# Continuous Improvement Progress Report Template

*This template addresses* the 2021 Standards for Accreditation of Entry-to-Practice Nurse Residency Programs, *and was amended on May 16, 2025*.

**Date:** Click or tap to enter a date.

**Official Name of Healthcare Organization:** Insert text here.

**Program(s) Under Review:**

|  |
| --- |
| Employee-Based |[ ]
| Federally Funded Traineeship |[ ]

# Program Information Form

Regardless of whether the program is under review, please identify all entry-to-practice nurse residency programs offered by the healthcare organization. For each program, list current enrollment data.

The institution may add or delete rows in the following tables as necessary.

**Employee-Based Nurse Residency Program**

|  |
| --- |
|[ ]  The institution does not offer an employee-based nurse residency program. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of program | Year Track Became Operational | # Residents Enrolled | Locations/Sites Offered |
| Insert text here. |      |      |      |

**Federally Funded Traineeship Nurse Residency Program**

|  |
| --- |
|[ ]  The institution does not offer a federally funded traineeship nurse residency program. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of program | Year Track Became Operational | # Residents Enrolled | Locations/Sites Offered |
| Insert text here. |      |      |      |

# Instructions

**Programs Under Review**

The Continuous Improvement Progress Report (CIPR) should address all programs under review. Tables in the template may be edited to add or remove rows as needed; however, **the standards and key elements must not be altered or deleted** by the institution.

**Page Limit**

The completed CIPR should not exceed fifty (50) pages. The page limit does not include appendices.

**Appendices**

Programs should be judicious about the inclusion of appendices and only include those that support compliance with the key elements. Programs are also strongly encouraged to excerpt documents to highlight content that is specific to the key element. Provide page number references to draw the committee’s attention to appropriate content.

**Hyperlinks**

Any hyperlinks embedded in the CIPR should be publicly accessible (e.g., without an institutional login or personally identifiable information) and should remain active for the duration of the review process.

**Submission**

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the completed report and appendices, if any, as one document in PDF format, to ccnereports@ccneaccreditation.org.

Please do not send hard copies to CCNE.

***STANDARD I***

# PROGRAM QUALITY: PROGRAM DELIVERY

The healthcare organization, in partnership with the academic nursing program(s), implements the entry-to-practice nurse residency program in a manner that ensures a successful transition to practice for residents. The healthcare organization and academic nursing program(s) provide qualified program educators (e.g., healthcare organization educators, academic faculty, subject matter experts, and resident facilitators) to enable the entry-to-practice nurse residency program to achieve its mission, goals, and expected outcomes.

## Key Element I-A

I-A. The mission, goals, and expected program outcomes:
• are congruent with those of the healthcare organization;
• foster a successful transition to practice for residents;
• are defined, published, and accessible; and
• are reviewed periodically and revised as appropriate.

**I-A.1: Affirm that the mission, goals, and expected program outcomes are congruent with those of the healthcare organization.**

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If no, please explain:

|  |
| --- |
| Insert text here. |

**I-A.2: Affirm that the following are defined, published, and accessible to program constituents:**

|  |
| --- |
|[ ]  Mission |
|  | Describe how the mission is accessible to constituents:

|  |
| --- |
| Insert text here. |

 |
|[ ]  Goals |
|  | Describe how the goals are accessible to constituents:

|  |
| --- |
| Insert text here. |

 |
|[ ]  Expected program outcomes |
|  | Describe how the expected program outcomes are accessible to constituents:

|  |
| --- |
| Insert text here. |

 |

**I-A.3: Have there been any changes in the mission, goals, and/or expected program outcomes since the last on-site evaluation?**

|  |
| --- |
|[ ]  Yes |
|  | * Date changes were implemented: Click or tap to enter a date.
 |
|[ ]  No |

If yes, include an appendix or link with the new statements of mission, goals, and expected program outcomes, and in the space below, explain how the program remains in compliance with this key element.

|  |
| --- |
| Insert text here. |

***Optional*: Key Element I-A**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element I-B

I-B. Residency program activities build upon knowledge gained and competencies developed during residents’ prelicensure educational experiences.

**I-B.1: Affirm that the residency program activities build upon knowledge gained and competencies developed during residents’ prelicensure educational experiences.**

|  |
| --- |
|[ ]  Employee-based |
|  | Describe how the program’s activities build upon prelicensure educational experiences:

|  |
| --- |
| Insert text here. |

 |
|[ ]  Federally funded traineeship |
|  | Describe how the program’s activities build upon prelicensure educational experiences:

|  |
| --- |
| Insert text here. |

 |

## Key Element I-C

I-C. The program is limited to eligible participants, and all eligible participants are in the program.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: Refer to the definition of Eligible Participants found in the Glossary of the CCNE *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs* (2021) (p. 20). |

**I-C.1: Affirm that the program is limited to eligible participants, and all eligible participants are in the program.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

**I-C.2: Have there been any changes to the program’s eligibility criteria since the last on-site evaluation?**

Employee-based:

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

Federally funded traineeship:

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

***Optional*: Key Element I-C**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element I-D

I-D. Program educators have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.

**I-D.1: Have the expectations related to educational and experiential preparation of program educators changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

## Key Element I-E

I-E. Program educators are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.

**I-E.1: Has the process for orienting program educators to their roles and responsibilities changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

**I-E.2: Affirm that the roles and responsibilities of program educators are clearly defined.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

***Optional*: Key Element I-E**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element I-F

I-F. Program educators participate in professional development activities.

**I-F.1: Have the expectations for program educators’ participation in professional development activities changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

## Key Element I-G

I-G. Program educators are evaluated for their performance in achieving the mission, goals, and expected program outcomes.

**I-G.1: Has the process by which program educators are evaluated for their performance changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

## Key Element I-H

I-H. Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.

**I-H.1: Has the process for orienting program educators to their roles and responsibilities changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

**I-H.2: Affirm that the roles and responsibilities of program educators are clearly defined.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

***Optional*: Key Element I-H**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element I-I

I-I. Precepted experiences immerse residents into the care environment in a structured and logical manner.

**I-I.1 Describe how precepted experiences immerse residents into the care environment in a structured and logical manner:**

|  |
| --- |
| Insert text here. |

## Key Element I-J

I-J. A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

**I-J.1: Has the process for addressing formal complaints about the program changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

## Key Element I-K

I-K. Documents and publications are accurate. References to the program’s offerings, outcomes, and accreditation status are accurate.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: Refer to the CCNE [*Procedures for Accreditation* *of Entry-to-Practice Nurse Residency Programs*](https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Procedures-Residency.pdf) (2021) for the statements to be used by the program when disclosing CCNE accreditation status to the public (see Disclosure, pp. 15-16).  |

**I-K.1: Affirm that documents and publication are accurate and that references to the program’s offerings, outcomes, and accreditation status are accurate.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

***Optional*: Key Element I-K**

Is there any other information that the program would like to provide related to this key element?

[ ]  No

 [ ]  Yes (If so, please add text below.)

|  |
| --- |
| Insert text here. |

***STANDARD II***

# PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The healthcare organization, in partnership with the academic nursing program(s), demonstrates ongoing commitment and support for the entry-to-practice nurse residency program. The healthcare organization demonstrates commitment to educational progression for those residents not prepared with a baccalaureate or graduate degree in nursing. Fiscal resources, physical resources, program educators, and teaching-learning support services are available to enable the program to achieve its mission, goals, and expected outcomes. There is a sufficient number of program educators to foster the achievement of the mission, goals, and expected program outcomes. There is fiscal commitment from the healthcare organization to enable residents to fully participate in the program.

## Key Element II-A

II-A. Through partnership, the healthcare organization and academic nursing program(s) foster achievement of the mission, goals, and expected program outcomes.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: Refer to the definitions of Academic Nursing Program and Partnership found in the Glossary of the CCNE *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs* (2021) (pp. 20-21). |

**II-A.1 Describe how the partnership between the healthcare organization and academic nursing program(s) fosters achievement of the mission, goals, and expected program outcomes:**

|  |
| --- |
| Insert text here. |

**II-A.2: Have there been any institutions added to the partnership or removed from the partnership since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, please describe the changes. Identify the related entities.

|  |
| --- |
| Insert text here. |

**II-A.3: Please append to this report the written, signed partnership agreement(s) supporting the entry-to-practice nurse residency program(s).**

## Key Element II-B

II-B. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.

**II-B.1: Affirm that fiscal resources are sufficient to enable the program(s) under review in this CIPR to achieve their mission, goals, and expected outcomes:**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If no to any program, identify any deficiencies, the reason(s) these fiscal resources have not been provided, and the plan to provide needed fiscal resources if one exists.

|  |
| --- |
| Insert text here. |

**II-B.2: Have any of the program(s) under review in this CIPR experienced an increase in enrollment that has resulted in the need for additional resources?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes for either program, has a substantive change notification been submitted to CCNE related to either an increase in enrollment or the development of a new track or program?

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If a substantive change has not been submitted, provide documentation of the resources to support the expansion, and submit a substantive change notification to CCNE.

|  |
| --- |
| Insert text here. |

**II-B.3: Have there been any changes in the review process to evaluate the adequacy of the program’s fiscal resources since the last on-site evaluation?**

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If yes, describe the change in the process and the outcomes.

|  |
| --- |
| Insert text here. |

Indicate the date that each program was last evaluated for adequacy of fiscal resources, and the frequency with which each program is evaluated.

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Date of Last Review | Frequency of Review |
| Employee-based | Click or tap to enter a date. | Insert text here. |
| Federally funded traineeship | Click or tap to enter a date. | Insert text here. |

***Optional*: Key Element II-B**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element II-C

II-C. Physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.

**II-C.1: Describe how physical resources are sufficient to enable the program(s) under review in this CIPR to achieve the mission, goals, and expected outcomes:**

|  |
| --- |
| Insert text here. |

If deficiencies have been identified for any program, explain the reason(s) these physical resources have not been provided, and the plan to provide needed physical resources if one exists.

|  |
| --- |
| Insert text here. |

**II-C.2: Have there been any changes in the review process to evaluate the adequacy of the program’s physical resources since the last on-site evaluation?**

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If yes, describe the change in the process and the outcomes.

|  |
| --- |
| Insert text here. |

Indicate the date that each program was last evaluated for adequacy of physical resources, and the frequency with which each program is evaluated.

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Date of Last Review | Frequency of Review |
| Employee-based | Click or tap to enter a date. | Insert text here. |
| Federally funded traineeship | Click or tap to enter a date. | Insert text here. |

***Optional*: Key Element II-C**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element II-D

II-D. Teaching-learning support services are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.

**II-D.1: Describe how teaching-learning support services are sufficient to enable the program(s) under review in this CIPR to achieve the mission, goals, and expected outcomes:**

|  |
| --- |
| Insert text here. |

If deficiencies have been identified for any program, explain the reason(s) these teaching-learning support services have not been provided, and the plan to provide needed teaching-learning support services if one exists.

|  |
| --- |
| Insert text here. |

**II-D.2: Have there been any changes in the review process to evaluate the adequacy of the program’s teaching-learning support services since the last on-site evaluation?**

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If yes, describe the change in the process and the outcomes.

|  |
| --- |
| Insert text here. |

Indicate the date that each program was last evaluated for adequacy of teaching-learning support services, and the frequency with which each program is evaluated.

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Date of Last Review | Frequency of Review |
| Employee-based | Click or tap to enter a date. | Insert text here. |
| Federally funded traineeship | Click or tap to enter a date. | Insert text here. |

***Optional*: Key Element II-D**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element II-E

II-E. The healthcare organization, through implementation of an academic progression policy or statement, promotes and supports the attainment of a baccalaureate or graduate degree in nursing for residents prepared with an associate degree in nursing.

**II-E.1 Describe how the healthcare organization, through implementation of an academic progression policy or statement, promotes and supports the attainment of a baccalaureate or graduate degree in nursing for residents prepared with an associate degree in nursing:**

|  |
| --- |
| Insert text here. |

## Key Element II-F

II-F. The residency coordinator:
• is a registered nurse (RN);
• holds a graduate degree in nursing or a related field;
• provides effective leadership to the program in achieving its mission, goals, and expected outcomes.

**II-F.1: Has the individual(s) appointed as residency coordinator changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, has a substantive change notification been submitted to CCNE related to this change in residency coordinator?

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If the program has a new residency coordinator, and a substantive change notification was not submitted to CCNE, provide a CV/resume in the appendices, and explain how the program remains in compliance with this key element. Additionally, please submit a substantive change notification to CCNE.

|  |
| --- |
| Insert text here. |

**II-F.2: Affirm that the residency coordinator(s):**

 ***For the employee-based program***

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| is a registered nurse (RN) |[ ] [ ]
| holds a graduate degree in nursing or a related field |[ ] [ ]
| provides effective leadership |[ ] [ ]

 ***For the federally funded traineeship***

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| is a registered nurse (RN) |[ ] [ ]
| holds a graduate degree in nursing or a related field |[ ] [ ]
| provides effective leadership |[ ] [ ]

## Key Element II-G

II-G. The program educators are sufficient in number to achieve the mission, goals, and expected program outcomes.

**II-G.1: Describe how program educators are sufficient in number for the program(s) under review in this CIPR to achieve the mission, goals, and expected outcomes:**

|  |
| --- |
| Insert text here. |

If deficiencies have been identified for any program, explain the reason(s) these educator resources have not been provided, and the plan to provide needed educator resources if one exists.

|  |
| --- |
| Insert text here. |

## Key Element II-H

II-H. The chief nursing officer/chief nurse executive of the healthcare organization:
• is a registered nurse (RN);
• holds a graduate degree;
• is vested with the administrative authority to accomplish the mission, goals, and expected outcomes; and
• provides effective leadership to the program in achieving its mission, goals, and expected outcomes.

**II-H.1: Has the individual(s) appointed as chief nursing officer/chief nurse executive changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, has a substantive change notification been submitted to CCNE related to this change in chief nursing officer/chief nurse executive?

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If the program has a new chief nursing officer/chief nurse executive, and a substantive change notification was not submitted to CCNE, provide a CV/resume in the appendices, and explain how the program remains in compliance with this key element. Additionally, please submit a substantive change notification to CCNE.

|  |
| --- |
| Insert text here. |

**II-H.2: Affirm that the chief nursing officer/chief nurse executive:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| is a registered nurse (RN) |[ ] [ ]
| holds a graduate degree |[ ] [ ]
| is vested with the administrative authority |[ ] [ ]
| provides effective leadership |[ ] [ ]

## Key Element II-I

II-I. The chief nursing officer/chief nurse executive of the healthcare organization has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.

**II-I.1: Affirm that the chief nursing officer/chief nurse executive of the healthcare organization has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.**

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If no, please explain:

|  |
| --- |
| Insert text here. |

## Key Element II-J

II-J. The chief nurse administrator (e.g., dean or dean equivalent) of the academic nursing program(s):
• is a registered nurse (RN);
• holds a graduate degree in nursing; and
• provides effective leadership and/or professional consultation that supports the partnership to enable the program to achieve its mission, goals, and expected outcomes.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: Refer to the definition of Chief Nurse Administrator found in the Glossary of the CCNE *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs* (2021) (p. 20). |

**II-J.1: Has the individual(s) appointed as chief nurse administrator of the academic nursing program(s) changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, has a substantive change notification been submitted to CCNE related to this change in chief nurse administrator?

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If the academic nursing program(s) has a new chief nurse administrator, and a substantive change notification was not submitted to CCNE, provide a CV in the appendices, and explain how the program remains in compliance with this key element. Additionally, please submit a substantive change notification to CCNE.

|  |
| --- |
| Insert text here. |

**II-J.2: Affirm that the chief nurse administrator:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| is a registered nurse (RN) |[ ] [ ]
| holds a graduate degree in nursing |[ ] [ ]
| provides effective leadership/professional consultation |[ ] [ ]

## Key Element II-K

II-K. The chief nurse administrator (e.g., dean or dean equivalent) of the academic nursing program(s) has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.

**II-K.1: Affirm that the chief nurse administrator (e.g., dean or dean equivalent) of the academic nursing program(s) has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.**

|  |
| --- |
|[ ]  Yes |
|[ ]  No |

If no, please explain:

|  |
| --- |
| Insert text here. |

## Key Element II-L

II-L. Leaders in the clinical setting of the healthcare organization ensure resident participation in program activities.

**II-L.1 Describe how leaders in the clinical setting of the healthcare organization ensure resident participation in program activities:**

|  |
| --- |
| Insert text here. |

***STANDARD III***

# PROGRAM QUALITY: CURRICULUM

The entry-to-practice nurse residency program curriculum is focused on person-centered care; quality and safety; informatics and healthcare technologies; evidence-based practice and quality improvement; and personal, professional, and leadership development.

Person-centered care is delivered through the planning, implementation, and coordination of care of the patient, family, or others significant to the patient. Residents are sensitive to and respect patients and families, including their values and health practices. Residents have the skills to safely deliver and manage patient care for quality patient outcomes. Effective use of informatics and technology is essential to the provision of quality patient care. Leadership, an essential professional nursing role function, is demonstrated through professional identity and practice accountability. Residents are committed to ongoing professional development, to quality improvement, and to maintaining an evidence-based practice.

## Key Element III-A

**III-A. Person-Centered Care**

Person-centered care includes the patient as well as family and/or others who are important to an individual; it requires care that is just, holistic, respectful, compassionate, coordinated, and based on evidence. The person is recognized as a full partner and the source of control in team-based care.

The program is designed to expand residents’ knowledge, skills, and attitudes acquired in their prelicensure programs to provide person-centered care in a culturally sensitive manner.

Residents are responsible for communicating with patients, families, and/or those important to an individual, as well as other members of the interprofessional team, to safely and effectively manage patient care. The program is designed to promote the continued development of the resident’s communication skills, including the effective transmission of information based on the patient’s plan of care and changes in condition.

The program is designed to help residents develop effective resource management in a fiscally responsible manner. Residents practice within a professional and ethical framework and utilize standards of care, policies, and procedures in the delivery of safe person-centered care. This includes assessment and reassessment, delegation, time management, organization of care delivery, prioritization, and decision making, including responses to changes in patient condition and alterations in the plan of care.

Residents demonstrate attainment of learning outcomes through a combination of case studies, simulation, examples from clinical practice, and reflections on residents’ impact on patient outcomes. Residents incorporate policies, metrics and benchmarks, and the institution’s quality improvement process to participate in the interprofessional provision of patient- and family-centered care.

Learning session content, clinical, and other learning experiences enable residents to:
1. Participate as a member of the interprofessional team in goal directed care, promoting and supporting decisions about care preferences.
2. Engage in culturally sensitive and linguistically appropriate care to include consideration of social determinants of health, diversity, equity, and inclusion.
3. Implement evidence-based practices in the delivery and evaluation of person-centered care to include:
• Patient assessment and reassessment
• Person-centered education
• Management of pain
• Goal directed care at the end of life
• Appropriate referrals
4. Review patient and family satisfaction data and nurse sensitive quality indicators and their impact on patient outcomes and the healthcare organization.
5. Describe how creating a plan of coordinated care with the interprofessional team positively impacts patient outcomes while decreasing costs.
6. Provide patient care using appropriate time management, delegation, prioritization, clinical judgment, and professional accountability.
7. Communicate effectively with patients, families, and members of the interprofessional team.
8. Appropriately use available technology to support communication in accordance with institutional guidelines.
9. Recognize and concisely communicate, in a timely manner, changes in patient condition.
10. Describe why practicing to the full extent of one’s education, licensure, and competence decreases costs and improves patient care outcomes.
11. Practice fiscally responsible resource utilization to include effective delegation and efficient supply utilization.

**III-A.1: Affirm that the curricular content related to person-centered care, including the enumerated learning session content, clinical, and other learning experiences identified above is incorporated in the nurse residency program.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If no, please identify those portions not included in the program(s) and provide a plan, including timeline, for adding the content to the program’s curriculum:

|  |
| --- |
| Insert text here. |

**III-A.2: Describe any changes made to the person-centered care curriculum content since the last on-site evaluation:**

|  |
| --- |
| Insert text here. |

**III-A.3: Describe two different examples of how the curriculum incorporates content related to person-centered care.**

Example 1:

|  |
| --- |
| Insert text here. |

Example 2:

|  |
| --- |
| Insert text here. |

## Key Element III-B

**III-B. Quality and Safety**

The program is designed to expand residents’ knowledge and skills acquired in their prelicensure programs to describe and implement best practices to safely deliver and manage patient care for quality patient outcomes. Quality care is the extent to which care improves desired patient outcomes and is consistent with patient preferences and current professional knowledge. Nurse sensitive indicators, such as promoting skin integrity; safe and effective medication administration; and preventing falls, infection, and other institution-acquired conditions, are linked to quality patient outcomes.

Safety is the condition of being protected from harm or other non-desirable outcomes. In an environment fostering quality and safety, care givers are empowered and encouraged to promote safety and take appropriate action to prevent and report adverse events and “near misses.”

For quality health care to exist, care must be safe, effective, timely, efficient, equitable, and person centered. A safe environment minimizes risk to both recipients and providers of care.

Residents demonstrate attainment of learning outcomes through a combination of case studies, simulation, examples from clinical practice, and reflections on residents’ impact on patient outcomes.

Residents incorporate policies, metrics and benchmarks, and the institution’s quality improvement process to participate in quality improvement efforts.

Learning session content, clinical, and other learning experiences enable residents to:
1. Integrate safety principles and national patient safety goals into their own practice.
2. Discuss how a safe environment impacts the well-being of patient, family, self, and other members of the interprofessional team.
3. Participate in identification, reporting, and documentation of errors and “near misses.”
4. Recognize circumstances and actions that contribute to errors.
5. Participate in interprofessional quality and safety improvement efforts.
6. Describe how a standard communication strategy may contribute to promotion of safety.
7. Safely administer medication using evidence-based principles.
8. Deliver evidence-based care to improve outcomes related to nurse sensitive indicators such as patient falls, institution acquired infection, and pressure injury.
9. Recognize institutional and unit data to evaluate the effectiveness of evidence-based care on improving outcomes related to nurse sensitive indicators and core quality measures, including their impact on the fiscal health of the organization.

**III-B.1: Affirm that the curricular content related to quality and safety, including the enumerated learning session content, clinical, and other learning experiences identified above, is incorporated in the nurse residency program.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If no, please identify those portions not included in the program(s) and provide a plan, including timeline, for adding the content to the program’s curriculum:

|  |
| --- |
| Insert text here. |

**III-B.2 Describe any changes made to the quality and safety curriculum content since the last on-site evaluation:**

|  |
| --- |
| Insert text here. |

**III-B.3: Describe two different examples of how the curriculum incorporates content related to quality and safety.**

Example 1:

|  |
| --- |
| Insert text here. |

Example 2:

|  |
| --- |
| Insert text here. |

## Key Element III-C

**III-C. Informatics and Healthcare Technologies**

Healthcare professionals interact with patients, families, communities, and populations in technology rich environments. The program is designed to expand residents’ knowledge and skills acquired in their prelicensure programs to implement best practices in effective use of technology to safely manage patient care. Informatics processes and technologies are used to support clinical decision making and improve the delivery of safe, high-quality, and efficient healthcare services.

Residents demonstrate attainment of learning outcomes through a combination of case studies, simulation, examples from clinical practice, and reflections on the impact of informatics and healthcare technologies on patient outcomes.

Learning session content, clinical, and other learning experiences enable residents to:
1. Incorporate appropriate technology to support quality and efficient communication and patient care delivery, to include, for example, virtual health, telehealth, and navigation of the electronic health record.
2. Respond appropriately to clinical decision-making technology notifications and alerts.
3. Use information and communication technologies in accordance with ethical, legal, professional and regulatory standards and workplace policies in the delivery of care.
4. Comply with organizational policies when using social media for both personal and professional purposes.
5. Describe the organization’s cyber-security and technology downtime plans.

**III-C.1: Affirm that the curricular content related to informatics and healthcare technologies, including the enumerated learning session content, clinical, and other learning experiences identified above, is incorporated in the nurse residency program.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If no, please identify those portions not included in the program(s) and provide a plan, including timeline, for adding the content to the program’s curriculum:

|  |
| --- |
| Insert text here. |

**III-C.2 Describe any changes made to the informatics and healthcare technologies content since the last on-site evaluation:**

|  |
| --- |
| Insert text here. |

**III-C.3: Describe two different examples of how the curriculum incorporates content related to informatics and healthcare technologies.**

Example 1:

|  |
| --- |
| Insert text here. |

Example 2:

|  |
| --- |
| Insert text here. |

## Key Element III-D

**III-D. Evidence-Based Practice and Quality Improvement**

The program is designed to expand residents’knowledge and skills acquired in their prelicensure programs to implement evidence-based practices and quality improvement activities to safely manage patient care for quality patient outcomes through use of evidence from multiple sources, including nursing research.

Residentsdemonstrate attainment of learning outcomes through a combination of case studies, simulation, examples from clinical practice, and reflections to demonstrate the impact of evidence-based practice and quality improvement on patient outcomes.

Learning sessioncontent, clinical, and other learning experiences enable residentsto:

1. Identify the key concepts of evidence-based practice and quality improvement.
2. Question current practice and develop a spirit of clinical inquiry.
3. Recognize how data are used in quality improvement efforts.
4. Identify the institution’s quality improvement tools and methods.
5. Access institutional resources to obtain and evaluate appropriate evidence to guide clinical practice decisions.
6. Use best evidence when providing person-centered care, while striving to improve patient outcomes and decrease costs.
7. Appraise sources of information and evidence that support best practices, including the institution’s process for using evidence in the revision of standards, guidelines, policies, and procedures.

8. Develop and disseminate an evidence-based practice or quality improvement project.

**III-D.1: Affirm that the curricular content related to evidence-based practice and quality improvement, including the enumerated learning session content, clinical, and other learning experiences identified above, is incorporated in the nurse residency program.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If no, please identify those portions not included in the program(s) and provide a plan, including timeline, for adding the content to the program’s curriculum:

|  |
| --- |
| Insert text here. |

**III-D.2 Describe any changes made to the evidence-based practice and quality improvement content since the last on-site evaluation:**

|  |
| --- |
| Insert text here. |

**III-D.3: Describe two different examples of how the curriculum incorporates content related to evidence-based practice and quality improvement.**

Example 1:

|  |
| --- |
| Insert text here. |

Example 2:

|  |
| --- |
| Insert text here. |

## Key Element III-E

**III-E. Personal, Professional, and Leadership Development**

Leadership, an essential professional nursing role function, is demonstrated through professional identity and practice accountability. The program supports the development of leadership skills. As professionals, residents are committed to career development, including, for example, obtaining professional certification, pursuing further formal education, life-long learning, improving performance, and maintaining an evidence-based practice. Residents recognize that clinical decision making reflects ethics and values, as well as science and technology. Residents recognize and manage personal stress levels in order to effectively manage situational stress. The business of healthcare is an important concept for residents to understand and incorporate into their practice.

The program is designed to allow residents to develop awareness of leadership opportunities and opportunities to express their opinions. The program provides residents with the tools to develop a personal plan for professional development to advance their experience, knowledge, education, and continued ability to contribute to quality healthcare. Delivering and receiving feedback is a critical skill for residents to learn and use effectively. Professional development activities are specific to residents’ educational preparation. Activities for ADN-prepared residents include an emphasis on preparing residents to attain a higher degree in nursing.

Residents demonstrate attainment of learning outcomes through a combination of case studies, simulation, examples from clinical practice, and reflections to demonstrate the impact of personal, professional, and leadership development on patient outcomes.

Learning session content, clinical, and other learning experiences enable residents to:
1. Explore professional development activities by constructing a career plan, which may include:
• Engagement with a professional mentor
• Membership in a professional nursing organization
• Membership on a professional committee or council
• Specialty certification
• Continued formal education
• Service as a preceptor

2. Participate in competency development and professional growth through reflecting and acting upon performance feedback.
3. Incorporate the American Nurses Association’s Code of Ethics for Nurses with Interpretive Statements into daily practice.
4. Practice within the professional boundaries of the nurse-patient relationship and employ strategies to avoid boundary violations.
5. Identify subtle and obvious signs of incivility and lateral violence in the workplace and discuss their impact on patient care and professional nursing practice.
6. Utilize resources to de-escalate conflict and implement a plan to ensure safety of self and others in a potentially threatening situation.
7. Recognize stress related to role transition and utilize resources for resolution.
8. Use evidence-based self-care strategies to prevent compassion fatigue; promote resiliency; and manage personal, professional, and situational stress.
9. Hold peers accountable and educate/inform as needed to prevent institution-acquired conditions.

**III-E.1: Affirm that the curricular content related to personal, professional, and leadership development, including the enumerated learning session content, clinical, and other learning experiences identified above, is incorporated in the nurse residency program.**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If no, please identify those portions not included in the program(s) and provide a plan, including timeline, for adding the content to the program’s curriculum:

|  |
| --- |
| Insert text here. |

**III-E.2 Describe any changes made to the personal, professional, and leadership development content since the last on-site evaluation:**

|  |
| --- |
| Insert text here. |

**III-E.3: Describe two different examples of how the curriculum incorporates content related to personal, professional, and leadership development.**

Example 1:

|  |
| --- |
| Insert text here. |

Example 2:

|  |
| --- |
| Insert text here. |

***STANDARD IV***

# PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The **entry-to-practice nurse residency program** is effective in fulfilling its mission and goals as evidenced by achieving its expected program outcomes. Evaluation data demonstrate program effectiveness. Data on program effectiveness are used to foster ongoing program improvement.

## Key Element IV-A

IV-A. A systematic process is used to determine program effectiveness. A written evaluation plan specific to the healthcare organization describes how program data are systematically collected and analyzed.
Specifically, the evaluation plan:

* guides the program, at regularly scheduled intervals, to assess the attainment of the mission, goals, and expected outcomes;
* identifies outcomes related to the program’s mission and goals;
* identifies expected levels of achievement;
* outlines the process for comparing expected outcomes to actual outcomes (including measurements and/or tools used);
* describes the process for analyzing and disseminating evaluation data; and
* designates responsible parties and the frequency of the evaluative activities.

**IV-A.1: Attach as an appendix, or provide a publicly-accessible URL to, the program’s current written systematic plan used to determine program effectiveness.**

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: Refer to the definition of Evaluation Plan found in the Glossary of the CCNE *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs* (2021) (p. 21). |

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note:* The plan must:* identify outcomes related to the program’s mission and goals;
* identify expected levels of achievement;
* outline the process for comparing expected outcomes to actual outcomes (including measurements and/or tools used);
* describe the process for analyzing and disseminating evaluation data; and
* designate responsible parties and the frequency of the evaluative activities.
 |

Identify the appendix or URL where the systematic process is found, testing any link(s) to ensure they are accessible to external reviewers without an institutional login or providing personally identifiable information:

|  |
| --- |
| Insert text here. |

***Optional*: Key Element IV-A**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element IV-B

IV-B. Program completion rates, as defined by the healthcare organization, demonstrate program effectiveness.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note:* If the organization operates both an employee-based program and a federally funded traineeship, completion data must be disaggregated by program and calculated, analyzed, and reported separately by program. |

**IV-B.1: Describe the formula used to determine completion rates.**

|  |
| --- |
| Insert text here. |

**IV-B.2: What is the expected level of achievement for program completion?**

|  |
| --- |
| Insert text here. |

**IV-B.3: In the table below, provide completion rates for each program under review.**

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: In the first column of the table, identify the unit used to measure resident completion (e.g., Program Year, Cohort Number). |

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit of Measurement (e.g., Program Year, Cohort Number)** | **# Residents Enrolled** | **# Residents Completing** | **% Residents Completing** |
| Employee-based |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Federally funded traineeship |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**IV-B.4: If any program has a completion rate that does not meet the expected level of achievement in recent periods of measurement, please provide an explanation/analysis with documentation for the variance in the space below:**

|  |
| --- |
| Insert text here. |

***Optional*: Key Element IV-B**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element IV-C

IV-C. Resident retention rates, extending beyond completion of the residency program, as defined by the healthcare organization, demonstrate program effectiveness.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note:* If the organization operates both an employee-based program and a federally funded traineeship, retention data must be disaggregated by program and calculated, analyzed, and reported separately by program. |

**IV-C.1: Describe the formula used to determine retention rates extending beyond completion of the residency program.**

|  |
| --- |
| Insert text here. |

**IV-C.2: What is the expected level of achievement for retention rates extending beyond completion of the residency program?**

|  |
| --- |
| Insert text here. |

**IV-C.3: In the table below, provide retention rates for each program under review.**

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: In the first column of the table, identify the unit used to measure resident retention (e.g., Program Year, Cohort Number). |

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit of Measurement (e.g., Program Year, Cohort Number)** | **# Residents Completing the Program** | **# Residents Retained Beyond Completion of the Program** | **% Residents Retained Beyond Completion of the Program** |
| Employee-based |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Federally funded traineeship |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**IV-C.4: If any program has a retention rate that does not meet the expected level of achievement in recent periods of measurement, please provide an explanation/analysis with documentation for the variance in the space below:**

|  |
| --- |
| Insert text here. |

***Optional*: Key Element IV-C**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element IV-D

IV-D. Program satisfaction data collected from both residents and other stakeholders demonstrate program effectiveness.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note:* If the organization operates both an employee-based program and a federally funded traineeship, satisfaction data must be disaggregated by program and calculated, analyzed, and reported separately by program. |
| Image result for warning symbol word | *Note:* Program satisfaction data must be collected from residents. Program satisfaction data must also be collected from other stakeholders, and the program must articulate from which “other stakeholders” it collects such data. |

**IV-D.1: What program satisfaction data are collected from residents as part of the systematic evaluation process? What instruments/processes are used to collect satisfaction data from residents?**

|  |
| --- |
| Insert text here. |

**IV-D.2: What is the expected level of achievement for the data collected using the tools/instruments identified in IV-D.1?**

|  |
| --- |
| Insert text here. |

**IV-D.3: What is the actual level of achievement for the data collected using the tools/instruments identified in IV-D.1 (provide this data for the three most recent periods of measurement)?**

|  |
| --- |
| Insert text here. |

**IV-D.4: If the actual level of achievement provided in IV-D.3 has not met the expected level of achievement identified in IV-D.2 in recent periods of measurement, please provide an explanation/analysis with documentation for the variance in the space below:**

|  |
| --- |
| Insert text here. |

**IV-D.5: What program satisfaction data are collected from other stakeholders as part of the systematic evaluation process? What instruments/processes are used to collect satisfaction data from other stakeholders?**

|  |
| --- |
| Insert text here. |

**IV-D.6: What is the expected level of achievement for the data collected using the tools/instruments identified in IV-D.5?**

|  |
| --- |
| Insert text here. |

**IV-D.7: What is the actual level of achievement for the data collected using the tools/instruments identified in IV-D.5 (provide this data for the three most recent periods of measurement)?**

|  |
| --- |
| Insert text here. |

**IV-D.8: If the actual level of achievement provided in IV-D.7 has not met the expected level of achievement identified in IV-D.6 in recent periods of measurement, please provide an explanation/analysis with documentation for the variance in the space below:**

|  |
| --- |
| Insert text here. |

***Optional*: Key Element IV-D**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element IV-E

IV-E. Program data (other than program completion and resident retention rates, and program satisfaction) demonstrate program effectiveness.

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note:* If the organization operates both an employee-based program and a federally funded traineeship, the data reported must be disaggregated by program and calculated, analyzed, and reported separately by program. |

**IV-E.1 Complete the following table for program data other than program completion rates, resident retention rates, and program satisfaction. The program should identify data it wishes to evaluate and should analyze actual levels of achievement as related to expected levels of achievement. (The table may be adapted to include as many outcomes as necessary.)**

|  |  |
| --- | --- |
| Image result for warning symbol word | *Note*: Do not include outcomes related to completion rates (Key Element IV-B), resident retention rates (Key Element IV-C), and program satisfaction data (Key Element IV-D). |
| Image result for warning symbol word | *Note*: In the second column of the table, identify the unit used (e.g., Program Year, Cohort Number) to measure the program data identified in column one. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Identified Program Data** | **Program Year, Cohort Number, or Other Unit to be Measured** | **Expected Level of Achievement** | **Actual Level of Achievement** |
| Employee-based |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| Federally funded traineeship |  |  |  |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**IV-E.2: If the actual levels of achievement provided in column four of the table in IV-E.1 have not met the expected levels of achievement identified in column three of the table in IV-E.1, in recent periods of measurement, please provide an explanation/analysis with documentation for the variance in the space below:**

|  |
| --- |
| Insert text here. |

***Optional*: Key Element IV-E**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element IV-F

IV-F. Program data are used to foster ongoing program improvement.

**IV-F.1: Provide examples of how program data are used to promote ongoing program improvement:**

|  |
| --- |
| Insert text here. |

**IV-F.2: Describe the process in place to analyze program changes for effectiveness:**

|  |
| --- |
| Insert text here. |

***Optional*: Key Element IV-F**

Is there any other information that the program would like to provide related to this key element?

|  |
| --- |
| Insert text here. |

## Key Element IV-G

IV-G. Resident performance is evaluated by the healthcare organization and demonstrates progress in transitioning from advanced beginner towards competent professional nurse. The performance evaluation process is defined and consistently applied.

**IV-G.1: Has the process for evaluating resident performance changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

IV-H. Program data are shared between the healthcare organization and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.

**IV-H.1: Has the process for addressing formal complaints about the program changed since the last on-site evaluation?**

|  |  |  |
| --- | --- | --- |
| Program(s) Under Review: | Yes | No |
| Employee-based |[ ] [ ]
| Federally funded traineeship |[ ] [ ]

If yes, describe the changes:

|  |
| --- |
| Insert text here. |

**Verification**

|  |  |
| --- | --- |
| [ ]  | **The Chief Nursing Officer/Chief Nurse Executive, \_\_\_\_\_, has approved the program information form and completed report, and confirms its contents as of**Click or tap to enter a date.**.** |