CROSSWALK TABLE

A Comparison of CCNE's 2021 & 2026 *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs*

Note: Yellow highlights emphasize language that is substantially revised in or added to the 2026 Standards.

Elaboration statements have been added to selected key elements to assist program representatives in addressing those key elements and enhance understanding of CCNE's expectations.

2021	2026
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,	**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

and resident facilitators) to enable the entry-to-practice nurse residency program to achieve its mission, goals, and expected outcomes.	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.
I-A. The mission, goals, and expected program outcomes: • are congruent with those of the healthcare organization; • foster a successful transition to practice for residents; • are defined, published, and accessible; and • are reviewed periodically and revised as appropriate.	**I-A.** 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.*
See Standard II, Key Element II-A.	**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-B. Residency program activities build upon knowledge gained and competencies developed during residents' prelicensure educational experiences.	**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 as they transition to practice. Consideration is given to whether residents are prepared at the associate, baccalaureate, or graduate level for entry to practice.*

I-C. The program is limited to eligible participants, and all eligible participants are in the program.	**I-D.** The program is limited to eligible participants, and all eligible participants are included as residents in the program. *Elaboration: All newly-licensed registered nurses, inclusive of all practice settings, participate in the program.*
I-D. Program educators have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.	***See Standard II, Key Element II-G.***
I-E. Program educators are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	***See Standard II, Key Element II-G.***
I-F. Program educators participate in professional development activities.	***See Standard II, Key Element II-G, elaboration.***
I-G. Program educators are evaluated for their performance in achieving the mission, goals, and expected program outcomes	***See Standard II, Key Element II-H.***
I-H. Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	***See Standard II, Key Element II-I***
See Standard II, Key Element II-E.	**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.
See Standard II, Key Element II-L.	**I-F.** Leaders in the clinical setting of the healthcare organization ensure resident participation in program activities.
I-I. Precepted experiences immerse residents into the care environment in a structured and logical manner.	**I-G.** Precepted experiences immerse residents into the care environment in a structured and logical manner.
I-J. A process is in place to address formal complaints about the program. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.	**I-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-K. Documents and publications are accurate. References to the program's offerings, outcomes, and accreditation status are accurate.	**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.*
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	**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

commitment from the healthcare organization to enable residents to fully participate in the 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.	***See Standard I, Key Element I-B.***
II-B. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.	**II-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-C. Physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.	**II-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-D. Teaching-learning support services are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. These resources are reviewed regularly and revised and improved as needed.	**II-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-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.	***See Standard I, Key Element I-E.***
II-F. The residency coordinator: • is a registered nurse (RN); • holds a graduate degree in nursing or a related field; • provides effective leadership to the program in achieving its mission, goals, and expected outcomes.	**II-D.** The residency coordinator: • is a registered nurse (RN); • holds a graduate degree in nursing or a related field; and • 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-G. The program educators are sufficient in number to achieve the mission, goals, and expected program outcomes.	***See Standard II, Key Element II-G.***

II-H. The chief nursing officer/chief nurse executive of the healthcare organization: • is a registered nurse (RN); • holds a graduate degree; • is vested with the administrative authority to accomplish the mission, goals, and expected outcomes; and • provides effective leadership to the program in achieving its mission, goals, and expected outcomes.	**II-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.* *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-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.	***See Key Element II-E, elaboration.***
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.	**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-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.	***See Key Element II-F, elaboration.***
II-L. Leaders in the clinical setting of the healthcare organization ensure resident participation in program activities.	***See Standard I, Key Element I-F.***
See Standard II, Key Element II-G.	**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.*
See Standard I, Key Element I-G.	**II-H.** Program educators are evaluated for their performance in achieving the mission, goals, and expected program outcomes.
See Standard I, Key Element I-H.	**II-I.** Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.

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.	**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	**III-A.** Person-Centered Care Person-centered care values the patient, their family, and others important to them. It is equitable, holistic, respectful, compassionate, coordinated, and evidence-based. The individual is recognized as a full partner and the primary decision-maker in team-based care. 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. The program is designed to promote the continued development of the resident's communication skills to safely and effectively manage

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	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. 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.

• 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.	3. Implement evidence-based practices in the delivery and evaluation of person-centered care to include: a. Patient assessment and reassessment b. Health literacy and person-centered education c. Pharmacological and non-pharmacological interventions d. Goal-directed palliative and end-of-life care e. 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. 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.	**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,

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.	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 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.

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.	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 related to quality patient care.
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,	**III-C.** Informatics and Healthcare Technologies Healthcare professionals engage with patients, families, communities, and populations in dynamic, technology-driven settings, providing care that is connected, informed, and responsive. 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.

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.	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 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 their 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-	**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. 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.	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 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 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	**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, 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,

values, as well as science and technology. Residents recognize and manage personal stress levels in order to effectively manage situational stress. The business of healthcare is an important concept for residents to understand and incorporate into their practice. The program is designed to allow residents to develop awareness of leadership opportunities and opportunities to express their opinions. The program provides residents with the tools to develop a personal plan for professional development to advance their experience, knowledge, education, and continued ability to contribute to quality healthcare. Delivering and receiving feedback is a critical skill for residents to learn and use effectively. Professional development activities are specific to residents' educational preparation. Activities for ADN-prepared residents include an emphasis on preparing residents to attain a higher degree in nursing. Residents demonstrate attainment of learning outcomes through a combination of case studies, simulation, examples from clinical practice, and reflections to demonstrate the impact of personal, professional, and leadership development on patient outcomes. Learning session content, clinical, and other learning experiences enable residents to: 1. Explore professional development activities by constructing a career plan, which may include: • Engagement with a professional mentor • Membership in a professional nursing organization • Membership on a professional committee or council • Specialty certification • Continued formal education • Service as a preceptor 2. Participate in competency development and professional growth through reflecting and acting upon performance feedback.	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. Incorporate the American Nurses Association's Code of Ethics for Nurses with Interpretive Statements into daily practice. 4. Practice within the professional boundaries of the nurse-patient relationship and employ strategies to avoid boundary violations. 5. Identify subtle and obvious signs of incivility and lateral violence in the workplace and discuss their impact on patient care and professional nursing practice. 6. Utilize resources to de-escalate conflict and implement a plan to ensure safety of self and others in a potentially threatening situation. 7. Recognize stress related to role transition and utilize resources for resolution. 8. Use evidence-based self-care strategies to prevent compassion fatigue; promote resiliency; and manage personal, professional, and situational stress. 9. Hold peers accountable and educate/inform as needed to prevent institution-acquired conditions.	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.
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.	**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:	**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; • 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.	• *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, as defined by the healthcare organization, demonstrate program effectiveness.	**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 is 75% or higher for the most recent calendar year (January 1 through December 31);* • *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, 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, as defined by the healthcare organization, demonstrate program effectiveness.	**IV-C.** Resident retention rates, extending beyond completion of the residency program, demonstrate program effectiveness. *Elaboration: The program calculates resident retention, at one year following program completion, based on the number of program completers. These data are analyzed and calculated based on retention in the healthcare organization managing the program. The program demonstrates achievement of required program outcomes regarding retention in any one of the following ways:* • *the one-year retention rate is 80% or higher for the most recent calendar year (January 1 through December 31);* • *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, 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 both residents and other stakeholders demonstrate program effectiveness.	**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.*
***See Standard IV, Key Element IV-D. Key Element IV-D in the* 2021 Standards *is split into Key Elements IV-D and IV-E in the* 2026 Standards.**	**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.*
***See Standard IV, Key Element IV-G. Key Element IV-G in the* 2021 Standards *is split into Key Elements IV-F and IV-G in the* 2026 Standards.**	**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.*
***See Standard IV Key Element IV-G. Key Element IV-G in the* 2021 Standards *is split into Key Elements IV-F and IV-G in the* 2026 Standards.**	**IV-G.** Aggregate assessment of residents' attainment of expected resident outcomes demonstrates program effectiveness. *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-E. Program data (other than program completion and resident retention rates, and program satisfaction) demonstrate program effectiveness.	**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-F. Program data are used to foster ongoing program improvement.	**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-G. Resident performance is evaluated by the healthcare organization and demonstrates progress in transitioning from	***See Standard IV, Key Elements IV-F and IV-G. Key Elements IV-F and IV-G in the* 2026 Standards *were split from Key Element IV-G in the* 2021 Standards.**

advanced beginner towards competent professional nurse. The performance evaluation process is defined and consistently applied.	
IV-H. Program data are shared between the healthcare organization and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.	**IV-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.