



CROSSWALK TABLE

Comparing the Commission on Collegiate Nursing Education's (CCNE's) *Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs (2008)* and *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs (2015)*

| 2008 | 2015 |
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| STANDARD I. PROGRAM QUALITY: PROGRAM FACULTY The acute care hospital and the academic nursing program ensure the availability of qualified faculty to enable the post-baccalaureate nurse residency program to achieve its mission, goals, and expected outcomes. The program faculty are qualified and ensure the achievement of the mission, goals, and expected program outcomes. | 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. |
| <i>New Key Element</i> | I-A: Residency program activities build upon knowledge gained and competencies developed during residents' prelicensure educational experiences. |
| <i>See Key Element II-C (2008)</i> | I-B: The program is limited to eligible participants, and all eligible participants are in the program. |
| I-A: The program faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes. | I-C: Program educators/faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes. |
| I-B: The program faculty are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined. | I-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-C: The program faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes. | I-E: Program educators/faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes. |
| I-D: The program faculty participate in professional development activities. | I-F: Program educators/faculty participate in professional development activities. |

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| <i>New Key Element</i> | I-G: Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined. |
| <i>New Key Element</i> | I-H: Precepted experiences immerse residents into the care environment in a structured and logical manner. |
| <i>See Key Element II-L (2008)</i> | I-I: Documents and publications are accurate. Any references in promotional materials to the program's offerings, outcomes, and accreditation status are accurate. |
| <p>STANDARD II. PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES The acute care hospital, in partnership with the academic nursing program, demonstrates ongoing commitment and support for the post-baccalaureate nurse residency program. Program faculty, appropriate facilities, fiscal commitment, and resources are available to enable the program to achieve its mission, goals, and expected outcomes. As a resource to the program, a sufficient number of program faculty assures the achievement of the mission, goals, and expected program outcomes. There is fiscal commitment from the acute care hospital to enable residents to fully participate in the program. Documents and publications are accurate.</p> | <p>STANDARD II. 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.</p> |
| II-A: Through partnership, the acute care hospital and academic nursing program(s) foster the achievement of the mission, goals, and expected program outcomes. | II-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-B: Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed. |
| II-C: The program is restricted to eligible employees, and all eligible employees participate in the program. | <i>See Key Element I-B (2015)</i> |
| <i>New Key Element</i> | 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. |

| 2008 | 2015 |
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| <p>II-D: A residency coordinator is designated who is academically and experientially qualified to provide effective leadership to the program in achieving its mission, goals, and expected outcomes.</p> | <p>II-D: The residency coordinator:</p> <ul style="list-style-type: none"> • 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. |
| <p>II-E: The program faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.</p> | <p>II-E: The program educators/faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.</p> |
| <p>II-F: Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the resident.</p> | <p>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.</p> |
| <p>II-G: The chief nursing officer is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes.</p> | <p>II-G: The chief nursing officer of the healthcare organization:</p> <ul style="list-style-type: none"> • 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. |
| <p>II-H: The chief nursing officer has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.</p> | <p>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.</p> |
| <p>II-I: The chief nurse administrator is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes.</p> | <p>II-I: The chief nurse administrator of the academic nursing program(s):</p> <ul style="list-style-type: none"> • 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. |
| <p>II-J: The chief nurse administrator has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.</p> | <p>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.</p> |
| <p>II-K: Unit leadership of the acute care hospital assures resident participation in program activities.</p> | <p>II-K: Leadership in the clinical setting of the healthcare organization ensures resident participation in program activities.</p> |
| <p>II-L: Documents and publications are accurate. Any references in promotional materials to the program’s offerings, outcomes, and accreditation status are accurate.</p> | <p><i>See Key Element I-1 (2015)</i></p> |

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| <p>STANDARD III. PROGRAM QUALITY: CURRICULUM The post-baccalaureate nurse residency program curriculum is centered on leadership, patient outcomes, and professional role. Leadership focuses on managing resources, including staff, supplies, and services for quality patient care. Patient outcomes focus on nurse sensitive quality indicators and on the provision of quality care and assurance of patient safety. Professional role focuses on the advancement of nursing knowledge and experience.</p> | <p>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.</p> |
| <i>See Key Elements III-B.4, III-B.5, III-B.6, and III-B.7 (2008)</i> | III-A.1: Quality and Safety |
| <i>See Key Elements III-B.2, III-B.3, III-C.2, and III-C.3 (2008)</i> | III-A.2: Patient and Family Centered Care |
| III-A.1: Management of Patient Care Delivery | III-A.3: Management of Patient Care Delivery |
| III-A.2: Resource Management | |
| <i>See Key Element III-B.1 (2008)</i> | III-A.4: Management of the Changing Patient Condition |
| III-A.3: Communication | III-A.5: Communication and Conflict Management |
| III-A.4: Conflict Management | |
| <i>New Key Element</i> | III-A.6: Informatics and Technology |
| III-B.1: Management of the Changing Patient Condition | <i>See Key Element III-A.4 (2015)</i> |
| III-B.2: Patient and Family Education | <i>See Key Element III-A.2 (2015)</i> |
| III-B.3: Pain Management | |
| III-B.4: Evidence-Based Skin Care Practice | <i>See Key Element III-A.1 (2015)</i> |
| III-B.5: Fall Prevention | |
| III-B.6: Medication Administration | |
| III-B.7: Infection Control | |
| <i>See Key Element III-C.6 (2008)</i> | III-B.1: Professional Development |
| <i>See Key Element III-C.5 (2008)</i> | III-B.2: Performance Improvement and Evidence-Based Practice |
| III-C.1: Ethical Decision Making | III-B.3: Ethical Decision Making |
| III-C.2: End-of-Life Care | <i>See Key Element III-A.2 (2015)</i> |
| III-C.3: Cultural Competence in the Nursing Care Environment | |
| III-C.4: Stress Management | III-B.4: Stress Management |
| III-C.5: Evidence-Based Practice | <i>See Key Element III-B.2 (2015)</i> |
| III-C.6: Professional Development | <i>See Key Element III-B.1 (2015)</i> |
| <i>New Key Element</i> | III-B.5: Business of Healthcare |

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| <p>STANDARD IV. PROGRAM EFFECTIVENESS The post-baccalaureate nurse residency program is effective in fulfilling its mission, goals, and expected outcomes. Resident learning outcomes, program satisfaction, and the evaluation of program accomplishments demonstrate program effectiveness. Outcomes for the program faculty are consistent with the mission, goals, and expected program outcomes. Data on program effectiveness are used to foster ongoing improvement.</p> | <p>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.</p> |
| <p>IV-A: A written evaluation plan describes how program data are systematically collected and analyzed.</p> | <p>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.</p> |
| <p><i>See Key Element IV-B (2008)</i></p> | <p>IV-B: Program completion rates demonstrate program effectiveness.</p> |
| <p><i>See Key Element IV-B (2008)</i></p> | <p>IV-C: Resident alumni retention rates, as defined by the healthcare organization, demonstrate program effectiveness.</p> |
| <p><i>See Key Element IV-E (2008)</i></p> | <p>IV-D: Program satisfaction, of both residents and other stakeholders, demonstrates program effectiveness.</p> |
| <p>IV-B: Program data provide evidence of the program’s effectiveness in achieving its mission, goals, and expected outcomes.</p> | <p>IV-E: Program data (other than program completion, resident alumni retention, and program satisfaction) demonstrate program effectiveness.</p> |
| <p>IV-C: Program data are used to foster ongoing program improvement.</p> | <p>IV-F: Program data are used to foster ongoing program improvement.</p> |
| <p>IV-D: Resident performance is evaluated by the acute care hospital staff and demonstrates successful transition from advanced beginner to competent professional nurse. The evaluation process is defined and consistently applied.</p> | <p>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.</p> |
| <p>IV-E: Program satisfaction data are collected from residents, as well as from others who are responsible for or otherwise involved in the program.</p> | <p><i>See Key Element IV-D (2015)</i></p> |
| <p>IV-F: Program data are shared between the acute care hospital and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.</p> | <p>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.</p> |
| <p>IV-G: A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.</p> | <p>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.</p> |