Standards for Accreditation of Entry-to-Practice Nurse Residency Programs

Proposed Revisions for Public Comment
December 2025

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 accrediting agencies address 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 comply with nationally accepted accreditation standards in achieving 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 standard-setting accrediting organization in the area of nurse residency and fellowship programs. CCNE accredits two types of nurse residency programs: entry-to-practice programs (employee-based and federally funded traineeships) and nurse practitioner fellowship/residency programs. CCNE also 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). CCNE uses separate sets of accreditation standards for nursing education programs and for nurse practitioner fellowship/residency programs. As a specialized/professional accrediting agency, CCNE assesses and 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 has established a peer review process in accordance with nationally recognized standards for accreditation in the U.S. 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 a basis for planning and the setting of priorities at the healthcare organization in relation to nurse residency programming.

Accreditation of Entry-to-Practice Nurse Residency Programs

The CCNE comprehensive accreditation process includes a review and assessment of the program's mission and foundation, institutional commitment and resources, curriculum, and assessment and achievement of program outcomes.

In evaluating an employee-based and/or federally funded traineeship entry-to-practice nurse residency program for accreditation, the CCNE Board of Commissioners assesses whether the program complies with the standards and key elements presented in this publication. A self-study conducted by the nurse residency program prior to the on-site evaluation provides information and data indicating the extent to which the program has complied with the standards and key elements.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards and procedures for entry-to-practice nurse residency programs, nurse practitioner fellowship/residency programs, and baccalaureate and graduate nursing 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 confirming 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 complies with accreditation standards.

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

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

Guiding Premises

CCNE was founded on the premise that a baccalaureate degree in nursing is the preferred educational preparation for entry to nursing practice. In fact, CCNE accredits baccalaureate and graduate nursing education programs and does not accredit nursing education programs at the associate or diploma level. To support associate- and diploma-prepared nurses in their pursuit of higher education, CCNE accredits baccalaureate degree programs that include baccalaureate completion tracks for registered nurses (RNs) (often referred to as RN-baccalaureate or post-licensure programs). While CCNE's accreditation of RN-baccalaureate programs precedes publication of the Institute of Medicine's report (*IOM Report*),[1] CCNE supports Key Message #2 of the *IOM Report*, which states, "Nurses should achieve higher levels of education and training through an improved education system that promotes academic progression" (p. 30).

CCNE accredits entry-to-practice programs serving residents prepared with an associate degree in nursing (e.g., ADN), a baccalaureate degree in nursing, or a master's entry-to-practice degree in nursing (e.g., MEPN). As these educational programs prepare newly-licensed registered nurses with different competencies, entry-to-practice nurse residency programs must be structured in such a way as to recognize the different preparations and competencies, and must offer learning session content, clinical, and other learning experiences that serve the residents based on their respective educational preparation. Entry-to-practice nurse residency programs transitioning associate's degree-prepared residents must focus on preparing residents to pursue a baccalaureate or graduate degree in nursing, in support of Recommendation 4 of the *IOM Report*, which promotes the increase of nurses with a baccalaureate degree (p. 281).

CCNE accredits two types of entry-to-practice nurse residency programs: employee-based nurse residency programs that hire newly-licensed registered nurses as permanent employees of the healthcare organization, and federally funded traineeship nurse residency programs that engage newly-licensed registered nurses for the duration of the residency program without a commitment for continued employment. If the federal funding for the traineeship is withdrawn or ends, the program is no longer eligible for CCNE accreditation. A healthcare organization may pursue CCNE accreditation of one or both types of entry-to-practice nurse residency programs.

Because of the wide variety of transition-to-practice programs and their characteristics, nationally recognized accreditation standards have been developed to help maintain uniformity of the quality, content, and structure of entry-to-practice nurse residency programs.

Purpose of Entry-to-Practice Nurse Residency Programs

Nurse residency programs are a series of learning sessions and other experiences that occur continuously over a minimum of 12 months through a collaborative partnership between a healthcare organization and one or more academic nursing programs. They serve to foster the

[1] Institute of Medicine. 2011. The Future of Nursing: Leading Change, Advancing Health. Washington, DC: The National Academies Press. https://doi.org/10.17226/12956.

process of professional role socialization, which involves the acquisition of knowledge, skills, attitudes, values, norms, and roles associated with the practice of a profession.[2,3,4]

Entry-to-practice nurse residency programs seeking and maintaining CCNE accreditation are offered through a collaborative partnership between an accredited healthcare organization and one or more accredited/approved academic nursing programs. Nurse residency programs bridge educational preparation and professional nursing practice. Learning sessions and activities are structured in such a way as to support residents based on their respective levels of academic nursing preparation. Program structure and content advance participants' continued development and application of knowledge, skills, and abilities within these five domains of competence: 1. Person-Centered Care, 2. Quality and Safety, 3. Informatics and Healthcare Technologies, 4. Evidence-Based Practice and Quality Improvement, and 5. Personal, Professional, and Leadership Development.

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*.

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[2] Kiger, C. L., Draucker, C. B., & Otte, J. L. (2023). The Attributes and Influence of Individuals Associated With Newly Licensed Registered Nurses in Nurse Residency Programs: A Guide for Program Development. *Journal for nurses in professional development*, *39*(3), 143–149. https://doi.org/10.1097/NND.0000000000000869

[3] Eckerson, C. M. (2018). The impact of nurse residency programs in the United States on improving retention and satisfaction of new nurse hires: An evidence-based literature review. *Nurse Educ Today*, *71*, 84-90. https://doi.org/10.1016/j.nedt.2018.09.003

[4] Cochran, C. (2017). Effectiveness and Best Practice Of Nurse Residency Programs: A Literature Review. *Medsurg Nurs*, *26*(1), 53-57, 63.

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 Entry-to-Practice Nurse Residency Programs

In developing the accreditation standards for entry-to-practice nurse residency 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 entry-to-practice nurse residency programs.

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

3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable.

4. Assessing whether entry-to-practice nurse residency programs consistently fulfill their stated missions, goals, and expected outcomes.

5. Providing that entry-to-practice nurse residency program outcomes are in accordance with the scope of practice and expectations of the nursing profession to improve support for new-to-practice individuals in areas of evidence-based practice, professionalism, leadership skills, and the promotion of life-long learning.

6. Encouraging entry-to-practice nurse residency programs to pursue academic excellence through improved teaching/learning and assessment practices in accordance with the unique mission of the institution.

7. Providing that entry-to-practice nurse residency 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 healthcare organizations offering entry-to-practice nurse residency programs.

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

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10. Enhancing public understanding of the functions and values inherent in entry-to-practice nurse residency program accreditation.

11. Providing to the publican accounting of entry-to-practice nurse residency programs that are accredited and merit their approbation and support.

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

About This Document

This publication describes the standards and key elements used by CCNE in the accreditation of entry-to-practice nurse residency programs (employee-based and federally funded traineeship). The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality and effectiveness of the program(s) offered and to hold the program(s) accountable to the community, the nursing profession, and the public. All entry-to-practice nurse residency programs seeking CCNE accreditation, including, but not limited to, programs offered via distance education, are expected to meet the 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 substantial compliance with the broader standard. The key elements are considered in determining whether the program substantially complies with 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 residency programs and the integrity of the accreditation process.

Accompanying selected key elements 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.

At the end of this document is a glossary that defines terms and concepts used in this document. The terms "entry-to-practice nurse residency program," "residency program," and "program" are used interchangeably throughout 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 revision process. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.

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Standard I
Program Quality: Mission and Foundation

The healthcare organization, in partnership with the academic nursing program(s), implements the entry-to-practice nurse residency program in a manner that promotes a successful transition to practice for residents. In support of the program's mission, goals, and expected program outcomes, the healthcare organization, in partnership with the academic nursing program(s), considers the needs and expectations of the community of interest. The healthcare organization demonstrates commitment to educational progression for those residents not prepared with a baccalaureate or graduate degree in nursing.

Key Elements

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.

Elaboration: The needs and expectations of the community of interest, partnering academic nursing program(s), and key stakeholders are considered in the development and periodic review of the mission, goals, and expected program outcomes. The community of interest is defined by the healthcare organization.

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

Elaboration: The partnership is supported by a written agreement, signed by the participating parties, detailing the nature and terms of the partnership in support of the entry-to-practice nurse residency program.

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

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

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

Elaboration: All newly-licensed registered nurses, regardless of the practice setting, participate in the program.

I-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's degree in nursing.

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I-F. Leaders in the clinical setting of the healthcare organization ensure resident participation in program activities.

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

I-H. 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.

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, resident complaints. The program's definition of formal complaints, the procedures for filing a complaint, and the review process to be followed are communicated to relevant constituencies.

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

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

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

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

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Supporting Documentation for Standard I

The supporting documentation listed below 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.

1. Mission, goals, and program outcomes (Key Element I-A).

2. Meeting minutes, agenda, or similar documentation evidencing the periodic review and revision of the mission, goals, and expected program outcomes, in consideration of the needs and expectations of the community of interest, partnering academic nursing program(s), and key stakeholders (Key Element I-A).

3. Documentation of the terms and conditions of the partnership between the healthcare organization and academic nursing program(s) that facilitates achievement of the mission, goals, and expected program outcomes (Key Element I-B).

4. Evidence that one or more of the partnering academic nursing programs educates nursing students at the baccalaureate or graduate level (Key Element I-B).

5. Sample unit orientation plans (Key Elements I-C and I-G).

6. Clinical narratives demonstrating that residency program activities build upon prelicensure educational experiences (Key Elements I-C and I-G).

7. Documentation, such as attendance at learning sessions, demonstrating that all eligible participants are in the program (Key Element I-D).

8. Healthcare organization policies or directives supporting the attendance of all eligible participants in the program (Key Elements I-D and I-F).

9. The healthcare organization's academic progression policy or statement that promotes and supports residents prepared with an associate's degree in nursing to attain a baccalaureate or graduate degree in nursing, along with examples of activities and resources demonstrating promotion and support (Key Element I-E).

10. Policies regarding the filing, review, and maintenance of records of formal complaints related to the residency program. A record of any such formal complaints for the past three years (Key Element I-H).

11. Evidence that formal complaint data related to the program are analyzed and used to foster ongoing program improvement (Key Element I-H).

12. Internal and external program documents, publications, and promotional materials describing the residency program (Key Element I-I).

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Standard II
Program Quality: Institutional Commitment and Resources

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. The healthcare organization and partnering academic nursing program(s) provide qualified program educators (e.g., healthcare organization educators, academic faculty, subject matter experts, and resident facilitators) and preceptors to enable the entry-to-practice nurse residency 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 Elements

II-A. 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. 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. 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. 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.

Elaboration: While the titling used for this role may vary by organization, the residency coordinator is responsible for overall planning, implementation, management, and evaluation of the residency program.

II-E. 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.

Elaboration: 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.

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If the healthcare organization does not have a chief nursing officer/chief nurse executive role, senior clinical leadership is licensed in the clinical profession, holds a graduate degree, and provides effective leadership and consultation to the program in achieving its mission, goals, and expected outcomes.

II-F. 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.

Elaboration: While titling may vary by academic nursing program, the chief nurse administrator is the administrative leader (e.g., dean or dean equivalent) of the academic nursing program.

The chief nurse administrator has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.

II-G. The program educators are:

- sufficient in number to achieve the mission, goals, and expected program outcomes;
- academically and experientially prepared to achieve the mission, goals, and expected program outcomes; and
- oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.

Elaboration: Program educators (residency coordinators, healthcare organization educators, subject matter experts, academic faculty, and resident facilitators) are sufficient in number and appropriately qualified to achieve the mission, goals, and expected program outcomes. Program educators participate in professional development activities in order to enhance skills, knowledge, and subject matter expertise. Orientation activities prepare program educators for their participation in the program.

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

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

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Supporting Documentation for Standard II

The supporting documentation listed below 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.

1. Documentation, including but not limited to the program budget and organizational chart, that the healthcare organization and academic nursing program(s) allocate resources sufficient to enable the program to achieve its mission, goals, and expected outcomes (Key Elements II-A, II-E, and II-F).

2. Evidence that adequate physical resources (e.g., space for program activities, simulation facilities, computers, and computer labs) are available to meet the mission, goals, and expected program outcomes (Key Element II-B).

3. Evidence that adequate teaching-learning support services (e.g., access to library holdings and searchable databases, skills remediation, administrative support services, virtual learning platforms, and audio/visual support) are available to meet the mission, goals, and expected program outcomes (Key Element II-C).

4. Curricula vitae, position descriptions, and other documentation showing the academic and experiential preparation of the residency coordinator, chief nursing officer/chief nurse executive of the healthcare organization, and chief nurse administrator (dean or dean equivalent) of the academic nursing program(s) (Key Elements II-D, II-E, and II-F).

5. Documentation that the healthcare organization and academic nursing program(s) provide resources for ongoing professional development of the program educators (Key Elements II-E and II-F).

6. A list of names, titles, educational degrees with area of specialization, certification(s), relevant work experience, and program and content responsibilities of the program educators (Key Element II-G).

7. Selection criteria for the program educators (Key Element II-G).

8. Curricula vitae or other professional records for the program educators (Key Element II-G).

9. Role descriptions for the program educators (Key Element II-G).

10. Evidence of how the partnership between the healthcare organization and academic nursing program(s) is actualized through the roles and responsibilities of the program educators (Key Element II-G).

11. Evidence of residency program orientation received by program educators including materials used in the orientation (Key Element II-G).

12. Evidence that curricula vitae or other professional records of program educators are updated annually and reflect participation in professional development activities. Professional development activities may include, but are not limited to, academic

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courses, continuing education, advanced degrees, and professional certification (Key Element II-G).

13. A description of how program educator performance is evaluated (Key Element II-H).

14. Evidence of residency program orientation received by preceptors (Key Element II-I).

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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 Elements

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.[5]

The program is designed to expand residents' knowledge, skills, and attitude acquired in their prelicensure programs to provide person-centered care in a manner that advocates access for all, builds relationships, and engages patients, families, and/or those important to an individual, as well as members of the interprofessional team.[6] The program is designed to promote the continued development of the resident's communication skills to safely and effectively manage patient care, 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 person-centered care.

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[5] American Association of Colleges of Nursing (AACN), *The Essentials: Core Competencies for Professional Nursing Education,* retrieved April 26, 2021 from https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf.

[6] American Association of Colleges of Nursing (AACN), "Rounds with Leadership: Fostering Access, Connection, and Engagement," retrieved October 28, 2025 from https://www.aacnnursing.org/news-data/all-news/article/rounds-with-leadership-fostering-access-connection-and-engagement.

Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected resident outcomes.

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 care that considers social determinants of health, which are the nonmedical factors (the conditions in which people are born, grow, work, live, worship, and age) that influence health outcomes.[7]
3. Implement evidence-based practices in the delivery and evaluation of person-centered care to include:
    - Patient assessment and reassessment
    - Health literacy and person-centered education
    - Pharmacological and non-pharmacological interventions
    - Goal-directed palliative and end-of-life care
    - Appropriate referrals
4. Describe how creating a plan of coordinated care with the interprofessional team positively impacts patient outcomes while decreasing costs.
5. Provide patient care using appropriate time management, delegation, prioritization, clinical judgment, and professional accountability.
6. Communicate effectively with patients, families, and members of the interprofessional team.
7. Recognize and concisely communicate, in a timely manner, changes in patient condition.
8. Describe why practicing to the full extent of one's education, licensure, and competence decreases costs and improves patient care outcomes.
9. Practice fiscally responsible resource utilization to include effective delegation and efficient supply utilization.

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.

Safety is the condition of being protected from harm or other non-desirable outcomes. In an environment fostering quality and safety, care givers promote safety and take appropriate action to identify, 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

[7] U.S. Centers for Disease Control and Prevention (CDC), "Social Determinants of Health (SDOH)," retrieved October 28, 2025 from https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html.

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

Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected resident outcomes.

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. Recognize circumstances and actions that contribute to errors.
4. Participate in identification, reporting, and documentation of errors and "near misses", both of one's own and others'.
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. Review patient and family satisfaction data and nurse sensitive quality indicators and their impact on patient outcomes and the healthcare organization.
9. Deliver evidence-based care to improve outcomes related to nurse sensitive indicators.
10. 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.
11. Describe the function of regulatory agencies and risk management as it related to quality patient care.

III-C. Informatics and Healthcare Technologies

Healthcare professionals interact with patients, families, communities, and populations in technology rich environments.[8] 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 but should not replace clinical nursing judgement.

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.

Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected resident outcomes.

Learning session content, clinical, and other learning experiences enable residents to:

[8] AACN, *Essentials*

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 alert systems.
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. Comply with organizational policies related to the use of artificial intelligence.
6. Describe the organization's cyber-security and technology downtime plans.
7. Use healthcare technologies and informatics to optimize one's own learning and practice.
8. Use technology for effective exchange of information and collaboration with patients and the healthcare team.

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.

Residents demonstrate 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.

Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected resident outcomes.

Learning session content, clinical, and other learning experiences enable residents to:

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-E. Personal, Professional, and Leadership Development

Residents incorporate self-care strategies in order to recognize and manage personal stress to develop well-being and resilience. The program provides residents with the tools to develop a personal plan for professional development to advance their experience, knowledge, education,

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and continued ability to contribute to quality healthcare. 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. Program activities support the formation of a professional nursing identity. Residents recognize that clinical decision making reflects ethics and values, as well as science and technology. Delivering and receiving feedback is a critical skill for residents to learn and use effectively. Activities for associate's degree-prepared residents include an emphasis on preparing residents to attain a higher degree in nursing.

Leadership, an essential professional nursing role function, is demonstrated through professional identity and practice accountability. The program is designed to allow residents to develop leadership skills, awareness of leadership opportunities, and opportunities to express their opinions. Program activities provide residents with tools to de-escalate and manage conflict.

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.

Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected resident outcomes.

Learning session content, clinical, and other learning experiences enable residents to:

1. Recognize stress related to role transition and utilize resources for resolution.
2. Use evidence-based self-care strategies to prevent compassion fatigue; promote resiliency; and manage personal, professional, and situational stress.
3. Participate in competency development and professional growth through reflecting and acting upon performance feedback.
4. Incorporate the American Nurses Association's *Code of Ethics for Nurses* into daily practice.
5. Explore professional and leadership 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
    - Professional certification
    - Continued formal education
    - Service as a preceptor
6. Practice within the professional boundaries of the nurse-patient relationship and employ strategies to avoid boundary violations.
7. Identify subtle and obvious signs of incivility and lateral violence in the workplace and discuss their impact on patient care and professional nursing practice.
8. Utilize resources to de-escalate conflict and implement a plan to ensure safety of self and others in a potentially threatening situation.

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Supporting Documentation for Standard III

The supporting documentation listed below 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.

1. Curriculum, clinical experiences, learning activities, and/or clinical narratives that address person-centered care (Key Element III-A).
2. Samples of completed documentation (e.g., patient care assessment, patient care plan, progress notes) (Key Element III-A).
3. Evidence of progression with managing patient care assignments, including increased level of patient acuity (Key Element III-A).
4. Evidence of resident participation in interprofessional patient care activities (Key Element III-A).
5. Curriculum, clinical experiences, learning activities, and/or clinical narratives that address quality and safety (Key Element III-B).
6. National patient safety resources to assist in focusing attention on safety in patient care settings (Key Element III-B).
7. Curriculum, clinical experiences, learning activities, and/or clinical narratives that address informatics and healthcare technologies (Key Element III-C).
8. Curriculum, clinical experiences, learning activities, and/or clinical narratives that address evidence-based practice and quality improvement (Key Element III-D).
9. Examples of evidence-based practice and quality improvement activities, including examples of residents' projects (Key Element III-D).
10. Curriculum, clinical experiences, learning activities, and/or clinical narratives that address personal, professional, and leadership development (Key Element III-E).
11. Examples of professional development activities, including examples of residents' career plans (Key Element III-E).
12. Examples of activities promoting self-care strategies (Key Element III-E).
13. Sample resident performance reviews and/or checklists reflecting achievement of expected resident outcomes (Key Elements III-A, III-B, III-C, III-D, and III-E).

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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 Elements

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program uses a written evaluation plan specific to the healthcare organization to describe 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;*
- *includes completion, one-year retention, program satisfaction, and other program outcomes;*
- *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-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 75% or higher;*
- *the completion rate is 75% or higher over the three most recent calendar years;*
- *the completion rate is 75% or higher for the most recent calendar year when excluding residents who have identified factors such as military deployment, relocation, leave of absence, and failure to obtain RN licensure; or*
- *the completion rate is 75% or higher over the three most recent calendar years when excluding residents who have identified factors such as military deployment, relocation, medical leave of absence, and failure to obtain RN licensure.*

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

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

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

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

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

IV-D. Program satisfaction data collected from residents demonstrate program effectiveness.

Elaboration: Program satisfaction data are collected from residents. Program satisfaction is defined by the program and incorporates expected levels of achievement. The program describes how satisfaction is measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate program effectiveness.

IV-E. Program satisfaction data collected from stakeholders other than residents demonstrate program effectiveness.

Elaboration: The program defines and identifies stakeholders other than residents from whom satisfaction data are collected. Program satisfaction is defined by the program and incorporates expected levels of achievement. The program describes how satisfaction is measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate program effectiveness.

IV-F. Individual resident performance is evaluated by the healthcare organization and demonstrates progress in transitioning to competent nursing practice. The performance evaluation process is defined and consistently applied.

Elaboration: The program analyzes individual resident performance data throughout the course of the residency program to support the residents during their transition to professional nursing practice.

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

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

IV-H. Program data (other than program completion and one-year resident retention rates, program satisfaction, and resident outcomes) demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), one-year retention rates (Key Element IV-C), program satisfaction (Key Elements IV-D and IV-E), and resident outcomes (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 program outcomes.

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

Elaboration: Program data inform program improvement activities:

- *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.*
- *Program stakeholders are engaged in the program improvement process.*

IV-J. 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.

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Supporting Documentation for Standard IV

The supporting documentation listed below 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.

1. The program's written evaluation plan (Key Elements IV-A, IV-B, IV-C, IV-D, IV-E, IV-G, IV-H, and IV-I).

2. Aggregate program completion data. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-B and IV-I).

3. Aggregate resident retention data, extending beyond completion of the residency program. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-C and IV-I).

4. Aggregate program satisfaction data collected from residents. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-D and IV-I).

5. Aggregate program satisfaction data collected from stakeholders other than residents. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-E and IV-I).

6. Evidence that individual resident's transition to competent nursing practice is evaluated (Key Element IV-F).

7. Aggregate residents' assessment data. Evidence that the data are analyzed, compared to expected resident outcomes, and used to foster program improvement (Key Elements IV-G and IV-I).

8. Aggregate outcome data, other than program completion and one-year resident retention (extending beyond completion of the residency program) rates, program satisfaction, and resident outcomes. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-H and IV-I).

9. Meeting minutes, agenda, or similar documentation evidencing the sharing of program data between the healthcare organization and the partnering academic nursing program(s) (Key Element IV-J).

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Glossary

***Academic Faculty**:* Individuals from an academic program who hold a baccalaureate or graduate degree and participate in the entry-to-practice nurse residency program (e.g., resident facilitator, subject matter expert, or consultant).

***Academic Nursing Program**:* A prelicensure nursing program preparing registered nurses that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing).

Academic Progression Policy or Statement: A policy or statement specific to the healthcare organization that promotes and supports all residents entering the organization without a baccalaureate or graduate degree in nursing to attain a baccalaureate or graduate degree in nursing.

***Chief Nurse Administrator**:* The registered nurse with a graduate degree in nursing who serves as the administrative leader (e.g., dean or dean equivalent) for the academic nursing program.

***Chief Nursing Officer/Chief Nurse Executive**:* The registered nurse with a graduate degree who serves as the administrative leader for nursing in the healthcare organization.

***Clinical Narratives**:* A written description of a clinical situation used to demonstrate understanding and application of essential concepts, as well as the ability to use the nursing process and critical thinking skills in a given situation. Sometimes referred to as an "exemplar," the narrative should include lessons learned from the situation, what was done well, and areas for improvement.

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

Eligible Participants: Entry-level registered nurses who have graduated from a prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing) (see Academic Nursing Program). No longer than 12 months shall elapse from the time of graduation from the prelicensure nursing program to admission into the residency program; however, healthcare organizations may consider factors such as personal or family commitments and military deployment when considering exceptions to this 12-month timeframe.

***Entry-to-Practice Nurse Residency Program**:* A series of learning sessions and other experiences that occurs continuously over a minimum of 12 months and that is designed to assist entry-level registered nurses as they transition to a professional nursing role. Intended for direct care roles in the healthcare organization, the program is offered by a healthcare organization in partnership with an academic nursing program(s). CCNE accredits two types of entry-to-practice nurse residency programs:

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Employee-based nurse residency programs hire registered nurses as permanent employees of the healthcare organization.

Federally funded traineeship nurse residency programs engage registered nurses, in the role of trainee, for the duration of the residency program, without a commitment for continued employment. The trainees must be compensated, and this compensation must be funded entirely by federal money devoted specifically to the traineeship.

Evaluation Plan: A document that guides the residency program through a thoughtful review, at regularly scheduled intervals, to assess attainment of the mission, goals, and expected outcomes. The plan identifies outcomes related to the program's mission and goals, and establishes expected levels of achievement. Additionally, the plan outlines the process for comparing expected levels of achievement to actual levels of achievement (including measurements or tools used) and the process for analyzing the findings, and it designates responsible parties and the frequency of the evaluative activities.

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

Healthcare Organization*:* An accredited institution (e.g., hospital, home healthcare organization, nursing home) established to meet the health needs of target populations and that sponsors an entry-to-practice nurse residency program.

Healthcare Organization Educators*:* Educators who are employed by the healthcare organization, hold a baccalaureate or graduate degree in nursing or have other relevant educational and experiential preparation (e.g., pharmacist, chaplain) and are responsible for professional development of residents.

Learning Sessions*:* Instructor-led seminars or comparable learning activities that relate to one or more of the curricular elements of the nurse residency program. Scheduled during paid time, these sessions are distributed appropriately over the 12-month residency program and are designed for participation by a cohort of residents. Learning sessions may be conducted monthly over a 4-hour block of time or reasonable equivalent. The resident-to-instructor/facilitator ratio is appropriate given the learning activities and learning styles.

Partnership*:* A mutual agreement between a healthcare organization and one or more academic nursing programs that collaborate and provide resources to support an entry-to-practice nurse residency program. The agreement must be written, and it must be signed by the participating parties. At least one of the academic nursing program partners must educate prelicensure students at a baccalaureate or graduate level.

Physical Resources: Appropriate facilities and equipment available to the entry-to-practice nurse residency program that facilitate program educators and nurse residents in achieving the expected program outcomes. These may include, but are not limited to, classrooms, meeting spaces, simulation facilities, computers, computer labs, and space for program activities.

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

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***Program Educators**:* These individuals include the residency coordinator(s), healthcare organization educators, subject matter experts, academic faculty, and resident facilitators, each of which is defined separately in the Glossary.

***Residency Coordinator**:* A registered nurse with a graduate degree in nursing or a related field who is responsible for overall planning, implementation, management, and evaluation of the entry-to-practice nurse residency program. This individual coordinates the roles of the healthcare organization educators, academic faculty, and resident facilitators to achieve program outcomes. The coordinator's roles may include, but are not limited to, collaboration with the healthcare organization's human resources department to recruit nurse residents, implementation of the residency curriculum, oversight of residents' progression through the program, collaboration with the partnering academic nursing program(s), and engagement in ongoing program evaluation to foster program improvement and achievement of program outcomes. The coordinator has the authority to utilize a wide array of resources and personnel to enhance resident development. The titling used for this role may vary by organization.

***Resident**:* An individual who has graduated from a prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing) (see Academic Nursing Program) and who is enrolled in the entry-to-practice nurse residency program. This individual must hold a registered nurse license or temporary permit to practice and must be an employee of the healthcare organization or a participant in a formal traineeship. Residents are expected to fulfill obligations of a registered professional nurse after completion of the institution's orientation program.

***Resident Facilitator**:* An experienced registered nurse with a baccalaureate or graduate degree in nursing who guides and supports nurse residents in classroom and clinical settings to achieve the goals of the entry-to-practice nurse residency program. This individual's primary role is to facilitate learning sessions. Other roles may include, but are not limited to, providing expertise to develop residents' clinical judgment and decision making, reviewing clinical narratives to further develop residents' nursing practice, and acting as a clinical resource.

Resident Retention: The healthcare organization measures retention of entry-to-practice nurse residents (e.g., resident alumni, former residents, past participants, past residents) extending beyond completion of the residency program.

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

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

***Teaching-Learning Support Services**:* Services available to the entry-to-practice nurse residency program that facilitate program educators and nurse residents in achieving the expected program outcomes. These may include, but are not limited to, access to library

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holdings and searchable databases, skills remediation, clerical services, virtual learning and distance education platforms, and audio/visual support.

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