

Guidelines for Preparing the Continuous Improvement Progress Report Nurse Practitioner Fellowship/ Residency Programs

Overview of CIPR: Self-Assessment and Analysis

The Commission on Collegiate Nursing Education (CCNE) standards and their related key elements provide a continuous quality improvement framework for critical self-assessment. The nurse practitioner (NP) fellowship/residency program “writes to” the standards in the self-study document it prepares for the CCNE accreditation evaluation. Likewise, the continuous improvement progress report (CIPR) provides an opportunity for a NP fellowship/residency program 1) to demonstrate continued compliance with all standards and key elements since the last accreditation review; and 2) to provide vital information regarding the program’s strengths, areas for improvement, and progress toward meeting its goals.

Note that the CIPR is not a response to the team report that the CCNE on-site evaluation team prepared at the time the program was under review for accreditation. The program already submitted a response to that team report - at the time of the accreditation review - and the CCNE Board of Commissioners considered the program’s response when the accreditation decision was made. Furthermore, the self-study document submitted during the program’s most recent accreditation review (and any other previously submitted documents) will not be reviewed as these documents are out of date. New and updated information must be provided, as appropriate.

How Does the CIPR Fit Within the Accreditation Cycle?

CCNE requires that all accredited programs submit a CIPR at the mid-point of the accreditation cycle. The CCNE Nurse Practitioner Fellowship/Residency Accreditation Committee (NPFRAC) is responsible for reviewing CIPRs and other reports, and for formulating a recommendation to the CCNE Board regarding whether the report satisfactorily demonstrates the program’s continued compliance with the standards. Final review and action are taken by the Board at an upcoming meeting. For a detailed description of this process, please refer to pages 18-19 of the CCNE [Procedures for Accreditation of Nurse Practitioner Fellowship/Residency Programs](#).

Template for the CIPR

CCNE provides each program with an electronic template to use in preparing the CIPR. The CIPR must not exceed 55 pages, unless otherwise negotiated with CCNE staff. This page limit does not include 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.

The report and appendices, if any, must be emailed as a single PDF attachment (inclusive of any appendices) to ccnereports@ccneaccreditation.org.

Substantive Changes

Although the CIPR provides opportunity for the program to give an overview of the changes, improvements, and progress it has made since the last comprehensive accreditation evaluation, the program should not wait until it submits the CIPR to notify CCNE of *significant* changes to the program. Significant or “substantive” changes at the program or health care organization level must be reported to CCNE in accordance with CCNE policy, i.e., no earlier than 90 days prior to implementation of the change but no later than 90 days following implementation of the change. Doing so ensures that CCNE maintains accurate records of its accredited programs and that programs continue to comply with the standards throughout the term of accreditation. CCNE’s substantive change policy is discussed on pages 21-22 of the CCNE [Procedures for Accreditation of Nurse Practitioner Fellowship/Residency Programs](#). CCNE staff are available to respond to questions regarding the substantive change policy and what constitutes a substantive change.

The CCNE staff is available to provide consultation and guidance if any questions or concerns arise during the preparation of the CIPR.

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