Dear Chief Nursing Officer/Chief Nurse Executive:

The self-study process is an opportunity for the nursing unit to engage in an in-depth evaluative process leading to the continuous quality improvement of the nurse practitioner fellowship/residency program(s) under review for accreditation by the Commission on Collegiate Nursing Education (CCNE). This programmatic analysis should result in a self-study document that clearly articulates the program’s compliance with CCNE’s accreditation standards. The self-study document is the product of the self-study process and addresses program compliance with each of the four standards and the associated key elements.

The CCNE accreditation standards include a Glossary and provide a list of supporting documentation for each standard to assist program representatives in developing self-study materials and in preparing for the on-site evaluation.

A single self-study document addressing all programs under review must be developed. An institution is not permitted to submit more than one self-study document per on-site evaluation. To facilitate the review process, the self-study document must be organized by standard and key element. The narrative under each key element should provide an analysis of areas of program strength as well as areas for program improvement. The narrative should also include a detailed plan of action addressing any areas that the program has identified as needing improvement. Where appropriate, the narrative should include individualized information for each program under review.

It is particularly helpful to the on-site evaluation team and other CCNE reviewers (e.g., at the committee and Board levels) if the self-study document:

* includes a table of contents (including page numbers) for both the main document and the appendices;
* begins with a concise introduction of the nurse practitioner fellowship/residency program(s) and the institutional setting;
* uses a minimum font size of 10;
* is single spaced; and
* includes tables, where appropriate. For instance, tables are particularly helpful when presenting program educator qualifications and teaching responsibilities, fellow/resident headcount enrollment data, program completion data and other outcomes data.

The self-study document is to be no longer than 75 pages of narrative. The introduction and appendices are excluded from this page limit. However, the appendices should be judiciously selected and pertinent to the program’s demonstration of compliance with the standards and key elements. While the following documents should be referenced in the self-study document, it is not necessary to include them in the appendices; instead, they should be made available to evaluators in the virtual resource room:

* current program educator curricula vitae;
* healthcare organization reports;
* meeting minutes;
* examples of resident work;
* resident, alumni, or other stakeholder survey instruments; and
* summaries/analyses of survey responses.

At least six weeks prior to the on-site evaluation, the program must submit an electronic copy of the self-study document (including appendices), the Program Information Form (PIF), and the agenda via the instructions provided by CCNE. CCNE and the evaluators who have been assigned to the team have access to the electronic version of the self-study document, the PIF, and the agenda after the documents have been provided by the institution. CCNE requests that the sponsoring organization contact each member of the team in advance of the due date to determine if any member of the team would like to receive a hard copy of the self-study document (including appendices) and PIF, and to provide these documents, if requested, by the due date. Please do not send hard copies of these documents to the CCNE office unless specifically requested to do so. The PIF, which provides an overview of the institutional setting and the nurse practitioner fellowship/residency program(s), is available on the CCNE website at https://www.aacnnursing.org/Portals/42/CCNE/PDF/PIF-NP-Fellowship-Residency-2021.docx

Thank you for your participation in the CCNE accreditation process. Please contact the CCNE staff at 202-887-6791 should you require assistance or if you have any questions.

*Revised September 2022*

Checklist for Writing the Self-Study Document

Before finalizing and providing the self-study document to CCNE, please verify that:

* the font size is a minimum of 10;

the document is single spaced;

the document is no longer than 75 pages (the introduction and appendices are excluded from the page limit);

the sponsoring organization has provided a Program Response for each key element;

the Program Response to each key element adequately addresses all nurse practitioner fellowship/residency programs that are under review;

the document includes the standards and key elements as provided in the self-study template; these statements are not to be altered or deleted by the institution.

Insert Sponsoring Organization Title Page and Table of Contents

*Please note the pages that precede this page (i.e., letter to chief nursing officer/chief nurse executive, and checklist), should be deleted prior to submission of the self-study document to CCNE as they were provided for informational purposes only.*

Insert Sponsoring Organization Overview or Introduction

*Please provide a brief (1-3 pages) overview or introduction to the sponsoring organization and program(s) under review.*

**Standard I**

**Program Quality: Mission and Foundation**

The sponsoring organization(s), supported through an academic-practice partnership, implement(s) the nurse practitioner fellowship/residency program in a manner that assures a successful transition to or within advanced nursing practice. The mission, goals, and expected program outcomes are congruent with those of the sponsoring organization(s) and consistent with the nurse practitioners’ defined scope of practice. The organization(s) provide(s) qualified educators to enable the nurse practitioner fellowship/residency program to achieve its mission, goals, and expected outcomes. The program educators are qualified and foster the achievement of the mission, goals, and expected program outcomes.

**I-A. The mission, goals, and program outcomes are defined, published, and accessible, and inform program delivery.**

**Program Response:**

Begin text here

**I-B. The mission, goals, and program outcomes build upon an advanced practice nursing foundation.**

**Program Response:**

Begin text here

**I-C. The program is structured over a 9-18-month period to build upon knowledge gained and competencies developed during participants’ educational preparation for the nurse practitioner role.**

**Program Response:**

Begin text here

**I-D. The program defines eligibility criteria for participants that align with their defined scope of practice.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

**I-H. Program educators participate in professional development activities to remain current in their area(s) of expertise/practice.**

**Program Response:**

Begin text here

**I-I. Mentors (e.g., preceptors, guides, coaches) have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.**

**Program Response:**

Begin text here

**I-J. Mentors are oriented to their roles and responsibilities with respect to the program and these roles and responsibilities are clearly defined.**

**Program Response:**

Begin text here

**I-K**. **Mentors are evaluated for their performance in achieving the mission, goals, and expected program outcomes.**

**Program Response:**

Begin text here

**I-L**. **Mentored experiences immerse participants into the practice environment in a structured and logical manner.**

**Program Response:**

Begin text here

**I-M**. **Documents and publications are accurate. Any references in promotional materials to the program’s offerings, outcomes, and accreditation status are accurate.**

**Program Response:**

Begin text here

**I-N**. **The program defines and reviews formal complaints according to established policies.**

**Program Response:**

Begin text here

**Standard II**

**Program Quality: Institutional Commitment and Resources**

The sponsoring organization(s), supported through a nursing academic-practice partnership, demonstrates ongoing commitment and support for the nurse practitioner fellowship/residency program. Fiscal resources, physical resources, program educators, and teaching-learning support services are appropriate and available to enable the program to achieve its mission, goals, and expected outcomes. There is a sufficient number of program educators and mentors to foster the achievement of the mission, goals, and expected program outcomes. There is fiscal commitment from the healthcare organization to enable participants to fully engage in the program.

**II-A. The academic-practice partnership fosters achievement of the mission, goals, and expected program outcomes.**

**Program Response:**

Begin text here

**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 as needed.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

**II-D. Advanced practice nursing leadership provides ongoing input and guidance to the program.**

**Program Response:**

Begin text here

**II-E. The fellowship/residency director(s):**

* **is academically and experientially qualified to accomplish the program’s mission, goals, and expected outcomes; and**
* **provides effective leadership to the program in achieving its mission, goals, and expected outcomes.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

**II-G. Teaching-learning support services are sufficient to achieve quality and are evaluated on a regular basis to meet the needs of the program and the participants.**

**Program Response:**

Begin text here

**II-H. The chief nursing officer/chief nurse executive of the healthcare organization:**

* **is a registered nurse (RN);**
* **holds a graduate degree; and**
* **provides effective leadership and/or professional consultation to the program in achieving its mission, goals, and expected outcomes.**

**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.**

**Program Response:**

Begin text here

**II-I. Executive and program leadership of the healthcare organization have the fiscal and organizational authority to allocate resources and support the program in achieving its mission, goals, and expected outcomes.**

**Program Response:**

Begin text here

**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 a doctoral degree; and**
* **provides effective leadership and/or professional consultation to the program in achieving its mission, goals, and expected outcomes.**

**Program Response:**

Begin text here

**II-K. The chief nurse administrator of the academic nursing program(s) has the authority to allocate resources and supports the fellowship/residency program in achieving its mission, goals, and expected outcomes.**

**Program Response:**

Begin text here

**Standard III**

**Program Quality: Curriculum**

The nurse practitioner fellowship/residency program curriculum builds upon the participants’ graduate nurse practitioner education (i.e., role and population focus) and is designed to enhance proficiency in competencies within eight domains of competence for health professions. For this purpose, these domains are: person-centered care, knowledge for advanced nursing practice, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, interprofessional partnerships, and personal, professional, and leadership development. Curricular content is designed to build upon common advanced practice competencies and enhance nurse practitioner-specific knowledge and skills in practice in the designated population/specialty.

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

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to design, deliver, manage, and evaluate comprehensive person-centered care. Curricular content expands the participants’ abilities in person-centered care within the identified population/specialty.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Perform a comprehensive, evidence-based assessment.**
2. **Use advanced clinical judgment to diagnose.**
3. **Synthesize relevant data to develop a person-centered, evidence-based plan of care.**
4. **Plan and manage care for individuals and populations across the continuum including prescribing, ordering, and evaluating therapeutic interventions.**
5. **Educate individuals, families, and communities to empower them to participate in their care and enable shared decision making.**

**Program Response:**

Begin text here

**III-B. Knowledge for Advanced Nursing Practice**

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to synthesize established and evolving scientific knowledge from diverse sources and contribute to the generation, translation, and dissemination of healthcare knowledge and practices. Curricular content expands the participants’ abilities in patient care within the identified population/specialty.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Demonstrate an investigatory, analytic approach to clinical situations.**
2. **Apply science-based theories and concepts to guide one’s overall practice.**
3. **Participate in scholarship activities that focus on the translation and dissemination of contemporary evidence into practice.**

**Program Response:**

Begin text here

**III-C. Practice-Based Learning and Improvement**

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to demonstrate the ability to investigate and evaluate one’s practice to appraise and assimilate emerging scientific evidence, and to continuously improve patient care based on ongoing self-evaluation and life-long learning.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Actively reflect on strengths and weaknesses of one’s own knowledge and skills and seek opportunities to continuous improvement.**
2. **Use current information from a variety of evidence-based resources to continually improve one’s practice.**
3. **Use healthcare technologies and informatics to optimize one’s own learning and practice.**
4. **Identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, and services that have been demonstrated to improve outcomes.**

**Program Response:**

Begin text here

**III-D. Interpersonal and Communication Skills**

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with individuals, the public, and health professionals, and that promote therapeutic relationships with individuals across a broad range of cultural and socioeconomic backgrounds.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Communicate using interpersonal skills that result in the effective exchange of information and support collaboration.**
2. **Use effective communication tools and techniques that include a nonjudgmental attitude, respect, and compassion when addressing sensitive issues to foster and sustain therapeutic and/or collaborative relationships.**
3. **Use technology for effective exchange of information and collaboration with patients and the healthcare team.**

**Program Response:**

Begin text here

**III-E. Professionalism**

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Demonstrate compassion and accountability to patients, society, and the profession.**
2. **Demonstrate integrity and respect for others.**
3. **Demonstrate a commitment to ethical principles pertaining to the provision or withholding of care in compliance with relevant laws, policies, and regulations.**
4. **Advocate for patients and populations considering social justice and equity.**
5. **Demonstrate a commitment to the nursing profession through engagement and leadership in professional activities and organizations.**
6. **Engage in the education and mentoring of students, peers, and other healthcare team members.**

**Program Response:**

Begin text here

**III-F. Systems-Based Practice**

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to demonstrate organizational and systems leadership to improve healthcare outcomes.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Collaborate in the development, implementation, and evaluation of systems-level strategies to reduce errors and optimize safe, effective healthcare delivery.**
2. **Demonstrate stewardship of financial and other resources for the delivery of quality care that is effective and affordable.**
3. **Demonstrate effective application of billing and coding practices supported by accurate documentation.**
4. **Advocate for policies at the local, state, and national levels that optimize access to and delivery of quality, cost-effective health care.**

**Program Response:**

Begin text here

**III-G. Interprofessional Partnerships**

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to demonstrate the ability to engage in and/or lead an interprofessional team in a manner that optimizes safe, effective person- and population-centered care.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Promote a climate of respect, dignity, inclusion, integrity, civility, and trust to foster collaboration within the healthcare team.**
2. **Advocate for the role of the patient as a member of the healthcare team.**
3. **Assume different roles (e.g., member, leader) within the interprofessional healthcare team to establish, develop, and enhance the team to provide and improve care.**
4. **Provide consultation to formulate a plan that optimized patient and population outcomes.**

**Program Response:**

Begin text here

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

**The program is structured to expand participants’ knowledge and skills acquired in their graduate nurse practitioner education to demonstrate the qualities required to sustain lifelong personal and professional growth and contribute as a leader.**

**Nurse practitioner participants use a variety of learning experiences that may include, but are not limited to, didactic sessions, case presentations, clinical rounds, and mentored clinical experiences to demonstrate the ability to proficiently and confidently provide care for individuals and populations with complex conditions and/or multiple needs.**

**Learning session content, clinical experiences, and other learning experiences enable participants to expand and/or refine their ability to:**

1. **Deploy healthy coping mechanisms to respond to the demands of professional practice.**
2. **Demonstrate flexibility and emotional intelligence in adjusting to rapidly changing professional and practice environments.**
3. **Inspire the confidence of patients and colleagues through demonstrated leadership, trustworthiness, and self-assurance.**

**Program Response:**

Begin text here

**Standard IV**

**Program Effectiveness: Assessment and Achievement of Program Outcomes**

The nurse practitioner fellowship/residency program is effective in fulfilling its mission and goals as evidenced by achieving its expected program outcomes. Evaluation data demonstrate program effectiveness. Actual levels of achievement, when compared to identified expected levels of achievement, demonstrate that the program, overall, is effective in achieving its outcomes. Analysis of data on program effectiveness is used to foster ongoing program improvement.

**IV-A. A systematic process is used to determine program effectiveness. A written evaluation plan 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 the findings of the comparisons; and**
* **designates responsible parties and the frequency of the evaluative activities.**

**Program Response:**

Begin text here

**IV-B. Individual fellow/resident performance is evaluated by the sponsoring organization(s) and demonstrates attainment of expected outcomes for the participants. The evaluation process is defined and consistently applied.**

**Program Response:**

Begin text here

**IV-C. Aggregate assessment of fellows’/residents’ attainment of expected participant outcomes demonstrates program effectiveness.**

**Program Response:**

Begin text here

**IV-D. Program completion rates demonstrate program effectiveness.**

**Program Response:**

Begin text here

**IV-E. Fellow/resident alumni retention rates, as defined by the sponsoring organization(s), demonstrate program effectiveness.**

**Program Response:**

Begin text here

**IV-F. Program satisfaction data collected from fellows/residents and other stakeholders demonstrate program effectiveness.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here