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 entry-to-practice nurse residency program(s) (employee-based and/or federally funded traineeship) 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.

Whether a healthcare organization is hosting an on-site evaluation for one or two entry-to-practice nurse residency programs (employee-based and/or federally funded traineeship), 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 entry-to-practice nurse residency 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 entry-to-practice nurse 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, 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 CCNE Online Community ([www.ccnecommunity.org](file:///\\Aacns00803\ccne\Templates\Education\Documents\www.ccnecommunity.org)). 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 via the CCNE Online Community as soon as the documents have been uploaded by the institution. CCNE requests that the healthcare 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 entry-to-practice nurse residency program(s), is available both on the CCNE Online Community at [www.ccnecommunity.org](http://www.ccnecommunity.org) and on the CCNE website at <https://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Entry-to-Practice-Residency-Standards-2021.pdf>.

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.

December 2021

Checklist for Writing the Self-Study Document

Before finalizing and uploading the self-study document to the CCNE Online Community (www.ccnecommunity.org), 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 healthcare organization has provided a Program Response for each key element;

the Program Response to each key element adequately addresses all entry-to-practice nurse residency programs (employee-based and/or federally funded traineeship) 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 Healthcare 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 via the CCNE Online Community (*[*www.ccnecommunity.org*](http://www.ccnecommunity.org)*) as they were provided for informational purposes only.*

Insert Healthcare Organization Overview or Introduction

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

**Standard I**

**Program Quality: Program Delivery**

The healthcare organization, in partnership with the academic nursing program(s), implements the

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

**I-A. The mission, goals, and expected program outcome:**

* **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.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

**Standard II**

**Program Quality: Institutional Commitment and Resources**

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

**II-A. Through partnership, the healthcare organization and academic nursing program(s) foster 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 and improved 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 revised and improved as needed.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

**II-F. The residency coordinator:**

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

**Program Response:**

Begin text here

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

**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;**
* **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.**

**Program Response:**

Begin text here

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

**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**
* **provides effective leadership and/or professional consultation that supports the partnership to enable the program to achieve its mission, goals, and expected outcomes.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

**Standard III**

**Program Quality: Curriculum**

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

Person-centered care is delivered through the planning, implementation, and coordination of care of the

patient, family, or others significant to the patient. Residents are sensitive to and respect patients and

families, including their values and health practices. Residents have the skills to safely deliver and manage

patient care for quality patient outcomes. Effective use of informatics and technology is essential to the provision of quality patient care. Leadership, an essential professional nursing role function, is demonstrated

through professional identity and practice accountability. Residents are committed to ongoing professional

development, to quality improvement, and to maintaining an evidence-based practice.

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

**Person-centered care includes the patient as well as family and/or others who are important to an**

**individual; it requires care that is just, holistic, respectful, compassionate, coordinated, and based on**

**evidence. The person is recognized as a full partner and the source of control in team-based care. The program is designed to expand residents’ knowledge, skills, and attitudes acquired in their prelicensure programs to provide person-centered care in a culturally sensitive manner.**

**Residents are responsible for communicating with patients, families, and/or those important to an**

**individual, as well as other members of the interprofessional team, to safely and effectively manage**

**patient care. The program is designed to promote the continued development of the resident’s**

**communication skills, including the effective transmission of information based on the patient’s plan of**

**care and changes in condition.**

**The program is designed to help residents develop effective resource management in a fiscally**

**responsible manner. Residents practice within a professional and ethical framework and utilize standards**

**of care, policies, and procedures in the delivery of safe person-centered care. This includes assessment**

**and reassessment, delegation, time management, organization of care delivery, prioritization, and**

**decision making, including responses to changes in patient condition and alterations in the plan of care.**

**Residents demonstrate attainment of learning outcomes through a combination of case studies,**

**simulation, examples from clinical practice, and reflections on residents’ impact on patient outcomes.**

**Residents incorporate policies, metrics and benchmarks, and the institution’s quality improvement**

**process to participate in the interprofessional provision of patient- and family-centered care.**

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

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

**Program Response:**

Begin text here

**III-B. Quality and Safety**

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

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

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

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

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

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

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

**Program Response:**

Begin text here

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

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

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

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

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

**Program Response:**

Begin text here

**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.**

**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.**

1. **Use best evidence when providing person-centered care, while striving to improve patient outcomes and decrease costs.**
2. **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.**
3. **Develop and disseminate an evidence-based practice or quality improvement project.**

**Program Response:**

Begin text here

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

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

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

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

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

1. **Explore professional development activities by constructing a career plan, which may include:**

* **Engagement with a professional mentor**
* **Membership in a professional nursing organization**
* **Membership on a professional committee or council**
* **Specialty certification**
* **Continued formal education**
* **Service as a preceptor**

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

**Program Response:**

Begin text here

**Standard IV**

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

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

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

* **guides the program, at regularly scheduled intervals, to assess the attainment of the mission, goals, and expected outcomes;**
* **identifies outcomes related to the program’s mission and goals;**
* **identifies expected levels of achievement;**
* **outlines the proves 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.**

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here

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

**Program Response:**

Begin text here