Standards for Accreditation of

Baccalaureate and Graduate Degree Nursing Programs

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Introduction

Accreditation Overview

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

Commission on Collegiate Nursing Education

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

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

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

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

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

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

Accreditation Purposes

Accreditation by CCNE is intended to accomplish at least five general purposes:
1. To hold nursing programs accountable to the community of interest – the nursing profession, consumers, employers, higher education, students and their families, nurse residents – and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and expected 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 values are that the Commission will:
1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the interested community.
4. Rely on *review and oversight* by peers from the community of interest.
5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.

9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. 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, and DNP 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 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. Without experimentation for the sake of experimentation and without adversely affecting the educational outcomes, curricular innovations should ultimately serve the needs of the student, the profession, and the public. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods. CCNE encourages the introduction and use of innovative teaching and learning strategies in the curriculum and looks to the programs that it accredits to make available this technology for the improvement and enhancement of student learning.

About this Document

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, and DNP 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 standards presented in this document. Program compliance with the key elements promotes good educational practice in the field of nursing and thus enables CCNE to grant or confirm accreditation.

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 will be 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 the broadest possible 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 provides an interpretation of the key element. The elaboration is provided to assist program representatives in addressing the key elements 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 for Advanced Practice Nursing* (AACN, 1996); 3) *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2008]; 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.

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

At the end of this document is a glossary, which defines terms and concepts used in this document. Terms defined in the glossary are indicated in color throughout the standards.

Program Quality: Mission and Governance

The mission, goals, and expected aggregate student and faculty 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 student 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 student outcomes are written and accessible to current and prospective students. 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 programs exist. Expected student outcomes are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

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. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. 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.

I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program's mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program's definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Supporting Documentation for Standard I.

1. Mission, goals, and expected student and faculty outcomes.
2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:
   - Baccalaureate programs: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
   - All master's programs: Graduate Core Curriculum Content from *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996).
   - Master's programs with an advanced practice focus: Graduate Core and Advanced Practice Core of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996).
   - DNP programs: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
   - Graduate programs preparing nurse practitioners: *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
   - 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 for Advanced Practice Nursing* for master's programs, *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs, and *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs).
   - All programs: Any additional relevant professional nursing standards and guidelines used by the program.
3. Appointment, promotion, and tenure policies or other documents defining faculty expectations.
4. Major institutional and nursing unit reports and records for the past 3 years, such as strategic planning documents and annual reports.
5. Documentation that the program has afforded the community of interest the opportunity to submit written third-party comments to CCNE, in accordance with accreditation procedures.
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 completion requirements.
8. A copy of the institution's policies on transfer of credit, including the criteria used to determine whether credit will be awarded and evidence that the policies are publicly disclosed.
9. If applicable, a description of the processes through which the institution verifies that the student who registers in a distance education course is the same student who participates in and completes the course and receives academic credit.
10. Program advertising and promotional materials directed at prospective students.
11. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
12. Program policies related to formal complaints.

STANDARD II

Program Quality: Institutional Commitment and Resources

T he **parent institution** demonstrates ongoing commitment and support for the **nursing program**. The institution makes available resources to enable the program to achieve its **mission**, **goals**, and **expected aggregate student** and **faculty outcomes**. The faculty, as a resource of the program, enables the achievement of the **mission**, **goals**, and expected **aggregate student 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 student and faculty **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 student and faculty **outcomes**. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the **mission**, **goals**, and expected student and faculty **outcomes**. There is a defined process 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 student and faculty **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;**
- **is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes;**

- **is vested with the administrative authority to accomplish the** mission**,** goals**, and expected student and faculty** outcomes**; and**
- **provides effective leadership to the** nursing unit **in achieving its** mission**,** goals**, and expected student and faculty** outcomes**.**

Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that 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 student and faculty 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 if the chief nurse administrator does not hold a graduate degree in nursing.

II-D. Faculty members are:
- **sufficient in number to accomplish the** mission**,** goals**, and expected student and faculty** 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 mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty 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 have lead faculty who are nationally certified in that specialty.

II-E. When used by the program, preceptors**, 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 learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.

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 student outcomes. For example:
- Faculty have opportunities for ongoing development in pedagogy.
- If research is an expected faculty outcome, the institution provides resources to support faculty research.
- 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 which 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 2 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. Curricula vitae of the chief nurse administrator and faculty.
4. Policies regarding preceptor selection and evaluation and documentation of preceptor qualifications.
5. Current collective bargaining agreement, if applicable.
6. Policies regarding workload or teaching assignments, if applicable.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).

Program Quality: Curriculum and Teaching-Learning Practices

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

Key Elements

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

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes.

- 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 programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
  b. All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
- 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 incorporate additional relevant professional standards and guidelines as identified by the program.
  b. All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).

Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE 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.

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.
- **The baccalaureate curriculum builds 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.**

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 individual student learning outcomes and aggregate student outcomes.**

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

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

Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).

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

Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. 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 learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

III-G. **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 individual student learning 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.
3. Student performance evaluations.
4. Current affiliation agreements with institutions at which student instruction occurs.
5. Student and faculty evaluations of clinical sites.
6. Course/faculty evaluations.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).

STANDARD IV

Program Effectiveness: Aggregate Student and Faculty Outcomes

The program is effective in fulfilling its **mission**, **goals**, and **expected aggregate student** and **faculty outcomes**. **Actual aggregate student outcomes** are consistent with the **mission**, **goals**, and expected student **outcomes**. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. **Actual aggregate faculty outcomes** are consistent with the **mission**, **goals**, and expected faculty **outcomes**. Data on program effectiveness are used to foster ongoing **program improvement**.

Key Elements

IV-A. **Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.**

Elaboration: Processes are in place for regular collection of **aggregate student outcome** data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the **expected outcomes** of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate **outcome** data related to other aspects of their **mission**, **goals**, and expected student **outcomes** (e.g., enrollment in further graduate education).

IV-B. **Aggregate student outcome** **data are analyzed and compared with expected student** **outcomes**.

Elaboration: Actual student **outcomes** data are analyzed in relation to expected student **outcomes** to identify areas of discrepancies. Discrepancies may indicate areas for **program improvement**.

IV-C. **Aggregate student outcome** **data provide evidence of the program's effectiveness in achieving its** **mission**, **goals**, **and** **expected outcomes**.

Elaboration: The program reports aggregate data related to its **expected outcomes**. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates;

certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

IV-D. Aggregate student outcome **data are used, as appropriate, to foster ongoing** program improvement.

Elaboration: The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

IV-E. Aggregate faculty outcomes **are consistent with and contribute to achievement of the program's** mission, goals, **and expected student** outcomes.

Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

IV-F. Information from formal complaints **is used, as appropriate, to foster ongoing** program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Supporting Documentation for Standard IV.

1. Aggregate student outcomes data (not applicable to new programs without graduates), including:
   - Student, alumni, and employer satisfaction for each program
   - Graduation rates for each program
   - NCLEX-RN® pass rates
   - Certification examination pass rates by specialty
   - Employment rates for each program
   - Other aggregate data, as appropriate
2. Summary of aggregate faculty outcomes for the past 3 years with an analysis of aggregate faculty outcomes' relationship to expected outcomes.
3. Record of formal complaints, if any, for the past 3 years, and any action(s) taken to foster program improvement.
4. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
5. 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, 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 and/or doctoral level.

Chief Nurse Administrator

A registered nurse with a graduate degree in nursing who serves as the administrative head of the nursing unit.

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 under the direction of the program that facilitate students in achieving expected outcomes. Nursing curricula include supervised clinical learning experiences.

Distance Education

Teaching-learning activities characterized by the separation, in time or place, between instructor and student. Courses may be offered through the use of print, electronic, or other media. Distance education methodologies may be used for a portion of or for an entire nursing degree program.

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).

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

Individual Student Learning Outcomes: Learner-focused statements explicitly describing the characteristics or attributes to be attained by students as a result of program activities. At the curricular level these outcomes may be reflected in course, unit, and/or level objectives.

Expected Outcomes: Statements of predetermined levels of aggregate achievement expected of students who complete the program and of faculty. Expected outcomes are established by the faculty and are consistent with professional nursing standards and guidelines and reflect the needs of the community of interest.

Aggregate Student Outcomes: Statements of the level of attainment of designated outcomes expected of a group or cohort of students as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, and employer satisfaction with graduates. Programs may identify other expected student outcomes, such as percentage of alumni pursuing further education or actively involved in professional organizations.

Aggregate Faculty Outcomes: Statements of expected collective faculty accomplishments that support the program's mission and goals. Expected aggregate faculty accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role, as defined by the program and its parent institution.

Actual Outcomes: Aggregate results describing student and faculty accomplishments. Actual outcomes are analyzed in relation to expected outcomes to demonstrate program effectiveness.

Aggregate Student Outcomes: A description of the level of students' actual collective attainment of designated outcomes as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, employer satisfaction with graduates, and program-identified outcomes.

Aggregate Faculty Outcomes: Collective accomplishments of faculty that support the program's mission and goals. Actual accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role.

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. Secretary of Education that has overall responsibility and accountability for the nursing program.

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, and professional doctoral programs. 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 baccalaureate or 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 for Advanced Practice Nursing* (AACN, 1996); that DNP programs use *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); and that nurse practitioner programs use *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008). 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 individual student learning outcomes and expected student outcomes.

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