Standards for Accreditation of Baccalaureate and Graduate Nursing Programs

Proposed Revisions for Public Comment
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Introduction

Accreditation Overview

Educational accreditation is a nongovernmental peer review process that includes the assessment of educational institutions and/or programs using nationally accepted accreditation standards. Two forms of educational accreditation are recognized in the United States (U.S.): institutional accreditation and professional or specialized accreditation. Institutional accreditation addresses the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. This is important to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

Commission on Collegiate Nursing Education

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

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

nurse practitioner fellowship/residency programs. As accreditation is voluntary, CCNE strives to provide a process that is collegial and fosters continuous quality improvement.

CCNE is recognized by the U.S. Department of Education for the accreditation of baccalaureate, master's, doctoral, and certificate programs in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form the basis for planning and the setting of priorities at the institution in relation to nursing education.

Accreditation of Baccalaureate and Graduate Nursing Programs

The CCNE comprehensive accreditation process consists of a review and assessment of the program's mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes.

In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the key elements presented in this publication. A self-study conducted by the sponsoring institution prior to the on-site evaluation provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards for baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs are publicly available on the CCNE website.

Accreditation Purposes

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

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

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

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

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

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

CCNE Accreditation: A Value-Based Initiative

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

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

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

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

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

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

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

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

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

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

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

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

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

Goals for Accrediting Nursing Education Programs

In developing the accreditation standards for baccalaureate, master's, DNP, and post-graduate APRN certificate programs, CCNE has formulated specific premises or goals on which the standards are based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nursing education programs.

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

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

4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.

5. Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.

6. Encouraging nursing education programs to pursue academic excellence through improved teaching/learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.

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

development.

8. Acknowledging and respecting the autonomy and diversity of institutions offering nursing education programs.

9. Ensuring consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.

10. Enhancing public understanding of the functions and values inherent in nursing education program accreditation.

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

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

Curricular Innovation

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods.

About this Document

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the educational program offered and to hold the nursing program(s) accountable to the community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the accreditation standards presented in this document.

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

Accompanying each key element is an elaboration, which is provided to assist program representatives in addressing the key element and to enhance understanding of CCNE's expectations. Following each series of key elements is a list of supporting documentation that assists program representatives in addressing the key elements, developing self-study materials, and preparing for the on-site evaluation. Supporting documentation is included in the self-study document or evaluation resource materials. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements. Supporting documentation may be provided in paper or electronic form.

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

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 Elements

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.

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 Education *(Essentials) (AACN, 2021):*
- *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
- *the 8 "Concepts for Nursing Practice" (Essentials, pp. 12-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

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.

An APRN education program (degree or certificate) 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).*

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.

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).

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.

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.

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.

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 graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.[1,2]

If a program chooses to publicly disclose its CCNE accreditation status, the program uses <u>either</u> of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at

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[1] *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

[2] *Standards for Quality Nurse Practitioner Education* (National Task Force on Quality Nurse Practitioner Education, 2022).

(institution) is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or 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."

Supporting Documentation for Standard I
The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and expected program outcomes.

2. Copies of all professional nursing standards and guidelines used by the program.

3. Evidence that the needs of the program's identified community of interest are considered by the program.

4. Appointment, promotion, and, when applicable, tenure policies or other documents defining faculty expectations related to teaching, scholarship, service, practice, or other areas.

5. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.

6. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.

7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent documentation referencing (among other things) academic calendars, recruitment and admission policies, clinical requirements, grading policies, and degree/post-graduate APRN certificate program completion requirements.

8. Program advertising and promotional materials.

9. For APRN education programs (degrees/certificates), evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate.

10. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.

11. Organizational charts for the parent institution and the nursing unit.

12. Program policies related to formal complaints.

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 Elements

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.

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 program 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.

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 securing clinical sites.

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

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).

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.

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 and professional nursing standards and guidelines.

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 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. Faculty teaching clinical in the master's, DNP, or post-graduate APRN certificate program have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

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.

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, expected service is supported.*
- *If practice is an expected faculty outcome, opportunities are provided 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.*

Supporting Documentation for Standard II
The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Nursing unit budget for the current and previous two fiscal years.

2. Copies of current contracts/agreements with the third-party/online program management provider, if applicable.

3. Examples of current affiliation agreements with institutions at which student instruction occurs.

4. Documentation of the sufficiency and availability of clinical sites. Evidence of how the program is ultimately responsible for students' obtaining clinical placements.

5. Current curricula vitae of the chief nurse administrator and faculty.

6. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.

7. Evidence that faculty teaching didactic courses in the nursing program hold a graduate degree.

8. Evidence that faculty teaching clinical courses in the baccalaureate program hold a graduate degree, 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.

9. Evidence that faculty teaching clinical courses in the graduate program hold a graduate degree.

10. Schedule of courses for the current academic year and faculty assigned to those courses.

11. Policies regarding faculty workload.

12. Current collective bargaining agreement, if applicable.

13. Policies and/or procedures regarding preceptor qualifications and evaluation, documentation of preceptor qualifications and evaluation, and materials used for preceptor orientation.

14. Policies and/or procedures that support professional development (e.g., release time, workload reduction, funding).

15. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

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 Elements

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.

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 relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards 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. 12-14); and*
  - *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain,* Essentials, *pp. 27-54).*

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 relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards 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. 12-14); and*

- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain,* Essentials, *pp. 27-54).*

The master's degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty or advanced practice nursing role. Therefore, the master's degree program with a nurse educator focus provides advanced disciplinary knowledge and experiences beyond teaching-learning content.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) 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 direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Direct entry master's degree programs that prepare individuals for RN licensure include advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

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 relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards 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. 12-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain,* Essentials, *pp. 27-54).*

The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty or advanced practice nursing role. Therefore, the DNP program with a nurse educator focus provides advanced disciplinary knowledge and experiences beyond teaching-learning content.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) 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 nurses, unless the program deems this necessary. DNP programs that have a direct care focus but are not APRN education programs (e.g., nurse educator) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Direct entry DNP programs that prepare individuals for RN licensure include advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

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 relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards 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):*
- *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
- *the 8 "Concepts for Nursing Practice" (Essentials, pp. 12-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain,* Essentials, *pp. 27-54).*

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) 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.

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 the 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.

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.

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

Elaboration: The program provides purposeful didactic, simulation, and/or clinical practice experiences that enable students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.

III-I. 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, each track in each degree program and each track in the post-graduate APRN certificate 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 designed to advance the knowledge and expertise of students in a clinical area of practice.

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

III-J. The curriculum includes planned experiences that foster interprofessional collaborative practice.

Elaboration: The program provides purposeful 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.

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.

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.

Supporting Documentation for Standard III
The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence that faculty participate in the development, implementation, and revision of curricula.

2. Course syllabi for all courses included in the curricula.

3. 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" identified in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).

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

5. Evidence that APRN education programs incorporate separate comprehensive graduate-level courses to address the APRN core.

6. Evidence that graduate-level content related to the APRN core is included in master's degree programs that have a direct care track (e.g., nurse educator, clinical nurse leader) and DNP programs that have a direct care track (e.g., nurse educator).

7. The program of study/curricular plan for each track/program under review.

8. Examples of student work reflecting student learning outcomes (both didactic and clinical).

9. 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.

10. Examples of didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice.

11. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate and nurse educator tracks).

12. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g., exams, quizzes, projects, presentations).

13. Documentation that faculty are responsible for grading all courses and clinical experiences.

14. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).

15. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

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 Elements

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 (i.e., 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 <u>timelines</u> for each of the following: data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

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 <u>any one</u> 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.

IV-C. Nursing licensure pass rates demonstrate program effectiveness.

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

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 <u>any one</u> 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.*

This key element is applicable to programs that prepare individuals for the NCLEX-RN® or other nursing licensure examination.

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 completed the program more than two years before taking the licensure examination.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals 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 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 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 <u>any one</u> 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 completed the program more than two years before taking the certification examination.

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 who have elected not to be employed.*

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.*

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 in Key Element I-D.

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.*

IV-I. Other program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes <u>other than</u> 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.

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.*

Supporting Documentation for Standard IV
The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g., evaluation or assessment plan).

2. Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents).

3. Summary of aggregate student outcomes with comparison of actual levels of aggregate student achievement to expected levels of aggregate student achievement. Aggregate student outcome data (applicable only to programs with completers), including:
    - Completion rates for each degree and post-graduate APRN certificate program;
    - Nursing licensure pass rates for each campus/site and track;
    - Certification pass rates for each degree/certificate program for each APRN role, population focus, and/or specialty for which the program prepares graduates;
    - Certification pass rates for each degree program by roles/areas other than APRN roles for which the program prepares graduates; and
    - Employment rates for each degree/certificate program.

4. Summary of aggregate faculty outcomes for the past three years with comparison of actual levels of aggregate faculty achievement to expected aggregate faculty achievement.

5. Summary of aggregate program-identified outcomes for the past three years with comparison of actual levels of aggregate achievement in relation to expected levels of achievement.

6. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis, explanations of variances between actual and expected outcomes, and use of the analysis for ongoing program improvement.

Glossary

Academic Policies: Published rules that govern the implementation of the academic program, including, but not limited to, policies related to admission, retention, progression, graduation/completion, grievance, clinical placements, and grading.

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, placement services).

Advanced Nursing: Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's, doctoral, or post-graduate APRN certificate level.

Advanced Practice Registered Nurse (APRN): The title given to a nurse who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

Advanced Practice Registered Nurse (APRN) Education Program: A master's degree program in nursing, a Doctor of Nursing Practice (DNP) program, or a post-graduate certificate program that prepares an individual for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The education program must also prepare the individual in one of six population foci:
- family/individual across the lifespan
- adult-gerontology
- pediatrics
- neonatal
- women's health/gender-related
- psychiatric/mental health

Chief Nurse Administrator: A registered nurse with a graduate degree in nursing, and a doctoral degree if a graduate nursing program is offered, who serves as the administrative head of the nursing unit.

Clinical Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Distance Education: As defined by the Higher Education Opportunity Act of 2008:
>(A) Education that uses one or more of the technologies described in subparagraph (B)–
>(i) to deliver instruction to students who are separated from the instructor; and
>(ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.

> (B) INCLUSIONS.—For the purposes of subparagraph (A), the technologies used may include—
> (i) the Internet;
> (ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
> (iii) audio conferencing; or
> (iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii). [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)]

Formal Complaint: A statement of dissatisfaction that is presented according to a nursing unit's established procedure.

Goals: General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission: A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program: A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master's, doctorate) or certificate level (for post-graduate APRN certificate programs).

Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Post-Graduate APRN Certificate Program: A post-master's or post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs in at least one role and population focus, in accordance with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008). Although other types of nursing certificates may be offered by an institution, they are outside CCNE's scope of review.

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

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, professional doctoral, and post-graduate APRN certificate programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that baccalaureate and graduate nursing programs incorporate the 10 "Domains for Nursing," the 8 "Concepts for Nursing Practice," and the 45 "Competencies" identified in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021). CCNE is one of 18 organizational members of the National Task Force on Quality Nurse Practitioner Education (NTF) that

endorsed the *Standards for Quality Nurse Practitioner Education* (NTF, 2022). According to the NTF *Standards*, endorsement is defined as "a general philosophical agreement with the content and intent" of the document (p. 4). Programs incorporate additional professional nursing standards and guidelines (or components thereof), as appropriate, consistent with the mission, goals, and expected outcomes of the program.

Program Improvement: The process of using results of assessments and analyses of actual outcomes in relation to expected outcomes to validate or revise policies, practices, and curricula as appropriate.

Program Outcomes: Results that participants (individually or in the aggregate) derive from their association with the nursing program. The results are measurable and observable and may be quantitative or qualitative, broad or detailed.

>   *Student Outcomes:* Results reflecting competencies, knowledge, values, or skills attained by students through participation in program activities.

>   *Faculty Outcomes:* Results demonstrating achievements in teaching, scholarship, service, practice, or other areas appropriate to the mission and goals of the nursing program attained by faculty as part of their participation in the program.

>   *Expected Outcomes:* Anticipated results expressed as predetermined, measurable levels of student, faculty, and program achievement.

>   *Actual Outcomes:* Results describing real student, faculty, and program achievement.

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