STANDARDS FOR ACCREDITATION

OF ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

AMENDED 2015

CCNE

COMMISSION ON
COLLEGIATE NURSING
EDUCATION

TABLE OF CONTENTS

INTRODUCTION

ACCREDITATION OVERVIEW

Educational accreditation is a nongovernmental peer review process that includes the assessment of educational institutions and/or programs using nationally accepted accreditation standards. Two forms of educational accreditation are recognized in the United States (U.S.): institutional accreditation and professional or specialized accreditation. Institutional accreditation addresses 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 concerns itself 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. This is important to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

COMMISSION ON COLLEGIATE NURSING EDUCATION

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

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education and entry-to-practice nurse residency programs. As accreditation is voluntary, CCNE strives to maintain a collegial accreditation process that fosters continuous quality improvement.

CCNE has established a peer review process in accordance with nationally recognized standards for accreditation in the U.S. 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 setting priorities at the program's sponsoring institution.

ACCREDITATION OF ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

The CCNE accreditation evaluation of an entry-to-practice nurse residency program consists of a review of its mission, goals, and expected outcomes; and an assessment of the performance of the program in achieving these through the most effective utilization of available resources, programs, and administration. Inherent in the evaluation process is a review of evidence concerning the application of these resources in assessing resident achievement.

In evaluating an entry-to-practice nurse residency program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the accreditation 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 entry-to-practice nurse residency programs are publicly available on the CCNE website, and may also be obtained by contacting CCNE.

ACCREDITATION PURPOSES

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

1.   To hold nursing programs accountable to the community of interest — the nursing profession, consumers, employers, higher education, students and their families, and nurse residents — and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.

2.   To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.

3.   To assess the extent to which a nursing program meets accreditation standards.

4.   To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.

5.   To foster continuing improvement in nursing programs — and, thereby, in professional practice.

GUIDING PREMISES

CCNE was founded on the premise that a baccalaureate degree in nursing is the preferred educational preparation for entry to nursing practice. In fact, CCNE accredits baccalaureate and graduate nursing education programs and does not accredit nursing education programs at the associate or diploma level. To support associate- and diploma-prepared nurses in their pursuit of higher education, CCNE accredits baccalaureate degree programs that include baccalaureate completion tracks for registered nurses (RNs) (often referred to as RN-baccalaureate or post-licensure programs). While CCNE's accreditation of RN-baccalaureate programs precedes publication of the Institute of Medicine's report (*IOM Report*),[1] CCNE supports Key Message #2 of the *IOM Report*, which states, "Nurses should achieve higher levels of education and training through an improved education system that promotes academic progression" (p. 30).

Nurse residency programs, as originally conceptualized, were intended to provide support to post-baccalaureate residents as they transitioned to practice. As nurse residency programs have become more widespread, it has become apparent that all newly licensed nurses, regardless of educational preparation, should participate in a nurse residency program. In fact, Recommendation 3 of the *IOM Report* states, "State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice (nurse residency) after they have completed a prelicensure degree program…" (p. 280). As such, CCNE accredits entry-to-practice programs serving residents

---

[1] The Future of Nursing: Leading Change, Advancing Health. Institute of Medicine. 2010. Retrieved October 9, 2015, from https://iom. nationalacademies.org/~/media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf.

prepared with an associate degree in nursing (ADN), a baccalaureate degree in nursing, or a master's entry-to-practice degree in nursing (MEPN). As these educational programs prepare newly licensed nurses with different competencies, entry-to-practice nurse residency programs must be structured in such a way as to recognize the different preparations and competencies, and must offer learning session content, clinical, and other learning experiences that serve the residents based on their respective educational preparation. Entry-to-practice nurse residency programs transitioning ADN-prepared residents must focus on preparing residents to pursue a baccalaureate or graduate degree in nursing, in support of Recommendation 4 of the *IOM Report*, which promotes the increase of nurses with a baccalaureate degree (p. 281).

CCNE accredits two types of entry-to-practice nurse residency programs. The first is employee-based nurse residency programs that hire newly licensed nurses as permanent employees of the healthcare organization. The second is federally funded traineeship nurse residency programs that engage newly licensed nurses for the duration of the residency program without a commitment for continued employment. If the federal funding for the traineeship is withdrawn or ends, the program is no longer eligible for CCNE accreditation. A healthcare organization may pursue CCNE accreditation of one or both types of nurse residency programs.

BACKGROUND OF ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

Entry-to-practice nurse residency programs were developed to improve quality of patient care across the continuum by providing additional education and support to new nursing graduates. Entry-to-practice nurse residency programs support the development of competent professionals who will provide patient care leadership. Several factors have driven the development of these programs:

1. Research demonstrates improved outcomes for patients when care is provided by a baccalaureate-prepared nurse. The American Organization of Nurse Executives and the American Hospital Association released a statement supporting the position that the educational preparation of the nurse of the future should be at the baccalaureate level.[2] This education will prepare the nurse of the future to function as a collaborator and manager of evidence-based care. To this end, all healthcare organizations should implement policies mandating academic progression for nurses entering the system without a minimum of a baccalaureate degree in nursing.

2. The complexity of patient care today requires highly competent nurses who use research and other forms of evidence to guide practice to promote patient safety and quality care. New graduates must develop skills to apply valid current and emerging evidence to improve outcomes for their patients. Education and support for new nurses are necessary to fully develop professional practice and skills critical to patient safety and quality of care. Many health care organizations provide extended orientation and/or residency programs to support new graduates in the transition to practice.

3. An aging nursing workforce combined with diverse career opportunities and an increased societal need are driving the demand for professional nurses. The support and education provided in entry-to-practice nurse residency programs are designed to improve retention and job satisfaction for new graduates and to strengthen their life-long commitment to professional nursing.

---

[2] BSN-Level Nursing Education Resources. American Organization of Nurse Executives. Retrieved October 9, 2015, from http://www.aone. org/resources/leadership%20tools/BSN.shtml.

Because of the wide variety of transition-to-practice programs and their characteristics, nationally recognized accreditation standards have been developed to help maintain uniformity of the quality, content, and structure of entry-to-practice nurse residency programs.

PURPOSE OF ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

Nurse residency programs are a series of learning experiences that occur continuously over a *minimum* of 12 months through a collaborative partnership between a healthcare organization and one or more academic nursing programs. They serve to foster the process of professional role socialization, which involves the acquisition of knowledge, skills, attitudes, values, norms, and roles associated with the practice of a profession.[3,4] Nurse residency programs involve a two-staged process: role transition and role integration. The transition phase bridges the gap between academia and practice and focuses on skill competency through situated learning and guided practice by a more experienced nurse (preceptor). The role integration phase involves development of competent, autonomous practice, assimilation into the work group, and demonstration of a professional identity by taking on the norms and values of the nursing profession.

Entry-to-practice nurse residency programs are developed and offered through a collaborative partnership between an accredited healthcare organization and one or more accredited academic nursing programs. Nurse residency programs supporting post-baccalaureate residents bridge baccalaureate education and professional nursing practice, building on the foundation of *The Essentials of Baccalaureate Education for Professional Nursing Practice* [American Association of Colleges of Nursing (AACN), 2008]. Nurse residency programs supporting ADN-prepared residents identify differences in educational preparation between ADN residents and post-baccalaureate residents. Learning sessions and activities are structured in such a way as to support residents based on their respective levels of education. Nurse residency programs support professional role transition, integration, and socialization to enable residents to:

1.   Transition from entry-level advanced-beginner nurse to competent professional nurse,[5] who provides safe, quality care.

2.   Develop effective decision-making skills related to clinical judgment and performance.

3.   Develop strategies to incorporate research-based and other evidence into practice.

4.   Develop clinical leadership skills at the point of patient care.

5.   Practice collaboratively as members of the interprofessional healthcare team.

6.   Formulate an individual career plan that promotes a life-long commitment to professional nursing.

---

[3] Merton, R.K., Reader, G. and Kendall, P.L. (1957). The student-physician; introductory studies in the sociology of medical education. Cambridge, Mass.: Harvard University Press. (as cited in Kramer, et al., 2012).

[4] Kramer, M., Maguire, P., Schmalenberg, C., Halfer, D., Budin, W., Hall, D., Goodloe, L., Klaristenfeld, J., Teasley, S., Forsey, L., Lemke, J. (2012). Components and Strategies of Nurse Residency Programs Effective in New Graduate Socialization. Western Journal of Nursing Research, 566-589.

[5] Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park, Calif.: Addison-Wesley Pub., Nursing Division.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

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

1. Foster *trust* in the process, in CCNE, and in the professional community.

2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.

3. Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the community of interest.

4. Rely on *review and oversight* by peers from the community of interest.

5. Maintain *integrity* through a consistent, fair, and honest accreditation process.

6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.

7. Facilitate and engage in *self-assessment*.

8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.

9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.

10. Maintain a process that is both *cost-effective and cost-accountable*.

11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.

12. Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.

GOALS FOR ACCREDITING ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

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

1. Developing and implementing accreditation standards that foster continuing improvement within nurse residency programs.

2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the conduct of the accreditation process.

3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable with respect to the healthcare organization and resident.

4. Assessing whether nurse residency programs consistently fulfill their stated missions, goals, and expected outcomes.

5. Ensuring that nurse residency program outcomes are in accordance with the scope of practice and expectations of the nursing profession to improve support for new-to-practice individuals in areas of evidence-based practice, leadership, and the promotion of life-long learning.

6. Encouraging nurse residency programs to pursue academic excellence through improved teaching/learning and assessment practices in accordance with the unique mission of the healthcare organization.

7. Ensuring that nurse residency programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development.

8. Acknowledging and respecting the autonomy and diversity of healthcare organizations offering entry-to-practice nurse residency programs.

9. Maintaining 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 nurse residency program accreditation.

11. Providing to the public an accounting of nurse residency programs that are accredited and merit their approbation and support.

12. Working cooperatively with other agencies to minimize duplication of review processes.

ABOUT THIS DOCUMENT

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

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

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

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

At the end of this document is a glossary, which defines terms and concepts used in this document. The terms "entry-to-practice nurse residency program," "residency program," and "program" are used interchangeably throughout this document.

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

AT THE END OF THIS DOCUMENT IS A GLOSSARY, WHICH DEFINES TERMS AND CONCEPTS USED IN THIS DOCUMENT.

STANDARD I

PROGRAM QUALITY: PROGRAM DELIVERY

The healthcare organization and academic nursing program(s) implement the entry-to-practice nurse residency program in a manner that ensures a successful transition to practice for residents. The healthcare organization and academic nursing program(s) provide qualified educators/faculty to enable the entry-to-practice nurse residency program to achieve its mission, goals, and expected outcomes. The program educators/faculty are qualified and foster the achievement of the mission, goals, and expected program outcomes.

KEY ELEMENTS

I-A. Residency program activities build upon knowledge gained and competencies developed during residents' prelicensure educational experiences.

I-B. The program is limited to eligible participants, and all eligible participants are in the program.

I-C. Program educators/faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.

I-D. Program educators/faculty are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.

I-E. Program educators/faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes.

I-F. Program educators/faculty participate in professional development activities.

I-G. Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.

I-H. Precepted experiences immerse residents into the care environment in a structured and logical manner.

I-I. Documents and publications are accurate. Any references in promotional materials to the program's offerings, outcomes, and accreditation status are accurate.

EXAMPLES OF EVIDENCE

1. Sample unit orientation plans (Key Element I-A).

2. Clinical narratives demonstrating that residency program activities build upon prelicensure educational experiences (Key Elements I-A and I-H).

3. Documentation, such as attendance at learning sessions, demonstrating that all eligible participants are in the program (Key Element I-B).

4.   Healthcare organization policies or directives supporting the attendance of all eligible participants in the program (Key Element I-B).

5.   A list of names, titles, and educational credentials of the program educators/faculty (Key Element I-C).

6.   Selection criteria for the program educators/faculty (Key Element I-C).

7.   Curricula vitae or other professional records for the program educators/faculty (Key Elements I-C and I-F).

8.   Role descriptions for the program educators/faculty (Key Element I-D).

9.   Evidence of how the partnership between the healthcare organization and academic nursing program(s) is actualized through the roles and responsibilities of the program educators/faculty (Key Element I-D).

10.   Evidence of residency program orientation received by the program educators/faculty (Key Element I-D).

11.   A description of how program educators/faculty performance is evaluated (Key Element I-E).

12.   Evidence that curricula vitae or other professional records of program educators/faculty are updated annually and reflect participation in professional development activities. Professional development activities may include, but are not limited to, academic courses, continuing education, advanced degrees, and professional certification (Key Element I-F).

13.   Evidence of residency program orientation received by preceptors (Key Element I-G).

14.   Copies or access to promotional materials about the program (Key Element I-I).

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The healthcare organization, in partnership with the academic nursing program(s), demonstrates ongoing commitment and support for the entry-to-practice nurse residency program. The healthcare organization demonstrates commitment, through its policies and practices, to educational progression for those residents not prepared with a baccalaureate or graduate degree in nursing. Program educators/faculty, appropriate facilities, fiscal commitment, and teaching-learning support services are available to enable the program to achieve its mission, goals, and expected outcomes. There is a sufficient number of program educators/faculty to foster the achievement of the mission, goals, and expected program outcomes. There is fiscal commitment from the healthcare organization to enable residents to fully participate in the program.

KEY ELEMENTS

II-A. Through partnership, the healthcare organization and academic nursing program(s) foster achievement of the mission, goals, and expected program outcomes.

II-B. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.

II-C. The healthcare organization, through implementation of an academic progression policy or statement, promotes and supports the attainment of a baccalaureate or graduate degree in nursing for residents prepared with an associate degree in nursing.

II-D. The residency coordinator:
- is academically and experientially qualified to accomplish the program's mission, goals, and expected outcomes; and
- provides effective leadership to the program in achieving its mission, goals, and expected outcomes.

II-E. The program educators/faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.

II-F. Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the residents.

II-G. The chief nursing officer of the healthcare organization:
- is academically and experientially qualified to accomplish the program's mission, goals, and expected outcomes; and
- provides effective leadership to the program in achieving its mission, goals, and expected outcomes.

II-H. The chief nursing officer of the healthcare organization has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.

II-I. The chief nurse administrator of the academic nursing program(s):

- is academically and experientially qualified to accomplish the program's mission, goals, and expected outcomes; and
- provides effective leadership to the program in achieving its mission, goals, and expected outcomes.

II-J. The chief nurse administrator of the academic nursing program(s) has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.

II-K. Leadership in the clinical setting of the healthcare organization ensures resident participation in program activities.

EXAMPLES OF EVIDENCE

1. Documentation of the terms and conditions of the partnership between the healthcare organization and academic nursing program(s) that facilitates achievement of the mission, goals, and expected program outcomes (Key Element II-A).

2. Evidence that one or more of the partnering academic nursing programs educates students at the baccalaureate or graduate degree level (Key Element II-A).

3. Information describing the structures, including scheduling, that support resident participation in learning sessions (Key Elements II-A, II-B, and II-K).

4. The healthcare organization's academic progression policy or statement that promotes and supports residents prepared with an associate degree in nursing to obtain a baccalaureate or graduate degree in nursing. Examples of activities and resources demonstrating promotion and support (Key Element II-C).

5. Evidence that there are adequate fiscal, physical, and coordinator/educator/faculty resources to achieve the mission, goals, and expected program outcomes (Key Elements II-B, II-D, and II-E).

6. Evidence that adequate teaching-learning support services (e.g., access to space, equipment, supplies, reference resources, and computer and technology resources) are available to meet the mission, goals, and expected program outcomes (Key Element II-F).

7. Documentation, including but not limited to the program budget and organizational chart, that the healthcare organization and academic nursing program(s) allocate resources sufficient to enable the program to achieve its mission, goals, and expected outcomes (Key Elements II-H and II-J).

8. Documentation that the healthcare organization and academic nursing program(s) provide resources for ongoing professional growth and development of the program educators/faculty (Key Elements II-H and II-J).

9. Curricula vitae, position descriptions, and other documentation showing the academic and experiential backgrounds of the residency coordinator, chief nursing officer of the healthcare organization, and chief nurse administrator of the academic nursing program(s) (Key Elements II-D, II-G, and II-I).

10. Documentation, such as attendance at learning sessions, demonstrating that all residents participate in the program (Key Element II-K).

STANDARD III
PROGRAM QUALITY: CURRICULUM

The entry-to-practice nurse residency program curriculum is centered on management and delivery of quality patient care and professional role and leadership. Care delivery focuses on quality and safety, patient and family centered care, management of patient care delivery, management of the changing patient condition, communication and conflict management, and informatics and technology. Professional role and leadership focus on professional development, performance improvement, evidence-based practice (for baccalaureate and MEPN residents), ethical decision making, stress management, and the business of healthcare.

KEY ELEMENTS

III-A. MANAGEMENT AND DELIVERY OF QUALITY PATIENT CARE

Care delivery is demonstrated by the planning, implementation, and coordination of care of the patient, family, or others significant to the patient. Residents have the skills to safely deliver and manage patient care for quality patient outcomes. Residents are responsible for evaluating patient care outcomes, including exercising critical thinking, and using evidence to analyze the effects of care. Residents evaluate the causes of error and the institution's approach to dealing with errors. Residents understand the institution's quality improvement process and participate in quality improvement efforts. Residents are sensitive to and respect patients and families, including their values and health practices. Care delivery encompasses prioritizing care as well as the appropriate delegation to and supervision of specific care functions by other members of the interprofessional team. Language and communication are major components of the provision of safe patient care. Effective use of informatics and technology are essential to the provision of quality patient care.

III-A.1. Quality and Safety

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to analyze and implement best practices to safely deliver and manage patient care for quality patient outcomes. Promoting skin integrity, safe and effective medication administration, and preventing falls, infection and other institution-acquired conditions are important nursing sensitive indicators linked to outcomes of nursing practice.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of care delivery on patient outcomes, as well as the effects of the system on safe care delivery and outcomes. Residents evaluate the causes of error and the institution's approach to dealing with errors. Residents incorporate national and institutional policies, metrics and benchmarks, and the institution's quality improvement process to participate in quality improvement efforts.

Learning session content, clinical, and other learning experiences enable residents to:
1. Discuss how the culture of safety impacts the well-being of patient, family, self, and other members of the interprofessional team.
2. Discuss how the culture of safety impacts error prevention and quality improvement.

3. Participate in identifying system errors, accurately reporting errors and near misses, and error analysis.
4. Effectively manage clinical and systems issues to address nursing sensitive quality indicators.
5. Participate in interprofessional quality and safety improvement efforts.
6. Evaluate institutional and unit data on nursing sensitive indicators.
7. Analyze barriers to compliance, circumstances, and actions that contribute to errors.
8. Provide evidence-based skin care to prevent and treat skin breakdown.
9. Evaluate the effectiveness of interventions to prevent and treat skin breakdown.
10. Provide evidence-based care in the assessment and prevention of patient falls.
11. Evaluate the effectiveness of interventions to prevent patient falls.
12. Provide evidence-based medication administration.
13. Evaluate the effectiveness of medication administration practices.
14. Provide evidence-based care in the prevention of institution-acquired infections.
15. Evaluate the effectiveness of infection control practices for patient care outcomes and healthcare provider safety.
16. Hold peers accountable and educate/inform as needed to prevent institution-acquired conditions.

III-A.2. Patient and Family Centered Care

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to provide patient and family centered care in a culturally competent manner. Patient and family centered care is designed to ensure that the patient and family are well informed and educated about health promotion and disease management across the life span to include goal directed care. The program promotes nursing care that results in patient and family satisfaction and improved self-management.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of actions on patient outcomes, as well as the effect of system issues on safe care delivery and outcomes. Residents incorporate national and institutional policies, metrics and benchmarks, and the institution's quality improvement process to participate in the interprofessional provision of patient and family centered care.

Learning session content, clinical, and other learning experiences enable residents to:
1. Implement evidence-based practices in the delivery and evaluation of patient and family education consistent with the plan of care.
2. Implement evidence-based practices in the assessment and management of pain.
3. Apply evidence-based principles to support the patient and family at the end of life.
4. Participate as a member of the interprofessional team in goal directed care and promoting and supporting early decisions about care preferences.
5. Identify ethical considerations and coping strategies for the patient, family, and members of the interprofessional team in dealing with end of life.
6. Engage in culturally competent care that leads to quality outcomes for diverse populations.
7. Analyze patient and family satisfaction data, its contributing factors, and its fiscal impact on the healthcare organization.

III-A.3. Management of Patient Care Delivery

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to analyze and implement best practices to effectively manage patient care. The program is designed to help residents further develop the effective resource management skills needed to

deliver safe patient care and optimize patient flow. These skills include delegation, time management, organization of care delivery, prioritization, and decision making.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of actions on the safe delivery of patient care.

Learning session content, clinical, and other learning experiences enable residents to:
1. Analyze the patient's condition and develop an individualized plan of care that includes identification of patient and family physical, emotional, cultural, and spiritual needs.
2. Formulate a plan to manage patient care assignments based on patient acuity, workload, resources, and anticipated patient needs within the context of the interprofessional team.
3. Delegate and supervise care based on appropriate time management and prioritization, clinical judgment, and professional accountability for patient outcomes.
4. Use appropriate referrals for managing care delivery in complex patient situations.
5. Demonstrate time management strategies that support effective delivery of patient care.
6. Analyze factors relating to patient flow through the healthcare system that affect organizational and patient outcomes.
7. Evaluate effectiveness of team roles and the impact on patient care outcomes.

III-A.4. Management of the Changing Patient Condition

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to apply standards of care, policies, and procedures for patient assessment and reassessment, including responses to changes in patient condition and alterations in the plan of care.

Residents use case studies, examples from clinical practice, and reflections to demonstrate management of the changing patient condition.

Learning session content, clinical, and other learning experiences enable residents to:
1. Perform an accurate patient assessment and reassessment.
2. Recognize and concisely communicate, in a timely manner, changes in a patient condition, including key cues and alterations from established baseline parameters, changes in patient condition; and intervene using institutional resources.
3. Access and use appropriate institutional resources, including members of the interprofessional team, when a patient condition changes.
4. Participate as a member of the interprofessional team when there is a change in patient condition.
5. Communicate with the appropriate members of the interprofessional team when a patient's condition changes.

III-A.5. Communication and Conflict Management

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to analyze and implement best practices to communicate effectively. Residents are responsible for communicating with patients, families, and other members of the interprofessional team to safely and effectively manage patient care. The program is designed to promote the continued development of the resident's communication skills, including the effective transmission of information based on the patient's plan of care and changes in condition. Residents are expected to communicate within the established chain of command. The national quality and safety agenda includes conflict management and teamwork as methods to improve patient safety and quality. The program is designed to further develop

skills needed to manage conflict that may occur within the interprofessional team and between patients and their families and the interprofessional team.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of effective communication on patient outcomes.

Learning session content, clinical, and other learning experiences enable residents to:
1. Use evidence-based communication skills with patients, families, and members of the interprofessional team.
2. Communicate effectively with patients, families, and members of the interprofessional team using strategies and resources to address communication barriers.
3. Collaborate with members of the interprofessional team in planning care and meeting patient needs.
4. Use a standardized approach to hand-off communication that includes an opportunity to ask questions and verify information.
5. Describe how standard communication strategies and organizational error reporting systems contribute to a culture of safety.
6. Interpret interactions and signs of tension that may lead to conflict and develop successful strategies to prevent continued escalation.
7. Analyze subtle and obvious signs of incivility and lateral violence in the workplace.
8. Discuss the impact of workplace incivility and lateral violence on patient care and safety.
9. Utilize resources within the work environment to manage situations involving conflict.
10. Formulate a plan to ensure safety of self and others in a threatening situation.

III-A.6. Informatics and Technology

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to analyze and implement best practices in effective use of information technology to safely manage patient care. Computer literacy is a basic skill for every resident that serves as a foundation for information literacy and information management. Competency in these areas enables residents to utilize more complex information technology to assimilate data and information and to enhance communication and informed care delivery decisions. The electronic health record, decision support systems, administrative systems, and learning systems are part of a compendium of digital resources residents use to improve the health of populations, communities, families, and individuals. Information technology, when used improperly, may pose legal, ethical, and social issues.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of information technology on patient outcomes.

Learning session content, clinical, and other learning experiences enable residents to:
1. Incorporate available technology to support communication and care delivery.
2. Use resources for information support and development of evidence-based practice.
3. Evaluate outcomes of the use of information technology tools.
4. Differentiate between the risks and benefits of social media in healthcare.
5. Critique avenues to collaborate with patients and families who are active on social media without crossing professional boundaries.
6. Comply with organizational policies and privacy and confidentiality laws when using social media for both personal and professional purposes.

EXAMPLES OF EVIDENCE

1. National patient safety resources available to residents to assist in focusing attention on safety in patient care settings (Key Element III-A.1).

2. Curriculum, learning activities, and/or clinical narratives that address quality improvement processes and tools and examination of hospital-specific data (Key Element III-A.1).

3. Curriculum, learning activities, and/or clinical narratives that address skin care management principles and applications to patient situations (Key Element III-A.1).

4. Curriculum, learning activities, and/or clinical narratives that address fall prevention management principles and applications to patient situations (Key Element III-A.1).

5. Curriculum, learning activities, and/or clinical narratives that address medication administration, including dosage calculation (Key Element III-A.1).

6. Curriculum, learning activities, and/or clinical narratives that address infection control and applications to patient situations (Key Element III-A.1).

7. Curriculum, learning activities, and/or clinical narratives that address patient and family education, including selecting education materials and evaluating the effectiveness of patient and family teaching (Key Element III-A.2).

8. Curriculum, learning activities, and/or clinical narratives that address pain management principles and applications to patient situations (Key Element III-A.2).

9. Curriculum, learning activities, and/or clinical narratives that address support of patients and their families at the end of life and involvement in goal directed care and early decisions about care preferences (Key Element III-A.2).

10. Curriculum, learning activities, and/or clinical narratives that address cultural competence in nursing practice (Key Element III-A.2).

11. Curriculum, learning activities, and/or clinical narratives that address management of patient care delivery (Key Element III-A.3).

12. Policies and procedures that address delegation of patient care and patient care assignments (Key Element III-A.3).

13. Curriculum, learning activities, and/or clinical narratives that address the role of the nurse in delegation and referral within the intraprofessional and interprofessional team (Key Element III-A.3).

14. Samples of completed documentation (e.g., patient care assessment, patient care plan, progress notes) (Key Element III-A.3).

15. Evidence of progression with managing patient care assignments, including increased level of patient acuity (Key Element III-A.3).

16. Curriculum, learning activities, and/or clinical narratives that address resource management (Key Element III-A.3).

17. Evidence of resident participation in intraprofessional and interprofessional patient care activities that identify and support patient needs (Key Element III-A.3).

18. Curriculum, learning activities, and/or clinical narratives that address assessment skills (Key Element III-A.4).

19. Curriculum, learning activities, and/or clinical narratives that address changing patient condition, institutional resources, and chain of command (Key Element III-A.4).

20. Curriculum, learning activities, and/or clinical narratives that address communication and how communication affects patient safety (e.g. hand-off communication, error reporting systems, etc.) (Key Element III-A.5).

21. Tools used to guide residents to communicate with physicians and other members of the health care team (Key Element III-A.5).

22. Curriculum, learning activities, and/or clinical narratives that address chain of command and conflict management (Key Element III-A.5).

23. Evidence of resources available to residents to assist in managing conflict and assuring safety (Key Element III-A.5).

24. Curriculum, learning activities, and/or clinical narratives that address use of technology to safely manage patient care (Key Element III-A.6).

25. Curriculum, learning activities, and/or clinical narratives that address use of social media (Key Element III-A.6).

26. Sample resident performance reviews and/or checklists reflecting achievement of expected outcomes (Key Elements III-A.1, III-A.2, III-A.3, III-A.4, III-A.5, and III-A.6).

III-B. PROFESSIONAL ROLE AND LEADERSHIP

Leadership, an essential professional nursing role function, is demonstrated through professional identity and practice accountability. The program should develop residents' ability to lead change to advance health. Residents are to commit to planning and developing their careers, including the possibility of obtaining professional certification and pursuing formal education. As professionals, residents are committed to life-long learning, to performance improvement, and to maintaining an evidence-based practice. Residents recognize that clinical decision making reflects ethics and values, as well as science and technology. Residents recognize and deal with personal stress levels in order to effectively manage situational stress. The business of healthcare is an important concept for residents to understand and incorporate into their practice.

III-B.1. Professional Development

The program supports the residents' understanding that the role of the professional nurse is constantly evolving and requires a commitment to life-long learning. The program is designed to provide residents with the tools to develop a personal plan for professional development to advance the individual's experience, knowledge, education, and continued ability to contribute to quality healthcare. Professional development activities are specific to residents' educational preparation. Activities for ADN-prepared residents include an emphasis on preparing residents to continue towards higher education in nursing. Delivering and receiving feedback is a critical skill for residents to learn and use effectively.

Learning session content, clinical, and other learning experiences enable residents to:
1. Identify the resident's progress toward becoming a competent professional nurse.
2. Evaluate benefits of joining professional nursing organizations.
3. Construct a preliminary career plan including activities such as organizational committee involvement, serving as a preceptor or member on a professional committee, seeking certification, and continuing formal education.
4. Identify a professional mentor.
5. Review the benefits of and resources for life-long learning.
6. Engage in professional growth through reflecting and acting upon job performance feedback.

III-B.2. Performance Improvement and Evidence-Based Practice

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to analyze and implement performance improvement activities and evidence-based practices, and, depending on their level of educational preparation, to safely manage patient care for quality patient outcomes. Residents must have current knowledge of best patient care practices and must be able to use evidence from multiple sources, including nursing research.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of evidence-based practice on patient outcomes. Residents incorporate national and institutional policies, metrics and benchmarks, and the institution's performance improvement process to participate in quality improvement efforts.

Learning session content, clinical, and other learning experiences enable residents to:
1. Identify the key concepts of performance improvement.
2. Analyze how data are used to investigate quality and safety issues and how action plans are developed for performance improvement.
3. Identify the institution's performance improvement processes.
4. Develop and disseminate a performance-improvement project (ADN-prepared residents).

Learning session content, clinical, and other learning experiences enable baccalaureate-
and MEPN-prepared residents to:
1. Identify the key concepts of evidence-based nursing practice.
2. Access institutional resources to obtain appropriate evidence to guide clinical practice decisions.
3. Critically appraise literature.
4. Use best evidence when caring for specific patient populations and/or in a specific clinical setting.
5. Appraise sources of information and evidence that support best practices, including the institution's process for using evidence in the revision of standards, guidelines, policies, and procedures.
6. Develop and disseminate an evidence-based practice project.

III-B.3. Ethical Decision Making

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to incorporate ethical principles in relationships with the interprofessional team and in the delivery of care. Residents must practice within a professional and ethical framework to address ethical dilemmas that arise in practice and to support the decision-making process as it relates to patients and families, patient care, nursing, and the interprofessional team.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of ethical decision making on patient outcomes.

Learning session content, clinical, and other learning experiences enable residents to:
1. Incorporate the American Nurses Association's *Code of Ethics for Nurses with Interpretive Statements* into daily practice.
2. Use an ethical decision-making model to address ethical dilemmas in clinical practice.
3. Implement evidence-based practices and institutional policies and procedures for handling complex ethical dilemmas.
4. Take action to prevent or limit unsafe or unethical health and nursing care practices by self and members of the interprofessional team.
5. Practice within the professional boundaries of the nurse-patient relationship and employ strategies to avoid boundary violations.

III-B.4. Stress Management

The program is designed to expand residents' knowledge and skills acquired in their prelicensure programs to effectively manage personal, professional, and situational stress. Residents must develop strategies to manage stress that results from role transition and integration, work relationships, job demands, and the work environment.

Residents use case studies, examples from clinical practice, and reflections to demonstrate the impact of care giver stress on patient outcomes and personal well-being and to identify strategies to mitigate its impact.

Learning session content, clinical, and other learning experiences enable residents to:
1. Deploy strategies to prevent compassion fatigue.
2. Recognize situational stress and seek resources for resolution.
3. Recognize stress related to role transition and integration and seek resources for resolution.
4. Use evidence-based self-care strategies to promote resiliency and manage personal, professional, and situational stress.

III-B.5. Business of Healthcare

Delivery of high value healthcare must include consideration of costs associated with resource utilization. In today's healthcare environment, it is critical that residents are able to deliver efficient and effective healthcare in a fiscally responsible manner. The program is designed to assist the residents to understand how patient care relates to the healthcare system as a whole and how to use the system to improve the quality and safety of patient care.

Learning session content, clinical, and other learning experiences enable residents to:
1. State why practicing to the full extent of one's education, licensure, and competence decreases costs and improves patient care outcomes.
2. Discuss how the impact of performance on nursing sensitive indicators impacts the fiscal health of the healthcare organization.
3. Incorporate consideration of cost awareness and risk benefit analysis in patient care.
4. Identify how creating a plan of coordinated care with a team of interprofessional caregivers positively affects patient outcomes while decreasing costs.
5. Engage in evidence-based practices that improve patient outcomes while decreasing costs.

EXAMPLES OF EVIDENCE

1. Curriculum, learning activities, and/or clinical narratives that address professional development (Key Element III-B.1).

2. Examples of professional development activities, including examples of residents' career plans (Key Element III-B.1).

3. Curriculum, learning activities, and/or clinical narratives that address performance improvement and evidence-based practice (Key Element III-B.2).

4. Examples of performance improvement and evidence-based practice activities, including examples of residents' projects (Key Element III-B.2).

5. Curriculum, learning activities, and/or clinical narratives that address ethical decision making in nursing practice and how ethical decision making promotes safe patient care (Key Element III-B.3).

6. Curriculum, learning activities, and/or clinical narratives that address methods of stress management (Key Element III-B.4).

7. Curriculum, learning activities, and/or clinical narratives that address the business of healthcare (Key Element III-B.5).

8. Sample resident performance reviews reflecting achievement of expected outcomes (Key Elements III-B.1, III-B.2, III-B.3, III-B.4, and III-B.5).

STANDARD IV

PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The entry-to-practice nurse residency program is effective in fulfilling its mission and goals as evidenced by achieving its expected program outcomes. Evaluation data demonstrate program effectiveness. Data on program effectiveness are used to foster ongoing program improvement.

KEY ELEMENTS

IV-A. A systematic process is used to determine program effectiveness. A written evaluation plan specific to the healthcare organization describes how program data are systematically collected and analyzed.

IV-B. Program completion rates demonstrate program effectiveness.

IV-C. Resident alumni retention rates, as defined by the healthcare organization, demonstrate program effectiveness.

IV-D. Program satisfaction, of both residents and other stakeholders, demonstrates program effectiveness.

IV-E. Program data (other than program completion, resident alumni retention, and program satisfaction) demonstrate program effectiveness.

IV-F. Program data are used to foster ongoing program improvement.

IV-G. Resident performance is evaluated by the healthcare organization and demonstrates progress in transitioning from advanced beginner towards competent professional nurse. The evaluation process is defined and consistently applied.

IV-H. Program data are shared between the healthcare organization and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.

IV-I. A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

EXAMPLES OF EVIDENCE

1. The program's written evaluation plan (Key Elements IV-A, IV-B, IV-C, IV-D, IV-E, and IV-F).

2. Aggregate outcome data including program completion, resident alumni retention, program satisfaction, and other outcomes identified by the program. Evidence that these outcome data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-B, IV-C, IV-D, IV-E, and IV-F).

3. Evidence that evaluations of program educator/faculty performance are shared with the respective individuals to foster performance improvement (Key Element IV-E and IV-F).

4. Evidence that program completers have achieved the competencies outlined in the program's expected outcomes and curriculum (e.g., samples of professional career plans, evidence-based projects, and resident performance appraisals) (Key Elements IV-E, IV-F, and IV-G).

5. Examples of achievements of program completers, such as contributions to the employment site, leadership positions, and advanced degrees (Key Element IV-E and IV-F).

6. Meeting minutes, agenda, or similar documentation evidencing the sharing of program data between the healthcare organization and the partnering academic nursing program(s) (Key Element IV-H).

7. Policies regarding the filing, review, and maintenance of records of formal complaints related to the residency program. A record of any such formal complaints for the past three years (Key Element IV-I).

8. Evidence that formal complaint data related to the program are analyzed and used to foster ongoing program improvement (Key Element IV-I).

GLOSSARY

Academic Faculty: Educators who hold a baccalaureate or graduate degree in nursing and participate in the nurse residency program (e.g., resident facilitator, residency coordinator, content expert, or consultant).

Academic Nursing Program: A prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing).

Academic Progression Policy: A policy or statement specific to the healthcare organization that promotes and supports all residents entering the organization without a baccalaureate or graduate degree in nursing to obtain a baccalaureate or graduate degree in nursing.

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

Chief Nursing Officer: The registered nurse with a graduate degree who serves as the administrative leader for nursing in the healthcare organization.

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

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

Eligible Participants: Individuals who are serving in their first nursing role and who have graduated from a prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing). All eligible participants are included in the entry-to-practice nurse residency program, and this program is limited to eligible participants.

Entry-to-Practice Nurse Residency Program: A series of learning sessions and other experiences that occurs continuously over a 12-month period and that is designed to assist new participants as they transition to their first professional nursing role. Intended for direct care roles in the healthcare organization, the program is offered by a healthcare organization in partnership with an academic nursing program(s). Only new graduates of prelicensure nursing programs are eligible to participate in the residency program. CCNE accredits two types of entry-to-practice nurse residency programs. The first is employee-based nurse residency programs that hire newly licensed nurses as permanent employees of the healthcare organization.

The second is federally funded traineeship nurse residency programs that engage newly licensed nurses for the duration of the residency program without a commitment for continued employment.

Evaluation Plan: A document that guides the residency program through a thoughtful review, at regularly scheduled intervals, to assess attainment of the mission, goals, and expected outcomes. The plan identifies outcomes related to the program's mission and goals, and expected levels of achievement (i.e., expected outcomes). Additionally, the plan outlines the process for comparing expected outcomes to actual outcomes (including measurements or tools used) and the process for analyzing the findings, and it designates the frequency of the evaluative activities and responsible parties.

Federally Funded Traineeship Nurse Residency Program: A type of nurse residency program that engages newly licensed nurses in the role of trainee for the duration of the residency program, without a commitment for continued employment. The trainees must be compensated, and this compensation must be funded entirely by federal money devoted specifically to the traineeship.

Healthcare Organization: An accredited institution (e.g., hospital, home healthcare organization, or nursing home) established to meet the health needs of target populations and that sponsors an entry-to-practice nurse residency program.

Healthcare Organization Educators: Clinical educators who are employed by the healthcare organization, hold a baccalaureate or graduate degree in nursing or have other relevant educational and experiential preparation (e.g., pharmacist, chaplain, etc.), and are responsible for professional development of residents.

Learning Sessions: Instructor-led seminars or comparable learning activities that relate to one or more of the curricular elements of the nurse residency program. Scheduled during paid time, these sessions are distributed appropriately over the 12-month residency program and are designed for participation by a cohort of residents. Learning sessions may be conducted monthly over a 4-hour block of time or reasonable equivalent. The resident-to-instructor/facilitator ratio is appropriate given the learning activities and learning styles.

Partnership: A mutual agreement between a healthcare organization and one or more academic nursing programs that collaborate and provide resources to support a nurse residency program. The agreement must be written, and it must be signed by the participating parties. At least one of the academic nursing program partners must educate students at a baccalaureate or graduate degree level.

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

Program Educators/Faculty: The term "program educators/faculty" includes the residency coordinator(s), healthcare organization educators, academic faculty, and resident facilitators, each of which is defined separately in the Glossary.

Residency Coordinator: A registered nurse with a graduate degree in nursing or a related field who is responsible for overall planning, implementation, management, and evaluation of the residency program. This individual coordinates the roles of the hospital educators, academic faculty, and resident facilitators to achieve program outcomes. The coordinator's roles may include, but are not limited to, collaboration with the hospital's human resources department to recruit nurse residents, implementation of the residency curriculum, oversight of residents' progression through the program components, collaboration with the partnering

academic nursing program(s), and ongoing program evaluation to foster achievement of overall program outcomes. The coordinator has the authority to utilize a wide array of resources and personnel to enhance resident development.

Resident: An individual who has graduated from a prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing) (see Academic Nursing Program) and who is enrolled in the nurse residency program. This individual must hold a registered nurse license or temporary permit to practice, must be an employee of the healthcare organization or a participant in a formal traineeship, and must be serving in his or her first nursing role. No longer than one year shall elapse from the time of graduation from the prelicensure nursing program to admission into the residency program. Residents are expected to fulfill obligations of a registered professional nurse after completion of the institution's orientation program.

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

Teaching-Learning Support Services: Services available to the nurse residency program that facilitate program educators/faculty and nurse residents in achieving the expected program outcomes. These may include, but are not limited to, space for program activities, laboratories, equipment, access to library holdings and searchable databases, clerical services, and computers.

NOTES

NOTES

COMMISSION ON
COLLEGIATE NURSING
EDUCATION

Serving the Public Interest Through Quality Accreditation