Welcome and Introduction of Presenters

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STANDARDS COMMITTEE MEMBERS

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Former Legal Counsel, Stanford Health

CCNE BOARD'S CHARGE TO THE STANDARDS COMMITTEE

❑ Design and implement a process to review the standards, key elements, elaboration statements, supporting documentation, and the glossary

❑ Solicit input from the CCNE community of interest

❑ Consider comments from the CCNE community of interest

❑ Propose changes for consideration by the CCNE Board of Commissioners

WHERE ARE WE IN THE PROCESS?

❑ Survey results/data on Fall 2022 Call for Comments have been considered

❑ Key issues identified

❑ Big picture before details

❑ Determining whether changes are warranted and the content of those changes

❑ Discussions with content experts

❑ Proposed revisions were approved by the CCNE Board in October 2023

❑ Public comment period now open

STANDARDS REVISION TIMELINE

❑ CCNE anticipated a 12- to 18-month process for the review and revision of the accreditation standards and is on track.

❑ The CCNE Board is expected to approve the proposed standards by February/March 2024.

❑ In the past, CCNE has provided programs with advance notice (approximately 4-6 months) before new standards go into effect; however, programs receive even more notice since proposed revisions are circulated prior to Board approval.

❑ It is anticipated that the revised CCNE *Standards*, if approved by the Board in February/March 2024, will go into effect on January 1, 2025.

CONTINUED USE OF CCNE'S 2018 *STANDARDS* DURING 2024

❑ If hosting a CCNE on-site evaluation in 2024, the program will address CCNE's (current) 2018 *Standards*.

❑ If submitting a Continuous Improvement Progress Report (CIPR) or other type of report to CCNE during 2024, the program will address CCNE's (current) 2018 *Standards*.

CCNE WILL...

❑ Continue to accredit nursing programs at the baccalaureate, master's, DNP, and post-graduate APRN certificate levels, acknowledging and respecting the autonomy of institutions within its community of interest and the diversity of nursing programs and their respective missions.

❑ Continue to accredit APRN programs offered at the master's and DNP levels.

❑ Continue to accredit master's level nursing programs that offer nurse educator tracks (direct care clinical component required).

❑ Consider a proposed change to accredit DNP programs with nurse educator tracks (direct care clinical component required).

❑ Continue to have four Standards (I through IV), each with Key Elements, Elaborations, and Supporting Documentation.

PUBLIC COMMENTS

❑ A Call for Comments on the proposed standards revisions was posted to CCNE's website and broadly disseminated to constituents on October 26, 2023.

❑ Constituents are provided at least 21 days to comment on the proposed revisions, per CCNE policy.

❑ Please access and share the Call for Comments with your program's community of interest (e.g., faculty, students, alumni, employers).

❑ The deadline to submit comments and/or complete the related CCNE survey is November 16, 2023.

❑ The Standards Committee will review and consider all comments and survey results.

SUBSTANTIVE CHANGES TO STANDARD I

❑ Changes regarding professional nursing standards and guidelines, e.g., removal of references to the "old" AACN *Essentials* and incorporation of three components from AACN's 2021 *The Essentials: Core Competencies for Professional Nursing Education* (Key Element I-B):
  - the 10 "Domains for Nursing"
  - the 8 "Concepts for Nursing Practice"
  - the 45 "Competencies"

❑ Footnote is updated to reflect the revised 2022 *Standards for Quality Nurse Practitioner Education* [National Task Force on Quality Nurse Practitioner Education (NTF)].

❑ A program may select 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. (Key Element I-B)

❑ Added language regarding policies and publications related to clinical requirements and placements (Key Elements I-F and I-H).

SUBSTANTIVE CHANGES TO STANDARD II

❑ Creation of two distinct key elements related to physical resources and clinical sites (Key Elements II-B and II-C; previously combined in Key Element II-B).

❑ Clarification about process for regular review and improvement of academic support services, *whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor)* (Key Element II-D).

❑ Clarification of and added flexibility regarding requirements for academic and experiential preparation of faculty teaching in the nursing program (Key Element II-F; formerly Key Element II-E).

KEY ELEMENT II-F ELABORATION

Faculty teaching clinical in the baccalaureate program have a graduate degree or a baccalaureate degree. Those faculty who do not have a graduate degree have significant clinical experience and are enrolled in a graduate program or are otherwise qualified for the area(s) in which they teach. Evidence of such "other" qualification includes significant clinical experience and expertise (e.g., graduate-level courses or continuing education units, national certification) relevant to the clinical area(s) and meaningful engagement with and formal oversight by a graduate-prepared faculty member.

SUBSTANTIVE CHANGES T0 STANDARD III

❑ Removal of references to the "old" AACN *Essentials* and incorporation of three components from AACN's 2021 *The Essentials: Core Competencies for Professional Nursing Education* (Key Elements III-B, III-C, III-D, III-E):

  ▪ the 10 "Domains for Nursing"
  ▪ the 8 "Concepts for Nursing Practice"
  ▪ the 45 "Competencies"

❑ Removal of references to the 2016 NTF *Criteria for Evaluation of Nurse Practitioner Programs* and acknowledgement of the revised 2022 NTF *Standards for Quality Nurse Practitioner Education* and its endorsement by 18 organizations in the Glossary.

❑ Expanded option to include nurse educator tracks in DNP programs, and clarification that DNP programs that have a direct care focus but are not APRN education programs incorporate graduate-level content addressing the APRN core (Key Element III-D).

SUBSTANTIVE CHANGES TO STANDARD III CONTINUED

❑ Separation of key elements related to teaching-learning practices and preparation of students to provide care to diverse individuals and populations (Key Elements III-G and III-H; previously Key Element III-G).

❑ Added content about expectations for clinical practice experiences and requirements for programs that prepare students for certification (Key Element III-I; previously Key Element III-H).

❑ Separation of key elements related to clinical practice experiences and planned experiences that foster interprofessional collaborative practice (Key Elements III-I and III-J; previously Key Element III-H).

STANDARD III-SUPPORTING DOCUMENTATION

❑ Examples of course content and/or assignments reflecting incorporation of the 10 "Domains for Nursing," the 8 "Concepts for Nursing Practice," and the 45 "Competencies" from *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).

❑ Examples of course content and/or assignments reflecting incorporation of additional professional nursing standards and guidelines selected by the program, as appropriate.

❑ Evidence of graduate-level content related to APRN core direct care tracks.

❑ Examples of didactic, simulation, and/or clinical practice experiences that prepare students to care for individuals and populations with diverse life experiences, perspectives, and backgrounds.

SUBSTANTIVE CHANGES TO STANDARD IV

❑ Clarification that the key element is applicable to programs that prepare individuals for the NCLEX-RN® or other nursing licensure examination (Key Element IV-C).

❑ Added flexibility allowing a program to exclude test takers who completed the program more than two years before taking the licensure examination (Key Element IV-C).

❑ Added flexibility allowing a program to exclude test takers who completed the program more than two years before taking the certification examination (Key Element IV-D).

❑ An increase in CCNE's expected level of achievement for employment rates from 70% to 80% (Key Element IV-E).

WHAT ASSISTANCE WILL CCNE PROVIDE?

❑ Workshops on writing self-studies

❑ Webinars for program officials and faculty

❑ Evaluator retraining/retooling

❑ Forums at conferences

❑ Notices announcing implementation

❑ Consultation with staff

QUESTIONS WELCOME!

SUMMARY

Access the Call for Comments at

https://www.aacnnursing.org/Portals/0/PDFs/CCNE/CCNE-Accreditation-Revision-Standards-Committee-10-23.pdf.

Submit written comments to ccnestandards@ccneaccreditation.org and/or complete CCNE's survey related to the proposed standards at https://fs9.formsite.com/ccne/jwmwxqaffc/index by the November 16, 2023 deadline.

If you have questions about the CCNE standards revision process, please contact Dr. Daniel Scott Michalski, Director of Accreditation Services, at dmichalski@ccneaccreditation.org