Dear Chief Nurse Administrator:

The self-study process is an opportunity for the nursing unit to engage in an in-depth evaluative process leading to the continuous quality improvement of the nursing program(s) under review for accreditation by the Commission on Collegiate Nursing Education (CCNE). The process affords programs an opportunity to identify their strengths and areas for improvement. This programmatic analysis should result in a self-study document that clearly articulates the program’s compliance with CCNE’s accreditation standards. The self-study document is the product of the self-study process and addresses program compliance with each of the four standards and the associated key elements and elaborations.

Whether an institution is hosting an on-site evaluation for one or multiple degree/post-graduate APRN certificate programs, a single self-study document addressing all programs under review is developed. An institution submits only one self-study document per on-site evaluation. To facilitate the review process, the self-study document is organized by standard and key element. The program’s narrative under each key element and elaboration statement should provide evidence of compliance and/or a detailed plan of action addressing any areas that the program has identified as needing improvement. Where appropriate, the narrative should include individualized information for each degree/certificate program under review. The CCNE accreditation standards include a Glossary and provide a list of supporting documentation for each standard to assist program representatives in developing self-study materials and in preparing for the on-site evaluation.

It is particularly helpful to the on-site evaluation team and other CCNE reviewers (e.g., at the committee and Board levels) if the self-study document:

* includes a table of contents (including page numbers) for both the main document and the appendices;
* begins with a concise introduction of the nursing program(s) and the institutional setting;
* uses a minimum font size of 10;
* is single spaced; and
* includes tables, where appropriate. For instance, tables are particularly helpful when presenting faculty qualifications, relevant work experience, and teaching responsibilities; student headcount enrollment data, program completion data, licensure/certification pass rate data, and other outcome data; and information linking/mapping the curricula to CCNE-required professional nursing standards and guidelines as well as other professional nursing standards and guidelines (or components thereof) that have been selected by the program.

The self-study document is to be no longer than 110 pages of narrative for one or two degree/certificate programs and no longer than 120 pages of narrative for three or more degree/certificate programs. While the introduction and appendices are excluded from this page limit, the appendices should be judiciously selected and pertinent to the program’s demonstration of compliance with the standards and key elements. It is appropriate for the program to reference and provide web links to documents, such as catalogs and handbooks, within the self-study document, provided that these be persistent and publicly accessible hyperlinks that will remain active until an accreditation action is taken by the CCNE Board of Commissioners. While the following documents may be referenced in the self-study document, it is not necessary to include them in the appendices; instead, consider making them available to the team in the virtual resource room:

* current faculty curricula vitae;
* relevant institutional reports;
* documents that reflect decision-making (e.g., minutes, memoranda, reports);
* examples of student work;
* student, alumni, employer, or other constituent survey instruments; and
* summaries/analyses of survey responses.

At least six weeks prior to the on-site evaluation, the program must submit an electronic copy of the self-study document (including appendices), the Program Information Form (PIF), and the final agenda for the evaluation via the CCNE Online Community ([www.ccnecommunity.org](file:///\\Aacns00803\ccne\Templates\Education\Documents\www.ccnecommunity.org)). These documents are to be submitted in PDF format. CCNE and the evaluators who have been assigned to the team have access to these materials via the CCNE Online Community as soon as the documents have been uploaded by the program. CCNE requests that the program contact each member of the team well in advance of the due date to determine if any member of the team would like to receive a hard copy of the self-study document (including appendices) and PIF, and to provide these documents, if requested, by the due date. Please do not send hard copies of these documents to the CCNE office. The PIF, which provides an overview of the institutional setting and the nursing program(s), is available both on the CCNE Online Community at [www.ccnecommunity.org](http://www.ccnecommunity.org) and on the CCNE website at <https://www.aacnnursing.org/ccne-accreditation/what-we-do/ccne-accreditation-process> under “On-Site Evaluations” and “Baccalaureate & Graduate Nursing Programs.”

Thank you for your participation in the CCNE accreditation process. Please contact the CCNE staff at 202-887-6791 for assistance or if you have any questions.

Checklist for Writing the Self-Study Document

Before finalizing and uploading the self-study document to the CCNE Online Community ([www.ccnecommunity.org](http://www.ccnecommunity.org)), please verify that:

* the font size is a minimum of 10;

the document is single spaced;

the document is no longer than 110 pages if the self-study document is addressing one or two degree/certificate programs and no longer than 120 pages if the self-study document is addressing three or more degree/certificate programs (the introduction and appendices are excluded from the page limit);

the institution has provided a response for each key element/elaboration statement;

the response to each key element/elaboration statement adequately addresses all nursing degree programs and post-graduate APRN certificate programs that are under review;

the document includes the standard, key element, and elaboration statements as provided in the self-study template. **These statements are not to be altered or deleted by the institution;**

any hyperlinks embedded in the document are persistent and active (i.e., links are publicly accessible and will remain active at least until an accreditation action is taken by the CCNE Board of Commissioners;

the document and appendices do not contain any personally identifiable information (PII), and no PII is included in electronic resources in the virtual resource room.

Insert Institution Title Page and Table of Contents

*Please note the pages that precede this page (i.e., letter to chief nurse administrator, and checklist), should be deleted prior to submission of the self-study document to CCNE via the CCNE Online Community (*[*www.ccnecommunity.org*](http://www.ccnecommunity.org)*), as they were provided for informational purposes only.*

Insert Institution Overview or Introduction

*Please provide a brief (1-3 pages) overview or introduction to the institution and program(s) under review.* **Standard I**

**Program Quality: Mission and Governance**

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

**Key Element I-A**

**The mission, goals, and expected program outcomes are:**

* **congruent with those of the parent institution; and**
* **reviewed periodically and revised as appropriate.**

*Elaboration: The program’s mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program outcomes are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.*

*There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.*

**PROGRAM RESPONSE:**

**Key Element I-B**

**The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.**

*Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires the following components of* The Essentials: Core Competencies for Professional Nursing Practice *(*Essentials*) (AACN, 2021);*

* *the 10 “Domains for Nursing” (*Essentials*, pp. 10-11);*
* *the 8 “Concepts for Nursing Practice” (*Essentials*, pp. 11-14); and*
* *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain,* Essentials*, pp. 27-54).*

*A program selects additional standards and guidelines (or components thereof) that are current and relevant to program offerings.*

*A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.*

*A program with APRN tracks prepares students for one of the four APRN roles and in at least one population focus, in accordance with the* Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education *(July 2008).*

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| **⚠ TIP:** Remember to identify which additional professional nursing standards and guidelines (beyond the 10 Domains, 8 Concepts, and 45 Competencies from AACN’s 2021 *Essentials*) the program has selected that are current and relevant to program offerings. As a reminder, the program must specify whether it has selected an entire set of standards/guidelines or components thereof. If the program has selected components of standards/guidelines, the program must specify which specific components it has selected from which document(s). (Demonstrate incorporation of professional nursing standards and guidelines in Key Elements III-B, C, D, and E, as appropriate, not here.) |

**PROGRAM RESPONSE:**

**Key Element I-C**

**The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.**

*Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.*

**PROGRAM RESPONSE:**

**Key Element I-D**

**The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.**

*Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit’s expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).*

**PROGRAM RESPONSE:**

**Key Element I-E**

**Faculty and students participate in program governance.**

*Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.*

**PROGRAM RESPONSE:**

**Key Element I-F**

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

* **fair and equitable;**
* **published and accessible; and**
* **reviewed and revised as necessary to foster program improvement.**

*Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, clinical requirements, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program’s mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.*

**PROGRAM RESPONSE:**

**Key Element I-G**

**The program defines and reviews formal complaints according to established policies.**

*Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program’s definition of formal complaints includes, at a minimum, student complaints. The program’s definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.*

**PROGRAM RESPONSE:**

**Key Element I-H**

**Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.**

*Elaboration: References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, clinical requirements and placements, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which the program prepares students is accurate. For programs with APRN tracks, transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.[[1]](#footnote-1),[[2]](#footnote-2)*

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

*“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program/post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (*[*http://www.ccneaccreditation.org)*](http://www.ccneaccreditation.org))*.”*

*“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program/post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.”*

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| **⚠ TIP:** Remember to check the institution’s website and program webpages, documents, publications, etc., to ensure that the CCNE-approved disclosure language is used. |

**PROGRAM RESPONSE:**

**Standard II**

**Program Quality: Institutional Commitment and Resources**

The parent institution demonstrates ongoing commitment to, and support for, the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

**Key Element II-A**

**Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.**

*Elaboration: The budget enables achievement of the program’s mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of sufficient staff/support personnel and faculty.*

*A defined process is used for regular review of the adequacy of the program’s fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.*

**PROGRAM RESPONSE:**

**Key Element II-B**

**Physical resources enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources is reviewed periodically, and resources are modified as needed.**

*Elaboration: Physical space and facilities (e.g., faculty and staff workspace, classrooms, laboratories, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program’s mission, goals, and expected outcomes. The institution is responsible for providing adequate physical resources.*

*A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies), and modifications are made as appropriate.*

**PROGRAM RESPONSE:**

**Key Element II-C**

**Clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of clinical sites is reviewed periodically, and resources are modified as needed.**

*Elaboration: The program is responsible for providing adequate clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program’s mission, goals, and expected outcomes. The program provides students with information regarding the responsibilities of the program and, if any, the expectations of the student in identifying clinical sites.*

*A defined process is used to determine currency, availability, accessibility, and adequacy of clinical sites, and modifications are made as appropriate.*

**PROGRAM RESPONSE:**

**Key Element II-D**

**Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.**

*Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate, whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor).*

**PROGRAM RESPONSE:**

**Key Element II-E**

**The chief nurse administrator of the nursing unit:**

* **is a registered nurse (RN);**
* **holds a graduate degree in nursing;**
* **holds a doctoral degree if the nursing unit offers a graduate program in nursing;**
* **is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and**
* **provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.**

*Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. The chief nurse administrator consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.*

**PROGRAM RESPONSE:**

**Key Element II-F**

**Faculty are:**

* **sufficient in number to accomplish the mission, goals, and expected program outcomes;**
* **academically prepared for the areas in which they teach; and**
* **experientially prepared for the areas in which they teach.**

*Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies. For nurse practitioner tracks, the recommended faculty-to-student ratio for indirect faculty supervision, which may include clinical coordination, engagement with preceptors and clinical partners, and monitoring and evaluating student progress, is 1:8.*

*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 didactic in the baccalaureate, master’s, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree.*

*Faculty teaching clinical in the master’s, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree. Faculty teaching clinical in the baccalaureate program hold a graduate degree; however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:*

* *hold a baccalaureate degree in nursing;*
* *have significant clinical experience;*
* *are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses are continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and*
* *have purposeful engagement with and formal oversight by a graduate-prepared faculty member.*

*Faculty teaching clinical are experienced in and maintain clinical expertise in the relevant clinical area. Clinical expertise may be maintained through clinical practice or other means. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies.*

*Faculty who are nurses hold a current RN or APRN license. Faculty who oversee an APRN track are nationally certified in the same population-focused area of practice in roles for which national certification is available. Exceptions may include a family nurse practitioner with significant experience caring for the adult population who oversees an adult-gerontology primary care nurse practitioner track, an adult acute care nurse practitioner who oversees an adult-gerontology acute care nurse practitioner track, an adult nurse practitioner who oversees an adult-gerontology primary care nurse practitioner track, and a nationally certified psychiatric/mental health clinical nurse specialist who oversees a psychiatric/mental health nurse practitioner track.*

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| **⚠ TIP:** If any faculty teaching clinical in the baccalaureate program do not hold a graduate degree, remember to address all of the bullet points in the Elaboration with respect to each such faculty member. |

**PROGRAM RESPONSE:**

**Key Element II-G**

**Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.**

*This key element is not applicable to a degree or certificate program that does not use preceptors.*

*Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:*

* *clearly defined and communicated to preceptors;*
* *congruent with the mission, goals, and expected student outcomes;*
* *congruent with relevant professional nursing standards and guidelines; and*
* *reviewed periodically and revised as appropriate.*

*Preceptors have the expertise to support student achievement of expected outcomes. The program is responsible for evaluating the performance of preceptors.*

**PROGRAM RESPONSE:**

**Key Element II-H**

**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 (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.*

* *Faculty have opportunities for ongoing development in teaching.*
* *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
* *If service is an expected faculty outcome, the institution provides support for service activities.*
* *If practice is an expected faculty outcome, the institution provides opportunities for faculty to maintain practice competence.*
* *Institutional support is sufficient so that currency in clinical practice is maintained for faculty in roles that require it.*

**PROGRAM RESPONSE:**

**Standard III**

**Program Quality: Curriculum and Teaching-Learning Practices**

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

**Key Element III-A**

**The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:**

* **are congruent with the program’s mission and goals;**
* **are congruent with the roles for which the program is preparing its graduates; and**
* **consider the needs of the program-identified community of interest.**

*Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.*

**PROGRAM RESPONSE:**

**Key Element III-B**

**Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

*This key element is not applicable if the baccalaureate degree program is not under review for accreditation.*

*Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curriculum.*

*The baccalaureate degree program incorporates the following components of* The Essentials: Core Competencies for Professional Nursing Education *(*Essentials*) (AACN, 2021):*

* *the 10 “Domains for Nursing” (*Essentials*, pp. 10-11);*
* *the 8 “Concepts for Nursing Practice” (*Essentials*, pp. 11-14); and*
* *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain,* Essentials*, pp. 27-54).*

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| **⚠ TIP:** Remember to refer to the program-selected professional nursing standards and guidelines (or components thereof) previously identified in Key Element I-B and demonstrate incorporation here. Also, demonstrate incorporation of the three required components of the *Essentials* (as described in the Elaboration). |

**PROGRAM RESPONSE:**

**Key Element III-C**

**Master’s curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

*This key element is not applicable if the master’s degree program is not under review for accreditation.*

*Elaboration: The master’s degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.*

*The master’s degree program incorporates the following components of* The Essentials: Core Competencies for Professional Nursing Education *(*Essentials*) (AACN, 2021):*

* *the 10 “Domains for Nursing” (*Essentials*, pp. 10-11);*
* *the 8 “Concepts for Nursing Practice” (*Essentials*, pp. 11-14); and*
* *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain,* Essentials*, pp. 27-54).*

*A master’s degree program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.*

*The master’s degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a master’s degree program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.*

*APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in master’s degree programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:*

* *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
* *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
* *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Master’s degree programs that have a track with a direct care focus that does not prepare APRNs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.*

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| **⚠ TIP:** Remember to refer to the program-selected professional nursing standards and guidelines (or components thereof) previously identified in Key Element I-B and demonstrate incorporation here. Also, demonstrate incorporation of the three required components of the *Essentials* (as described in the Elaboration). |

**PROGRAM RESPONSE:**

**Key Element III-D**

**DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

*This key element is not applicable if the DNP program is not under review for accreditation.*

*Elaboration: The DNP program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.*

*The DNP program incorporates the following components of* The Essentials: Core Competencies for Professional Nursing Education *(*Essentials*) (AACN, 2021):*

* *the 10 “Domains for Nursing” (*Essentials*, pp. 10-11);*
* *the 8 “Concepts for Nursing Practice” (*Essentials*, pp. 11-14); and*
* *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain,* Essentials*, pp. 27-54).*

*A DNP program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.*

*The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a DNP program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.*

*APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in DNP programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:*

* *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
* *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
* *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master’s DNP programs who hold current national certification as advanced practice registered nurses, unless the program deems this necessary.*

*DNP tracks with a direct care focus that do not prepare APRNs (e.g., nurse educator) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.*

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| **⚠ TIP:** Remember to refer to the program-selected professional nursing standards and guidelines (or components thereof) previously identified in Key Element I-B and demonstrate incorporation here. Also, demonstrate incorporation of the three required components of the *Essentials* (as described in the Elaboration). |

**PROGRAM RESPONSE:**

**Key Element III-E**

**Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).**

*This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.*

*Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.*

*The post-graduate APRN certificate program incorporates the following components of* The Essentials: Core Competencies for Professional Nursing Education *(*Essentials*) (AACN, 2021), as applicable to the role and/or population focus for which students are being prepared:*

* *the 10 “Domains for Nursing” (*Essentials*, pp. 10-11);*
* *the 8 “Concepts for Nursing Practice” (*Essentials*, pp. 11-14); and*
* *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain,* Essentials*, pp. 27-54).*

*APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in a post-graduate APRN certificate program incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:*

* *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
* *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
* *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

*Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.*

*Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.*

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| **⚠ TIP:** Remember to refer to the program-selected professional nursing standards and guidelines (or components thereof) previously identified in Key Element I-B and demonstrate incorporation here. Also, demonstrate incorporation of the three required components of the *Essentials* (as described in the Elaboration). |

**PROGRAM RESPONSE:**

**Key Element III-F**

**The curriculum is logically structured and sequenced to achieve expected student outcomes.**

* **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
* **Master’s curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
* **DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.**
* **Post-graduate APRN certificate programs build on a graduate-level nursing foundation.**

*Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as well as advanced nursing knowledge.*

*Graduate programs 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. 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, 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 knowledge and competencies. If the program awards the master’s degree as part of the DNP program, the program demonstrates how students acquire master’s-level knowledge and competencies.*

*The program provides a rationale for the sequence of the curriculum for each program.*

**PROGRAM RESPONSE:**

**Key Element III-G**

**Teaching-learning practices:**

* **support the achievement of expected student outcomes; and**
* **consider the needs and expectations of the identified community of interest.**

*Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.*

*Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.*

**PROGRAM RESPONSE:**

**Key Element III-H**

**The curriculum includes planned clinical practice experiences that:**

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

*Elaboration: To prepare students for a practice profession, the program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. For programs that prepare students for certification, clinical practice experiences align with certification requirements, as appropriate. Programs that prepare students for certification incorporate sufficient clinical practice experiences appropriate to the role. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated.*

*Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences (i.e., care provided to individuals, families, groups, and/or communities) designed to advance the knowledge and expertise of students in a clinical area of practice.*

*DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Programs preparing students for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours. For nurse practitioner tracks in DNP programs, these 500 hours are included in the minimum 1,000 practice hours.*

*Programs preparing students for certification meet or exceed the clinical practice requirements specified by the appropriate certification agencies.*

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| **⚠ TIP:** If the program under review offers an RN-BSN track, a nurse educator track, or other track with a direct care focus, remember to address how the track provides direct-care clinical practice experiences for all students. |

**PROGRAM RESPONSE:**

**Key Element III-I**

**The curriculum includes planned experiences that prepare students to provide care to diverse individuals and populations.**

*Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to provide care to diverse individuals and populations. Such experiences are in a variety of settings appropriate to the role for which students are being prepared. These experiences enable students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.*

**PROGRAM RESPONSE:**

**Key Element III-J**

**The curriculum includes planned experiences that foster interprofessional collaborative practice.**

*Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice. The program affords opportunities for students to collaborate with a variety of individuals and/or organizations that enable students to develop the necessary communication and negotiation skills to enhance patient outcomes.*

**PROGRAM RESPONSE:**

**Key Element III-K**

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

*Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

**PROGRAM RESPONSE:**

**Key Element III-L**

**The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.**

*Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.*

**PROGRAM RESPONSE:**

**Standard IV**

**Program Effectiveness: Assessment and Achievement of Program Outcomes**

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

**Key Element IV-A**

**A systematic process is used to determine program effectiveness.**

*Elaboration: The program (baccalaureate, master’s, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:*

* *is written, is ongoing, and exists to determine achievement of program outcomes;*
* *is comprehensive (includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
* *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
* *includes timelines for each of the following: data collection, review of expected and actual outcomes, and analysis; and*
* *is periodically reviewed and revised as appropriate.*

**PROGRAM RESPONSE:**

**Key Element IV-B**

**Program completion rates demonstrate program effectiveness.**

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

*Elaboration: The program (baccalaureate, master’s, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:*

* *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
* *the completion rate is 70% or higher over the three most recent calendar years;*
* *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
* *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

*The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.*

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| **⚠ TIP:** While the completion rate formula may vary by track, remember to provide the completion rate for each overall degree program and/or for the overall post-graduate APRN certificate program under review (do not provide a separate completion rate for each track). Also, do not combine completion rates for degree and certificate programs; each must be presented separately. |

**PROGRAM RESPONSE:**

**Key Element IV-C**

**Nursing licensure pass rates demonstrate program effectiveness.**

*This key element is not applicable to a program that does not prepare students for licensure examinations or does not yet have individuals who have taken licensure examinations.*

*This key element is applicable to a program that prepares students for the NCLEX-RN® or other professional nursing licensure examination.*

*Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:*

* *the pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
* *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
* *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
* *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

*A program is required to provide these data regardless of the number of test takers. For each campus/site and track, identify which of the above options was used to calculate the pass rate. The program may exclude test takers who take the licensure examination more than two years after program completion.*

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| **⚠ TIP:** Remember to provide licensure pass rate data for each campus/site and each track. Do not combine data across programs (e.g., baccalaureate and entry-level master’s), tracks (e.g., traditional prelicensure, accelerated prelicensure), or campuses/sites. Also, remember to present the data by calendar year (January 1 through December 31), as CCNE requires. |

**PROGRAM RESPONSE:**

**Key Element IV-D**

**Certification pass rates demonstrate program effectiveness.**

*This key element is not applicable to a degree or certificate program that does not prepare students for certification examinations or does not yet have individuals who have taken certification examinations.*

*Elaboration: The master’s, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those graduates/completers taking each examination, even when national certification is not required to practice in a particular state.*

*For programs that prepare students for certification, data are provided regarding the number of graduates/completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers. The pass rate is provided separately for each degree program (master’s and DNP) and the post-graduate APRN certificate program.*

*A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:*

* *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
* *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
* *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
* *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

*The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population. The program may exclude test takers who take the certification examination more than two years after program completion.*

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| **⚠ TIP:** Remember to provide certification pass rate data for each examination for which the program prepares graduates. Present pass rate data separately for the master’s, DNP, and/or post-graduate APRN certificate programs. Do not combine data across programs (e.g., master’s and certificate) or tracks. Also, remember to present the data by calendar year (January 1 through December 31), as CCNE requires. |

**PROGRAM RESPONSE:**

**Key Element IV-E**

**Employment rates demonstrate program effectiveness.**

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

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

* *The employment rate is provided separately for each degree program (baccalaureate, master’s, and DNP) and the post-graduate APRN certificate program.*
* *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
* *The employment rate is 80% or higher. However, if the employment rate is less than 80%, the employment rate is 80% or higher when excluding graduates/completers who have elected not to be employed.*

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| **⚠** TIP:   * Data may reflect employment immediately following completion of the program or any time frame within 12 months of program completion. * Employment data collected at time of enrollment or any time prior to program completion should not be included. * Graduates who elect not to seek employment should not be included in the calculation. * Employment rates may be calculated based on survey respondents, rather than based on number of students who have completed the program. Good faith efforts should be made to increase response rates. * CCNE does not limit employment data to employment in nursing (employment in any field may be included when calculating the employment rate). |

**PROGRAM RESPONSE:**

**Key Element IV-F**

**Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.**

*This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).*

*Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.*

* *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 80%) inform areas for improvement.*
* *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
* *Faculty are engaged in the program improvement process.*

**PROGRAM RESPONSE:**

**Key Element IV-G**

**Aggregate faculty outcomes demonstrate program effectiveness.**

*Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program’s mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:*

* *are identified for the faculty as a group;*
* *specify expected levels of achievement for the faculty as a group; and*
* *reflect expectations of faculty in their roles.*

*Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty. These outcomes correspond to the faculty expectations identified by the nursing unit (refer to Key Element I-D).*

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| **⚠ TIP:** Faculty outcomes identified in Key Element IV-G should be congruent with those previously identified in Key Element I-D. |

**PROGRAM RESPONSE:**

**Key Element IV-H**

**Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.**

*Elaboration: The program uses faculty outcome data for improvement.*

* *Faculty outcome data are used to promote ongoing program improvement.*
* *Discrepancies between actual and expected levels of achievement inform areas for improvement.*
* *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
* *Faculty are engaged in the program improvement process.*

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| **⚠ TIP:** Faculty outcomes identified in Key Element IV-H should be congruent with those previously identified in Key Element I-D. |

**PROGRAM RESPONSE:**

**Key Element IV-I**

**Other program outcomes demonstrate program effectiveness.**

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

*Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.*

*Programs that do not yet have completers identify other program outcomes and specify the expected levels of achievement for those outcomes.*

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| **⚠ TIP:** Do not include outcomes related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), or employment rates (Key Element IV-E); or those related to faculty (Key Element IV-G). |

**PROGRAM RESPONSE:**

**Key Element IV-J**

**Other program outcome data are used, as appropriate, to foster ongoing program improvement.**

*Elaboration: For program outcomes defined by the program:*

* *Actual program outcomes are used to promote program improvement.*
* *Discrepancies between actual and expected levels of achievement inform areas for improvement.*
* *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
* *Faculty are engaged in the program improvement process.*

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| **⚠ TIP:** Do not include outcomes related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), or employment rates (Key Element IV-E); or those related to faculty (Key Element IV-G). |

**PROGRAM RESPONSE:**

1. See *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008). [↑](#footnote-ref-1)
2. See *Standards for Quality Nurse Practitioner Education* (National Task Force on Quality Nurse Practitioner Education, 2022). [↑](#footnote-ref-2)