculty comments about sufficiency of support*

Common Examples of Misplaced Evidence

- *Excerpts from faculty handbooks or documents that confirm expected faculty outcomes (I-C)*
- *Information about faculty outcomes (IV-F)*
- *Faculty achievements used to indicate outcomes, e.g., publications, teaching awards (IV-F)*

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with II-F
I-C
IV-F



STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING- LEARNING PRACTICES

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

KEY ELEMENT

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, 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.

Examples of Evidence

- Descriptions of congruence between curriculum and program MGOs in course syllabi or other documents, e.g., the relationship among course objectives, program objectives, and SLOs
- Student statements regarding their understanding of expected outcomes
- Classroom, practicum, or curriculum examples linked to student outcomes
- Descriptions of roles for which students are being prepared and their relationship to program outcomes
- Evidence that curriculum has been or will be revised

Common Examples of Misplaced Evidence

- Descriptions of congruence between program MGOs and parent institution MGOs (I-A)
- Descriptions of congruence between the curriculum and PNSGs (III-B)
- Leveling or sequencing of curriculum (III-C)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-A
I-A
III-B



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.*

III-B.

continued

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.

Examples of Evidence

- Evidence of PNSGs in the curriculum for each degree and certificate program
- Evidence that the Baccalaureate Essentials, Master's Essentials, and Doctoral Essentials have been incorporated as appropriate
- Evidence that programs preparing nurse practitioners incorporate the NTF Criteria
- Examples that SLOs are congruent with PNSGs
- Examples that curriculum is relevant to SLOs
- Descriptions of congruence between the curriculum and PNSGs
- Examples of curriculum revision related to changes to student outcomes, e.g., area, role, population focus, and/or specialty or updates in PNSGs
- Evidence of incorporation of advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology as appropriate

Common Examples of Misplaced Evidence

- Evidence of a periodic defined process for review and revision of MGOs to reflect PNSGs (I-B)
- Meeting minutes that discuss revisions to MGOs related to updates in PNSGs (I-B)
- Descriptions of congruence between the curriculum and program MGOs in course syllabi or other documents (III-A)
- Examples of effective or relevant classroom teaching-learning practices (III-D)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-B
I-B
III-A



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.*

Examples of Evidence

- Leveling or sequencing of curricula
- Examples that baccalaureate curricula build on a foundation of the arts, sciences, and humanities, e.g., philosophy, writing, and critical thinking
- Examples that master’s-level curricula build on prior coursework, and the *Baccalaureate Essentials*
- Examples that doctoral curricula build on prior competencies dependent on point of program entry
- Examples that post-graduate APRN certificate curricula build on graduate-level nursing competencies
- Student descriptions of program curricula building on prior education

Common Examples of Misplaced Evidence

- Examples of effective classroom teaching-learning practices (III-D)
- Changes to program curricula and/or program delivery to reflect student needs or expectations (III-F)
- Examples that curriculum is revised as a result of evaluation of teaching-learning practices (III-H)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-C

N/A

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.

Examples of Evidence

- Descriptions of effective classroom teaching-learning practices that support achievement of expected student outcomes, e.g., simulation, flipped classrooms
- Statements correlating student outcomes and classroom activities
- Student and faculty interactions in classroom or clinical settings that support achievement of SLOs

Common Examples of Misplaced Evidence

- Descriptions of classrooms, facilities, and equipment (II-A)
- Descriptions of academic support services, e.g., technology, distance learning tools (II-B)
- Clinical practice experiences (III-E)
- Changes to program curriculum, program delivery, or course sequencing to reflect COI needs or expectations, e.g., distance learning (III-F)
- Evaluations of student performance (III-G)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-D

III-F



KEY ELEMENT

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.

Examples of Evidence

- Examples of direct care clinical practice experiences that advance the knowledge and clinical expertise of students for each degree and/or certificate program and track
- Examples of faculty evaluation of clinical practice experiences for each degree and/or certificate program and track

Common Examples of Misplaced Evidence

- Preceptor qualifications (II-E)
- Preceptor orientation, preparation, and/or training (II-E)
- Examples of effective classroom teaching-learning practices and activities (III-D)

Please note: If clinical practice experiences are not provided for any track within any degree and/or APRN certificate program, regardless of mode of program delivery, then it is cause for a compliance concern. Refer to the CCNE FAQs about Clinical Practice Experiences (<http://www.aacn.nche.edu/ccne-accreditation/Clinical-Practice-FAQs.pdf>) for additional guidance.

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-E

N/A



KEY ELEMENT

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.

Examples of Evidence

- Changes to program curriculum, program delivery, or course sequencing to reflect COI needs or expectations
- Curricular models for distance learners, adult learners, or second language learners
- Examples of student and/or faculty input affecting curriculum or teaching-learning practices
- Student comments on how teaching-learning practices are addressing their needs

Common Examples of Misplaced Evidence

- COI involvement in development and/or revision of program MGOs (I-B)
- Descriptions of academic support services, e.g., technology, distance learning (II-B)
- Examples of curriculum revision related to changes to student outcomes, e.g., professional nursing roles (III-B)
- Examples of effective classroom teaching-learning practices, e.g., simulation (III-D)
- Examples that curriculum is revised as a result of evaluation of teaching-learning practices (III-H)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-F
I-B
III-D



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.

Examples of Evidence

- Grading criteria, e.g., in course syllabi or handbooks
- Examples of measurements of student performance (didactic and clinical)
- Examples of evaluation tools, e.g., exams, quizzes, presentations, papers, projects, peer ratings
- Documentation or statements confirming that faculty are responsible for grading all courses and clinical experiences

Common Examples of Misplaced Evidence

- Changes to program curriculum, program delivery, or course sequencing to reflect COI needs or expectations (III-F)
- Grievance policies regarding grading (IV-G)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-G

N/A



KEY ELEMENT



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.

Examples of Evidence

- Tools for curriculum assessment, e.g., end-of-course evaluation, focus groups
- Evaluation plans
- Examples that curriculum is revised as a result of student and/or faculty evaluation of teaching-learning practices
- Documentation of how curricular revisions are evaluated, e.g., committee meeting minutes

Common Examples of Misplaced Evidence

- Examples that curriculum is revised as a result of satisfaction or other program-identified outcome data (IV-E)
- Examples that curriculum is revised as a result of completion rate, licensure and certification pass rate, employment rate, and formal complaint data (IV-H)

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with III-H
N/A



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.

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.

Examples of Evidence

- Evidence of a systematic, written, comprehensive process, e.g., evaluation plan
- Evidence that the systematic process is being implemented
- Specific measures, tools, and timelines used for data collection
- Timeline for review and analysis of expected and actual outcomes
- Examples of periodic review of the systematic process, e.g., meeting minutes, supplemental documents

Common Examples of Misplaced Evidence

- Examples of measurement or evaluation of student performance (III-G)
- Curriculum changes based on course evaluations (III-H)
- Data collected by the program (III-H, IV-B, IV-C, IV-D, IV-E, and IV-F)
- Improvements to the program based on data analysis (IV-H)

Please note:

If multiple degree and/or the post-graduate APRN certificate programs are under review, make sure all programs are addressed in the systematic process.

Didn't find what you were looking for?
Try an overlapping key element(s).

Key Element(s) that overlap with IV-A
N/A



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.

Examples of Evidence

- *Completion rate data by degree and/or certificate program*
- *Formulas for calculating completion rate data by degree and/or certificate program*
- *Definition of the time for program completion by degree and/or certificate program*
- *Explanations with supporting evidence when the completion rate excludes students due to factors/reasons identified by the program*
- *Explanations for completion rates below 70% by degree and/or certificate program*
- *Explanations for not applicable (N/A) by degree and/or certificate program, i.e., the program is new and does not yet have completers*

Unacceptable Evidence

- *Completion data by track or mode of program delivery, e.g., RN-BSN, BSN-DNP, or distance learning⁺*
- *Collective or combined data for master's, DNP, and/or post-graduate APRN certificate programs⁺*
- *Data provided by academic year (CCNE requires data to be provided by calendar year: January 1 - December 31)*

Common Examples of Misplaced Evidence

- *Data related to retention and attrition (IV-E)*

⁺*While programs may choose to collect or present data in this way, data must be reported to CCNE as required by the key element; a separate completion rate must be provided for each overall degree program and/or for the overall post-graduate APRN certificate program by calendar year: January 1 - December 31.*

Please note:

The degree and/or certificate program must demonstrate a completion rate of 70% or higher. If the completion rate is below 70%, then this is cause for a compliance concern. In calculating the completion rate, the program may exclude students who did not complete the program due to identified factors, e.g., family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

IV-B.

continued

Degree and/or certificate programs with a completion rate less than 70% for the most recent calendar year must provide a written explanation/analysis with documentation for the variance.

If the program has not provided or is not able to provide completion rate data by degree and/or certificate program (as opposed to by track), then it is cause for a compliance concern.

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with IV-B

IV-C IV-D IV-E IV-H



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-C.

continued

Examples of Evidence

- NCLEX-RN® data for pre-licensure programs by campus/site or track
- Explanations for licensure pass rates below 80% by campus/site or track
- Explanations for not applicable (N/A) programs by campus/site or track, e.g., there are no NCLEX-RN® pass rates for a post-licensure program or for a new program that does not yet have completers
- Graduate program certification data for each examination for which the program prepares graduates, e.g., CNL, FNP, etc.

+While programs may choose to collect or present data in this way, data must be reported to CCNE as required by the key element; a separate pass rate must be provided for each campus/site for pre-licensure programs and each exam for which the program prepares graduates within each overall degree and/or post-graduate APRN certificate program by calendar year: January 1 - December 31.

Please note:

The pre-licensure program must demonstrate an NCLEX-RN® pass rate of 80% or higher for each campus/site or track. If the pass rate is below 80%, then this is cause for a compliance concern. In calculating the pass rate, the program may choose to include repeat takers.

A campus/site or track with an NCLEX-RN® pass rate of less than 80% provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate. 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.

If the regulatory body is not able to provide licensure pass rate data, the program is still responsible for developing alternate means of collecting this data. If the degree program has not provided or is not able to provide licensure pass rate data by campus/site and track, then it is cause for a compliance concern.

The degree and/or certificate program must demonstrate a certification pass rate of 80% or higher for each examination for which the degree and/or certificate program prepares graduates. If the pass rate is below 80%, then this is cause for a compliance concern. In calculating the pass rate, the program may choose to include repeat takers.

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. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

If the certifying body is not able to provide certification pass rate data, the program is still responsible for developing alternate means of collecting this data. If the program has not provided or is not able to provide certification pass rate data by degree and/or certificate program for each examination for which the degree and/or certificate program prepares graduates, then it is cause for a compliance concern.

Didn't find what you were looking for?
Try an overlapping key element(s).

Key Element(s) that overlap with IV-C

IV-B IV-D IV-E IV-H

Unacceptable Evidence

- Collective or combined data across campuses/sites for pre-licensure programs+
- Collective or mixed data for master's, DNP, and/or post-graduate APRN certificate programs+
- Data provided by academic year (CCNE requires data to be provided by calendar year: January 1 - December 31)



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.

Examples of Evidence

- *Employment data and the data collection time period*
- *Data collection mechanisms*
- *Explanations for employment rates below 70% by degree and/or certificate program*
- *Explanations for not applicable (N/A) by degree and/or certificate program, i.e., the program is new and does not yet have completers*

Unacceptable Evidence

- *Employment data by track or mode of program delivery, e.g., RN-BSN, BSN-DNP, or distance learning+*
- *Collective or mixed data for master’s, DNP, and/or post-graduate APRN certificate programs+*

Common Examples of Misplaced Evidence

- *Data related to student, alumni, and employer satisfaction, if identified by the program (IV-E)*

+While programs may choose to collect or present data in this way, data must be reported to CCNE as required by the key element; a separate employment rate must be provided for each overall degree program and/or for the overall post-graduate APRN certificate program.

Please note:

The degree and/or certificate program must demonstrate an employment rate of 70% or higher. If the employment rate is below 70%, then this is cause for a compliance concern. In calculating the employment rate, the program may exclude graduates who have elected not to be employed for identified reasons.

Employment rate data must be collected within 12 months of graduation/completion. Demonstrating employment status at time of student admission does not demonstrate compliance.

It is appropriate for the program to provide employment rate data based on the student response rate. If the response rate is low, it is appropriate for the program to provide an explanation as to how it plans to increase the response rate. If the employment rate is less than 70%, a written explanation/analysis is required.

If the program has not provided or is not able to provide employment rate data by degree and/or certificate program (as opposed to by track), then this is cause for a compliance concern.

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with IV-D

IV-B IV-C IV-E IV-H

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.

Examples of Evidence

- *Descriptions of other program-identified outcomes (excluding completion rates, licensure and certification pass rates, and employment rates) and other metrics of interest meaningful to the program for ongoing program improvement*
- *Data, survey results, etc., that demonstrate that other program-identified outcomes have been achieved*
- *Program-identified expected levels of achievement*
- *Expected levels of achievement are compared to actual levels of achievement for other program-identified outcomes in the aggregate*
- *Explanations, analyses, and/or action plans for variance from expected levels of achievement*

Please note:

This key element is applicable to all programs, including new programs, that do not yet have completers.

Common Examples of Misplaced Evidence

- *Examples that curriculum is appropriately revised as a result of student or faculty evaluation of teaching-learning practices (III-H)*
- *Changes to curriculum based on completion rate, licensure and certification pass rate, employment rate, formal complaint, and other data related to satisfaction, retention, advising, or exit interview (IV-H)*

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with IV-E

IV-B IV-C IV-D IV-H



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.

Examples of Evidence

- Individual and aggregate faculty data
- Descriptions of aggregate faculty achievement, i.e., for the faculty as a group, such as tables or summaries
- Actual aggregate faculty outcomes that demonstrate achievement in teaching, scholarship, service, and practice, as appropriate
- Comparison of expected levels of aggregate faculty achievement to actual levels of aggregate faculty achievement

Common Examples of Misplaced Evidence

- Expected faculty outcomes (I-C)
- Faculty qualifications (II-D)
- Descriptions of faculty support services, e.g., grant development, stipends, mentoring, research assistance, publication opportunities (II-F)
- COI satisfaction data regarding faculty (IV-E)

Please note:

Generally, evaluation teams are able to make a determination about compliance without having to review individual faculty evaluations and personnel files. However, teams may need to access and review such information under special circumstances.

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with IV-F
I-C
II-F



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.

Examples of Evidence

- *Definitions of formal complaints*
- *Written formal complaint processes (online and/ or hard copy)*
- *Committee meeting minutes or other records related to the hearing of formal complaints, e.g., grievances, academic appeals*
- *Evidence of how the program maintains a record of formal complaints*
- *Statements from students who are aware of the formal complaint process and know where to find those policies*

Common Examples of Misplaced Evidence

- *Improvements to the program as a result of formal complaint data, if appropriate (IV-H)*

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with IV-G

N/A



KEY ELEMENT

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.*

Examples of Evidence

- *Evidence that the systematic process is used in the analysis of completion rate, licensure and certification pass rate, employment rate, formal complaint and other program-identified outcome data for program improvement*
- *Tools and mechanisms for program assessment*
- *Comparison of expected outcomes to actual outcomes*
- *Examples of changes to the program as a result of data analysis*
- *Explanations of variances between expected outcomes and actual outcomes and plans to use analysis for program improvement*
- *Meeting minutes or statements from faculty that they are engaged in data analysis for ongoing program improvement*

Common Examples of Misplaced Evidence

- *Examples that teaching-learning practices, e.g., distance learning, are revised based on student or faculty input (III-F)*
- *Changes to program curriculum, program delivery, or course sequencing to reflect COI needs or expectations (III-F)*
- *Examples that curriculum is revised as a result of student or faculty evaluation of teaching-learning practices (III-H)*
- *Evidence of a systematic, written, comprehensive process for program analysis (IV-A)*
- *Data regarding faculty outcomes (IV-F)*

*Didn't find what you were looking for?
Try an overlapping key element(s).*

Key Element(s) that overlap with IV-H

IV-B IV-C IV-D IV-E





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.



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