

CCNE Forum on Revision of the Accreditation Standards

A large, stylized graphic element is positioned on the left side of the slide. It consists of several overlapping and intersecting gold-colored geometric shapes: a large triangle pointing upwards, a smaller triangle nested within it, and a horizontal bar extending to the right. These shapes are set against a solid blue background.

January 7, 2026
Zoom Videoconference



Welcome and Introduction of Presenters

Donna Glynn
VA Boston Healthcare System
Chair, CCNE Standards Committee

Abby Rychlik
Cook Children's Medical Center
Member, CCNE Board of Commissioners
Chair, CCNE Entry-to-Practice Residency
Accreditation Committee (EPRAC)
Member, CCNE Standards Committee

Jo-Anne Senneff
Houston Methodist
Member, CCNE Standards Committee
Member, CCNE Entry-to-Practice Residency
Accreditation Committee (EPRAC)

Benjamin Murray, MPA
CCNE Deputy Executive Director

Ben Karnes
CCNE Accreditation Manager

STANDARDS COMMITTEE MEMBERS

Donna Glynn, PhD, RN, ANP

Nurse Scientist, VA Boston Healthcare System

Rebecca Norton, MSN, RN, CCRN

Director, New Graduate Programs, Malcom Randall VA Medical Center

Robin Price, MSN, RN

Manager, Nurse Residency Program & Nursing Retention, University of Maryland Medical Center

Abby Rychlik, MSN, RN, CNOR(E), CPN

Manager, Nurse Residency Program, Cook Children's Medical Center

Jo-Anne Senneff, MSN, RN, CCRN

Nurse Residency Program Coordinator, Professional Practice Leader, Houston Methodist

CCNE BOARD'S CHARGE TO THE STANDARDS COMMITTEE

- Design and implement a process to review the standards, key elements, 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 January 2025 Call for Comments have been considered
- Key issues identified
- Determining whether changes are warranted and the content of those changes
- Engagement with national nursing organizations
- Proposed revisions were approved by the CCNE Board in December 2025
- 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 April 2026.
- 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 April 2026, will go into effect on January 1, 2027.

CONTINUED USE OF CCNE'S 2021 STANDARDS DURING 2026

- If hosting a CCNE on-site evaluation in 2026, the program will address CCNE's (current) 2021 *Standards*.
- If submitting a Continuous Improvement Progress Report (CIPR) or other type of report to CCNE during 2026, the program will address CCNE's (current) 2021 *Standards*.

PUBLIC COMMENTS

- A Call for Comments on the proposed standards revisions was posted to CCNE's website and broadly disseminated to constituents on December 15, 2025.
- 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, residents, alumni, employers).
- The deadline to submit comments and/or complete the related CCNE survey is January 25, 2026.
- The Standards Committee will review and consider all comments and survey results.

ELABORATION STATEMENTS

- Elaboration statements have been added to selected key elements.
- These elaboration statements will assist program representatives in addressing those key elements by enhancing understanding of CCNE's expectations.

SUPPORTING DOCUMENTATION

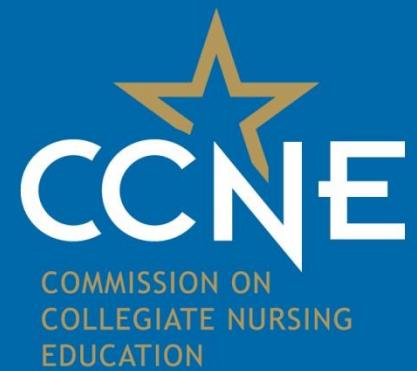
- The listings of Supporting Documentation following each standard has been updated to align with revisions made to the key elements.

RESTRUCTURING STANDARDS I & II

- Standard I is restructured to focus on Mission and Foundation.
- Standard II continues to focus on Institutional Commitment and Resources.
- Content from the standard statements and selected Key Elements have been moved and reordered between Standards I & II to support the restructuring.

ESTABLISHING EXPECTED LEVELS OF ACHIEVEMENT

- In Standard IV, expected levels of achievement have been articulated for program completion rates and one-year retention rates.
- The elaboration statements for those key elements provide options for how a program may demonstrate compliance.
- These expected levels of achievement guide programs in demonstrating effectiveness—including flexibility—while remaining accountable to the community of interest.



Standard I

SUBSTANTIVE CHANGES TO STANDARD I

- This standard has been restructured to focus on Mission and Foundation.
- To accomplish this, some text from the Standard II statement has been moved to the Standard I statement:
 - Content related to the academic-practice partnership; and
 - Content related to academic progression for those without a baccalaureate or graduate degree in nursing.

SUBSTANTIVE CHANGES TO STANDARD I

Content previously found in Standard II, related to academic-practice partnerships and institutional support, has been moved to Standard I.

- Current Key Element II-A -> Proposed Key Element I-B
- Current Key Element II-E -> Proposed Key Element I-E
- Current Key Element II-L -> Proposed Key Element I-F

ELABORATION STATEMENT EXAMPLE

Key Element I-C: Residency program activities build upon knowledge gained and competencies developed during residents' prelicensure educational experiences.

Elaboration: The program designs learning session content, clinical, and other learning experiences to build on the educational preparation of the newly-licensed registered nurse. Consideration is given to whether residents are prepared at the associate, baccalaureate, or graduate level for entry to practice.

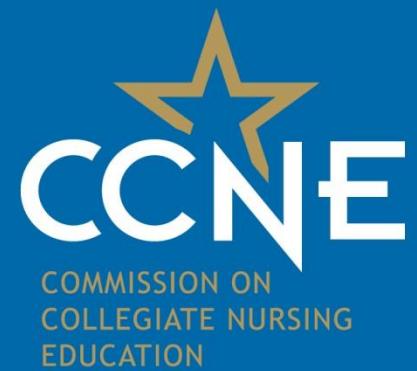
ELABORATION STATEMENT EXAMPLE

Key Element I-I: Documents and publications are accurate. References to the program's offerings, outcomes, and accreditation status are accurate.

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

The (employee-based/federally funded traineeship) entry-to-practice nurse residency program at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>).

The (employee-based/federally funded traineeship) entry-to-practice nurse residency program at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street, NW, Suite 750, Washington, DC 20001, (202) 887-6791.



Standard II

SUBSTANTIVE CHANGES TO STANDARD II

- This standard has been refocused on Institutional Commitment and Resources.
- To accomplish this, some text from the Standard I statement has been moved to the Standard II statement:
 - Content related to program educators; and
 - Content related to preceptors.

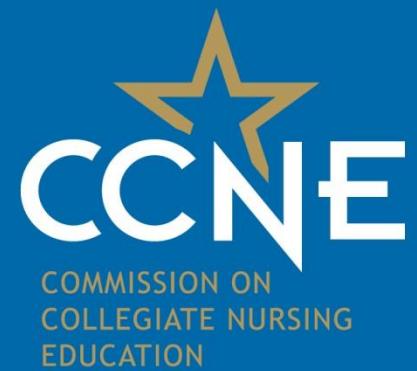
SUBSTANTIVE CHANGES TO STANDARD II

Content previously found in Standard I, related to program educators, has been moved to Standard II.

- Current Key Element I-D -> Proposed Key Element II-G
- Current Key Element I-E -> Proposed Key Element II-G
- Current Key Element I-F -> Proposed Key Element II-G
- Current Key Element I-G -> Proposed Key Element II-H
- Current Key Element I-H -> Proposed Key Element II-I

SUBSTANTIVE CHANGES TO STANDARD II

- Key elements addressing the chief nursing officer/chief nursing executive have been combined into a single key element and elaboration statement (Key Element II-E).
- Key elements addressing the chief nurse administrator of the academic nursing program have been combined into a single key element and elaboration statement (Key Element II-F).



Standard III

SUBSTANTIVE CHANGES TO STANDARD III

- Content has been added to each key element in Standard III to include expectations related to teaching-learning practices:

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 resident outcomes.

SUBSTANTIVE CHANGES TO STANDARD III

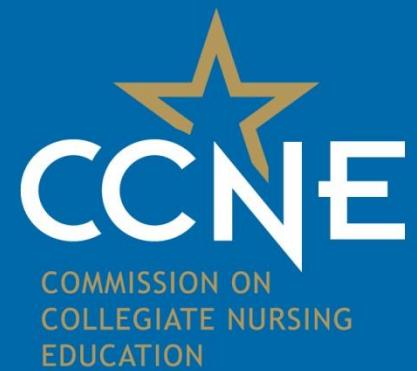
- In the key element related to Person-Centered Care (Key Element III-A), focus is given to access for all, building relationships, and engaging with patients, families, and/or those important to an individual.
- Content is also added to Key Element III-A to address consideration of the social determinants of health.

SUBSTANTIVE CHANGES TO STANDARD III

- Content related to patient and family satisfaction data and nurse sensitive quality indicators has moved from Key Element III-A (Person-Centered Care) to Key Element III-B (Quality and Safety).

SUBSTANTIVE CHANGES TO STANDARD III CONTINUED

- In Key Element III-C (Informatics and Healthcare Technologies), content has been added regarding
 - compliance with the healthcare organization's policies on artificial intelligence,
 - use of healthcare technologies and informatics to optimize learning and practice,
 - and use of technology for exchange of information and collaboration with patients and healthcare teams.



Standard IV

SUBSTANTIVE CHANGES TO STANDARD IV

- The elaboration statement to Key Element IV-B, which addresses program completion rates, establishes an expected level of achievement for programs to attain.
- The elaboration statement to Key Element IV-C, which addresses resident retention rates, establishes an expected level of achievement for programs to attain.

SUBSTANTIVE CHANGES TO STANDARD IV

- Content addressing program satisfaction has been split into proposed Key Element IV-D (resident satisfaction) and Key Element IV-E (satisfaction of stakeholders other than residents).
- A new key element (IV-G) addresses aggregate assessment of residents' attainment of expected participant outcomes.

PROPOSED KEY ELEMENT IV-B

Program completion rates demonstrate program effectiveness.

Elaboration: The program 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 75% or higher;*
- *the completion rate is 75% or higher over the three most recent calendar years;*
- *the completion rate is 75% or higher for the most recent calendar year when excluding residents who have identified factors such as military deployment, relocation, leave of absence, and failure to obtain RN licensure; or*
- *the completion rate is 75% or higher over the three most recent calendar years when excluding residents who have identified factors such as military deployment, relocation, medical leave of absence, and failure to obtain RN licensure.*

PROPOSED KEY ELEMENT IV-B CONTINUED

The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of residents excluded if some residents are excluded from the calculation. Dismissal from employment/traineeship due to performance matters is not an appropriate reason for exclusion from the calculation. The program identifies which of the above options was used to calculate the completion rate.

IV-B: COMPLETION RATE CALCULATIONS

Option 1: The completion rate for the most recent calendar year (January 1 through December 31) is 75% or higher

- VA Big City Medical Center presents data indicating 80% of residents completed the federally funded traineeship during the 2027 calendar year (January 1 - December 31, 2027).
- Key Element IV-B is met using Option 1 for the federally funded traineeship.

IV-B: COMPLETION RATE CALCULATIONS

Option 2: The completion rate is 75% or higher over the three most recent calendar years.

- VA Big City Medical Center presents data indicating 60% of residents completed the federally funded traineeship during the 2027 calendar year.
- VA Big City Medical Center considers the most recent 3 calendar years
 - 2025: 7 of 10 complete
 - 2026: 10 of 10 complete
 - 2027: 6 of 10 complete
 - Completion for 3 most recent years - 76.7% (23 of 30)
- Key Element IV-B is met using Option 2.

IV-B: COMPLETION RATE CALCULATIONS

Option 3: The completion rate for the most recent calendar year (January 1 through December 31) is 75% or higher when excluding residents who have identified factors such as military deployment, relocation, leave of absence, and failure to obtain RN licensure.

- VA Big City Medical Center presents data indicating 60% of residents completed the federally funded traineeship during the 2027 calendar year.
- When excluding 1 resident who left the program due to military deployment, the actual level of achievement is 80%.
- Key Element IV-B is met using Option 3.

IV-B: COMPLETION RATE CALCULATIONS

Option 4: The completion rate is 75% or higher over the three most recent calendar years when excluding residents who have identified factors such as military deployment, relocation, leave of absence, and failure to obtain RN licensure.

- Karnes Memorial Hospital presents data indicating 60% of residents completed the employee-based residency during the 2027 calendar year.
- Karnes Memorial considers the most recent 3 calendar years
 - 2025: 6 of 10 complete
 - 2026: 10 of 10 complete
 - 2027: 6 of 10 complete
 - Completion for last 3 years - 73.3% (22 of 30)

IV-B: COMPLETION RATE CALCULATIONS

Option 4: The completion rate is 75% or higher over the three most recent calendar years when excluding residents who have identified factors such as military deployment, relocation, leave of absence, and failure to obtain RN licensure.

- Karnes Memorial Hospital considered acceptable exclusions for the past three years, resulting in the following.
 - 2025: 6 of 8 complete (2 exclusions)
 - 2026: 10 of 10 complete
 - 2027: 6 of 9 complete (1 exclusion)
 - Completion for last 3 years - 84.6% (22 of 26)
- Key Element IV-B is met using Option 4.

PROPOSED KEY ELEMENT IV-C

Resident retention rates, extending beyond completion of the residency program, demonstrate program effectiveness.

Elaboration: The program calculates resident retention, extending beyond completion of the residency program, based on the number of program completers. The program demonstrates achievement of required program outcomes regarding retention in any one of the following ways:

- *the one-year retention rate for the most recent calendar year (January 1 through December 31) is 80% or higher;*
- *the one-year retention rate is 80% or higher over the three most recent calendar years;*
- *the one-year retention rate is 80% or higher for the most recent calendar year when excluding residents who have identified factors such as military deployment, relocation, leave of absence, and pursuit of higher degree in nursing; or*
- *the one-year retention rate is 80% or higher over the three most recent calendar years when excluding residents who have identified factors such as military deployment, relocation, medical leave of absence, and pursuit of higher degree in nursing.*

PROPOSED KEY ELEMENT IV-C CONTINUED

The program describes the formula it uses to calculate the retention rate. The program identifies the factors used and the number of residents excluded if some residents are excluded from the calculation. Dismissal from employment due to performance matters is not an appropriate reason for exclusion from the calculation. The program identifies which of the above options was used to calculate the one-year retention rate.

IV-C: ONE-YEAR RETENTION CALCULATIONS

Option 1: The one-year retention rate for the most recent calendar year (January 1 through December 31) is 80% or higher.

- VA Western City Medical Center presents data indicating 85% of residents completing the federally funded traineeship during the 2026 calendar year (January 1 - December 31, 2026) were retained for one year following program completion (e.g., 2027).
- Key Element IV-C is met using Option 1.

IV-C: ONE-YEAR RETENTION CALCULATIONS

Option 2: The one-year retention rate is 80% or higher over the three most recent calendar years.

- Huge Medical System presents data indicating 60% of residents completing the employee-based nurse residency during the 2026 calendar year were retained for one year following program completion (e.g., 2027).
- HMS considers the most recent 3 calendar years
 - 2025: 55 of 60 completers retained 1 year
 - 2026: 45 of 50 retained 1 year
 - 2027: 36 of 60 retained 1 year
 - Completion for 3 most recent calendar years - 80% (136 of 170)
- Key Element IV-C is met using Option 2.

IV-C: ONE-YEAR RETENTION CALCULATIONS

Option 3: The one-year retention rate is 80% or higher for the most recent calendar year when excluding residents who have identified factors such as military deployment, relocation, leave of absence, and pursuit of higher degree in nursing.

- VA Eastern State Health Care System presents data indicating 75% of residents completing the federally funded traineeship during the 2026 calendar year were retained for one year.
- When excluding 1 resident who left the program to pursue a higher degree in nursing, the actual level of achievement is 100%.
- Key Element IV-C is met using Option 3.

IV-C: ONE-YEAR RETENTION CALCULATIONS

Option 4: The one-year retention rate is 80% or higher over the three most recent calendar years when excluding residents who have identified factors such as military deployment, relocation, medical leave of absence, and pursuit of higher degree in nursing.

- Huge Medical System presents data indicating 60% of residents completing the employee-based nurse residency during the 2026 calendar year were retained for one year following program completion (e.g., 2027).
- Huge Medical System considers the last 3 calendar years
 - 2025: 48 of 60 completers retained 1 year
 - 2026: 45 of 50 retained 1 year
 - 2027: 36 of 60 retained 1 year
 - Completion for last 3 years - 76% (129 of 170)

IV-C: ONE-YEAR RETENTION CALCULATIONS

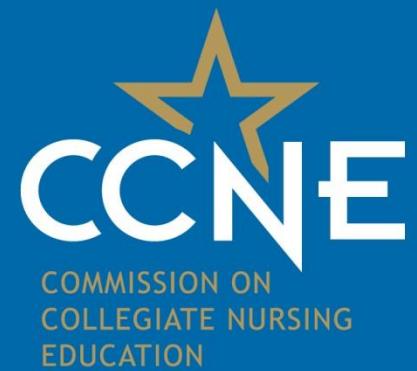
Option 4: The one-year retention rate is 80% or higher over the three most recent calendar years when excluding residents who have identified factors such as military deployment, relocation, medical leave of absence, and pursuit of higher degree in nursing.

- Huge Medical System considered acceptable exclusions for the past three years.
 - 2025: 48 of **53** completers retained 1 year (7 exclusions)
 - 2026: 45 of **49** retained 1 year (1 exclusion)
 - 2027: 36 of **51** retained 1 year (9 exclusions)
 - One-year retention for last 3 years - 84% (129 of 153)
- Key Element IV-C is met using Option 4.

PROPOSED KEY ELEMENT IV-G

Aggregate assessment of residents' attainment of expected resident outcomes demonstrates program effectiveness.

Elaboration: Resident outcomes are results reflecting competencies, confidence, knowledge, values, or skills attained by residents through participation in program activities. The program analyzes aggregate data related to residents' attainment of expected resident outcomes which are defined by the program and incorporate expected levels of achievement. The program describes how resident outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its resident outcomes.



Glossary

SUBSTANTIVE CHANGES TO THE GLOSSARY

- The following new terms have been defined:

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the entry-to-practice nurse residency program and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current residents, healthcare organization administration) and external constituencies (e.g., prospective residents, regulatory bodies, practicing nurses, clients, representatives of the partnering academic nursing program, the community/public).

SUBSTANTIVE CHANGES TO THE GLOSSARY

- The following new terms have been defined:

Formal Complaint: A statement of dissatisfaction that is presented according to an entry-to-practice nurse residency program's established procedure.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving expected resident outcomes.

SUBSTANTIVE CHANGES TO THE GLOSSARY CONTINUED

- The definition of Subject Matter Expert has been updated to include expectations for educational and experiential preparation.

Subject Matter Expert: An individual with specialized knowledge or skills related to a particular topic (e.g., wound ostomy nurse, informaticist, pharmacist, chaplain). This individual holds a baccalaureate or graduate degree and/or has other relevant educational and experiential preparation (e.g., has completed relevant courses or continuing educations units, holds relevant professional certification) for the specialized subject matter. Representatives of the patient population may work alongside subject matter experts to enhance the learner's experience.

WHAT ASSISTANCE WILL CCNE PROVIDE?

- Accreditation Workshops
- Webinars for program officials
- Evaluator retraining/retooling
- Notices announcing implementation
- Consultation with staff

SUMMARY

Access the Call for Comments at

<https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Call-for-Comments-December-2025.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/lhibkzlncz/index> by the January 25, 2025 deadline.

If you have questions about the CCNE standards revision process, please contact Benjamin Murray, Deputy Executive Director, at bmurray@ccneaccreditation.org.



QUESTIONS & COMMENTS

