

STANDARDS FOR ACCREDITATION

OF NURSE PRACTITIONER
FELLOWSHIP/RESIDENCY PROGRAMS

APPROVED 2020





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INTRODUCTION

ACCREDITATION OVERVIEW

Educational accreditation is a nongovernmental peer review process that includes the assessment of educational institutions and/or programs using nationally accepted accreditation standards. Two forms of educational accreditation are recognized in the United States (U.S.): institutional accreditation and professional or specialized accreditation. Institutional accreditation addresses the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation concerns itself with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. This is important to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

COMMISSION ON COLLEGIATE NURSING EDUCATION

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. As part of this mission, it is the standard-setting accrediting organization in the area of nurse practitioner fellowship/residency programs. CCNE also accredits baccalaureate degree nursing programs, master's degree nursing programs, nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs), and entry-to-practice nurse residency programs using separate sets of accreditation standards. As a specialized/professional accrediting agency, CCNE strives to improve the quality and integrity of baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs.

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs. As accreditation is voluntary, CCNE strives to maintain a collegial accreditation process that fosters continuous quality improvement.

CCNE has established a peer review process in accordance with nationally recognized standards for accreditation in the U.S. and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment, as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form the basis for planning and setting priorities at the program's sponsoring institution.

ACCREDITATION OF NURSE PRACTITIONER FELLOWSHIP/RESIDENCY PROGRAMS

The CCNE accreditation evaluation of a nurse practitioner fellowship/residency program consists of a review of its mission, goals, and expected outcomes; and an assessment of the performance of the program in achieving these through effective utilization of available resources, programs, and administration. Inherent in the evaluation process is a review of evidence concerning the application of these resources in assessing fellow/resident achievement.

In evaluating a nurse practitioner fellowship/residency program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the accreditation standards and complies with the key elements presented in this publication. A self-study conducted by the sponsoring institution prior to the on-site evaluation provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation.

The Commission formulates and adopts its own accreditation standards and procedures. The accreditation standards and procedures for baccalaureate and graduate nursing programs, entry-to-practice nurse residency programs, and nurse practitioner fellowship/residency programs are publicly available on the CCNE website, and may also be obtained by contacting CCNE.

ACCREDITATION PURPOSES

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest - the nursing profession, consumers, employers, institutions of higher education, students and their families, nurse fellows/residents - and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program meets accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.
5. To foster continuing improvement in nursing programs and, thereby, in professional practice.

GUIDING PREMISES

CCNE recognizes that nurses prepared at all degree levels participate in lifelong learning for practice improvement. As the number of nurse practitioners employed by healthcare organizations has grown and practice settings continue to evolve, healthcare organizations have implemented fellowship or residency programs designed to assist nurse practitioners as they transition to practice or to a new area of practice specialty, within the nurse practitioner's defined scope of practice.

CCNE recognizes that graduate nursing education programs prepare nurse practitioners who are competent and ready for practice and, further, that nurse practitioner practice is built on a solid graduate nursing education foundation. CCNE also recognizes that the demands of contemporary health care are both intense and complex and that knowledge for practice continues to evolve.

Many healthcare organizations are choosing to develop fellowship/residency programs to assist nurse practitioners transitioning to practice and/or to a new specialty within their defined scope of practice. In recent years, the number of such programs has increased nationally. These programs are offered by a variety of organizations including, but not limited to, primary care clinics, acute care hospitals, and large healthcare systems. CCNE recognizes that nurse practitioner fellowship/residency programs are not mandatory; they assist nurse practitioners in the transition to practice or to a new area of practice specialty. CCNE stakeholders have expressed that voluntary accreditation of nurse practitioner fellowship/residency programs will support quality programs and serve to promote safe, effective care. The principles, values, and rigor that are central to the CCNE accreditation process will serve to protect the public as well as new nurse practitioners and those transitioning to a new specialty within their defined scope of practice. CCNE accreditation of nurse practitioner fellowship/residency programs is a voluntary, peer review process that recognizes and supports the importance of nursing regulating its own practice.

While a variety of terms are used to describe these programs (most commonly referred to as fellowships or residencies), CCNE recognizes that organizations may refer to these programs by different names. Regardless of nomenclature, the CCNE nurse practitioner fellowship/residency program accreditation standards serve as a mechanism to evaluate program quality and promote continuous improvement. The standards also provide a framework for new and developing programs and for evaluation of program outcomes. Additionally, as CCNE and its parent organization, the American Association of Colleges of Nursing (AACN), value academic-practice partnerships, accreditation of these programs will provide a conduit for enhanced collaboration between academic and practice partners.

BACKGROUND OF NURSE PRACTITIONER FELLOWSHIP/RESIDENCY PROGRAMS

As the demand for nurse practitioners continues to grow, and as both the needs of patients and the systems within which nurse practitioners practice have become more complex, there has been increased interest in the process by which new nurse practitioners transition to practice and experienced nurse practitioners enter new practice settings or specialties within their defined scope of practice. A survey conducted by the CCNE APRN Residency/Fellowship Task Force (2016) revealed that the overwhelming majority of respondent APRN fellowship/residency programs are designed for nurse practitioners. Additionally, the survey results showed that nurse practitioner fellowship/residency programs are becoming more common. Of those programs responding to the 2016 survey, only 20% had been in existence for more than 5 years. In contrast, almost 40% had been in existence less than 5 years, and 30% were described as “in development.” These data suggest that the number of nurse practitioner fellowship/residency programs is growing and will continue to grow.

In consultation and dialogue with the CCNE APRN Residency/Fellowship Task Force, leaders of fellowship/residency programs expressed a strong desire for accreditation. The CCNE survey data revealed several commonalities among programs, but also significant variation. Program leaders expressed interest in better consistency across curricular plans for nurse practitioner fellowships/residencies as well as definition of common standards of program quality and program outcomes and common metrics for assessing these outcomes. Leaders also expressed that rigorous accreditation processes provide both external validation of program quality and internal guidance for program improvement efforts and help assure that sufficient resources are in place for program quality and sustainability.

PURPOSE OF NURSE PRACTITIONER FELLOWSHIP/RESIDENCY PROGRAMS

Nurse practitioner fellowship/residency programs consist of a series of coordinated learning sessions and other experiences that occur over a 9-18-month period and are designed to assist participants as they transition to their first nurse practitioner role or to a new specialty (e.g., cardiology, oncology) within their defined scope of practice. The programs do not change the scope of practice for which participants were educated and hold certification. Intended for healthcare provider roles in the healthcare organization, each program that is reviewed for CCNE accreditation is offered by an accredited healthcare organization(s) in partnership with an accredited academic nursing program(s).

Nurse practitioner fellowship/residency programs are designed for new nurse practitioners transitioning to practice and/or for experienced nurse practitioners entering new practice settings or specialties within their defined scope of practice. Designed to build upon and enhance the knowledge and skills acquired during graduate level academic education, these programs support participants bridging a comprehensive graduate level education and professional advanced nursing practice. Nurse practitioner fellowship/residency programs serve to foster the development of professional role socialization in an advanced practice nursing role, which involves the acquisition or expansion of knowledge, skills, attitudes, values, and norms associated with nurse practitioner practice in a defined setting or specialty. These programs, often interprofessional in design, support team-based care that fosters collaboration and communication, increases quality and efficiency, creates a more flexible workforce, and increases job satisfaction. The Institute of Medicine report, *The Future of Nursing: Leading Change, Advancing Health*, asserts that such post-graduate programs provide a continuing opportunity to apply knowledge, remain a safe and competent provider, and participate in a continuous learning environment.¹

Nurse practitioner fellowship/residency programs are structured in such a way as to support nurse practitioner participants based on the area of practice to which they are transitioning (e.g., setting or specialty) within their defined scope of practice. Program structure and content advance participants' continued development and application of knowledge, skills, and abilities within these eight domains of competence leading to advanced proficiency: 1. Person-Centered Care, 2. Knowledge for Advanced Nursing Practice, 3. Practice-Based Learning and Improvement, 4. Interpersonal and Communication Skills, 5. Professionalism, 6. System-Based Practice, 7. Interprofessional Partnerships, and 8. Personal, Professional, and Leadership Development.

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

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of values. These values are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain openness to the *diverse institutional and individual issues and opinions* of the community of interest.
4. Rely on *review and oversight* by peers from the community of interest.
5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Provide *autonomy and procedural fairness* in its deliberations and decision-making processes.

GOALS FOR ACCREDITING NURSE PRACTITIONER FELLOWSHIP/RESIDENCY PROGRAMS

In developing the accreditation standards for nurse practitioner fellowship/residency programs, CCNE has formulated specific premises or goals on which the standards are based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nurse practitioner fellowship/residency programs.
2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the conduct of the accreditation process.
3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable.
4. Assessing whether nurse practitioner fellowship/residency programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that nurse practitioner fellowship/residency program outcomes are in accordance with the scope of practice and expectations of the nursing profession to improve support for nurse practitioners in areas of evidence-based practice, professionalism, leadership, and the promotion of life-long learning.
6. Encouraging nurse practitioner fellowship/residency programs to pursue academic excellence through improved teaching/learning and assessment practices in accordance with the unique mission of the healthcare organization.
7. Ensuring that nurse practitioner fellowship/residency programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development.
8. Acknowledging and respecting the autonomy and diversity of healthcare organizations offering nurse practitioner fellowship/residency programs.
9. Ensuring consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.
10. Enhancing public understanding of the functions and values inherent in nurse practitioner fellowship/residency program accreditation.
11. Providing to the public an accounting of nurse practitioner fellowship/residency programs that are accredited and merit their approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

ABOUT THIS DOCUMENT

This document describes the standards, key elements, and supporting documentation used by CCNE in the accreditation of nurse practitioner fellowship/residency programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the nurse practitioner fellowship/residency program offered and to hold the program accountable to the community, the nursing profession, and the public. Separate standards and procedures are published by CCNE for the accreditation of baccalaureate and graduate nursing programs and entry-to-practice nurse residency programs. All nurse practitioner fellowship/residency programs seeking CCNE accreditation are expected to demonstrate compliance with the standards and key elements presented in this document.

The standards presented in this document describe the minimum operational and programmatic structural elements that CCNE deems essential to an accredited program. The standards provide for consistency and quality of the nurse practitioner fellowship/residency program for fellows/residents, the patients they serve, and the community. The accreditation process is based on trust, integrity, continuous quality improvement, and the other values adopted by CCNE. Achieving accreditation demonstrates to the public and to prospective and current fellows/residents that the program meets a level of educational quality.

The standards are written as broad statements that embrace areas of expected program performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of whether the broader standard has been met. The key elements are considered by the CCNE evaluation team, the Nurse Practitioner Fellowship/Residency Accreditation Committee, and the Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable a broad interpretation of each standard in order to support institutional autonomy and encourage innovation, while maintaining the quality of residency programs and the integrity of the accreditation process.

Following each standard is a list of supporting documentation that assists program representatives in developing self-study materials and in preparing for the on-site evaluation. Supporting documentation is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements. Supporting documentation may be provided in paper or electronic form.

At the end of this document is a glossary, which defines terms and concepts used in this document. The terms “nurse practitioner fellowship/residency program,” “fellowship/residency program,” and “program” are used interchangeably throughout this document.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the analysis and discussion of additions and deletions. The standards and key elements defined in this document are not intended to supersede federal or state law.

**AT THE END OF THIS DOCUMENT IS A GLOSSARY, WHICH
DEFINES TERMS AND CONCEPTS USED IN THIS DOCUMENT.
TERMS DEFINED IN THE GLOSSARY ARE INDICATED IN
COLOR THROUGHOUT THE STANDARDS.**

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.

KEY ELEMENTS

- I-A. The mission, goals, and program outcomes are defined, published, and accessible, and inform program delivery.
- I-B. The mission, goals, and program outcomes build upon an advanced practice nursing foundation.
- 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.
- I-D. The program defines eligibility criteria for participants that align with their defined **scope of practice**.
- I-E. **Program educators** have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.
- I-F. **Program educators** are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.
- I-G. **Program educators** are evaluated for their performance in achieving the mission, goals, and expected program outcomes.
- I-H. **Program educators** participate in professional development activities to remain current in their area(s) of expertise/practice.
- I-I. **Mentors** (e.g., preceptors, guides, coaches) have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.
- I-J. **Mentors** are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.
- I-K. **Mentors** are evaluated for their performance in achieving the mission, goals, and expected program outcomes.
- I-L. Mentored experiences immerse participants into the practice environment in a structured and logical manner.

- I-M. Documents and publications are accurate. Any references in promotional materials to the program’s offerings, outcomes, and accreditation status are accurate.
- I-N. The program defines and reviews **formal complaints** according to established policies.

SUPPORTING DOCUMENTATION FOR STANDARD I

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and program outcomes (Key Elements I-A and I-B).
2. Evidence demonstrating that fellowship/residency program activities build upon graduate nurse practitioner educational experiences (Key Elements I-B and I-K).
3. Sample fellowship/residency program plan (e.g., description of program structure, outline, schedule/ calendar) (Key Elements I-C and I-K).
4. Documentation outlining eligibility criteria for participants (Key Element I-D).
5. Names, titles, and educational credentials of the **program educators** (Key Element I-E).
6. Selection criteria for the **program educators** (Key Element I-E).
7. Curricula vitae or other professional records for the **program educators** (Key Elements I-E and I-H).
8. Role descriptions for the **program educators** (Key Element I-F).
9. Evidence of how the partnership between the **healthcare organization** and **academic nursing program(s)** is actualized through the roles and responsibilities of the **program educators** (Key Element I-F).
10. Evidence of fellowship/residency program orientation received by the **program educators** (Key Element I-F).
11. A description of how **program educators’** and **mentors’** performance is evaluated (Key Elements I-G and I-K).
12. Evidence that curricula vitae or other professional records of **program educators** are updated annually and reflect participation in professional development activities. Professional development activities may include, but are not limited to, academic courses, continuing education, advanced degrees, and professional certification (Key Element I-H).
13. Selection criteria for program **mentors** (Key Element I-I).
14. Role descriptions for the **mentors** (Key Element I-I).
15. Evidence of fellowship/residency program orientation received by **mentors** (Key Element I-J).
16. Participant handbooks, **program educator** handbooks, or similar information, including (among other things) program calendar, recruitment and admission policies, progression policies, and completion requirements (Key Elements I-L and I-M).
17. Promotional materials about the program (Key Element I-M).
18. Program policies related to **formal complaints** (Key Element I-N).

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.

KEY ELEMENTS

- II-A. The **academic-practice partnership** fosters achievement of the mission, goals, and expected program outcomes.
- 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.
- 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.
- II-D. Advanced practice nursing leadership provides ongoing input and guidance to the program.
- 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.
- II-F. The **program educators** and **mentors** are sufficient in number to achieve the mission, goals, and expected program outcomes.
- 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.

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.

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.

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.

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.

SUPPORTING DOCUMENTATION FOR STANDARD II

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Documentation of the terms and conditions of the partnership between the **healthcare organization** and **academic nursing program(s)** that facilitates achievement of the mission, goals, and expected program outcomes (Key Element II-A).
2. Evidence that one or more of the partnering **academic nursing programs** educates students at the graduate level (Key Element II-A).
3. Evidence that there are adequate and appropriate fiscal, physical, and director/educator/**mentor** resources to achieve the mission, goals, and expected program outcomes (Key Elements II-B, II-C, II-E, and II-F).
4. Evidence documenting that advanced practice nursing leadership provides ongoing input and guidance to the program (e.g., minutes, memoranda, reports) (Key Element II-D).
5. Curricula vitae, position descriptions, and other documentation showing the academic and experiential backgrounds of the nurse practitioner **fellowship/residency director**, **chief nursing officer/chief nurse executive** of the **healthcare organization**, and **chief nurse administrator of the academic nursing program(s)** (Key Elements II-E, II-H, and II-J).

6. Evidence that adequate **teaching-learning support services** (e.g., access to space, equipment, supplies, reference resources, and computer and technology resources) are available to meet the mission, goals, and expected program outcomes (Key Element II-G).
7. Documentation, including but not limited to the program budget and organizational chart, that the executive and program leadership of the **healthcare organization** and **academic nursing program(s)** allocate resources sufficient to enable the program to achieve its mission, goals, and expected outcomes (Key Elements II-I and II-K).

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 the health professions.^{2,3} 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.

KEY ELEMENTS

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.

² Englander, R., Cameron, T., Ballard, A.J., Dodge, J., Bull, J., and Aschenbrener, C.A. (2013). Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians. *Academic Medicine*, 88(8), 1088-1094.

³ Common Advanced Practice Registered Nurse Doctoral-Level Competencies. American Association of Colleges of Nursing. 2017. Retrieved September 26, 2019, from <http://www.aacnursing.org/Portals/42/AcademicNursing/pdf/Common-APRN-Doctoral-Competencies.pdf>.

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.

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 for 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.

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.

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.

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.

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 optimizes patient and population outcomes.

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.

SUPPORTING DOCUMENTATION FOR STANDARD III

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. **Curriculum**, learning activities, and/or clinical documentation that address person-centered care (Key Element III-A).
2. **Curriculum**, learning activities, and/or clinical documentation that address knowledge for advanced nursing practice (Key Element III-B).
3. **Curriculum**, learning activities, and/or clinical documentation that address practice-based learning and improvement (Key Element III-C).
4. **Curriculum**, learning activities, and/or clinical documentation that address interpersonal and communication skills (Key Element III-D).
5. **Curriculum**, learning activities, and/or clinical documentation that address professionalism (Key Element III-E).
6. **Curriculum**, learning activities, and/or clinical documentation that address systems-based practice (Key Element III-F).
7. **Curriculum**, learning activities, and/or clinical documentation that address interprofessional partnerships (Key Element III-G).
8. **Curriculum**, learning activities, and/or clinical narratives that address personal, professional, and leadership development (Key Element III-H).
9. Sample **fellow/resident** performance reviews reflecting achievement of expected outcomes (Key Elements III-A, III-B, III-C, III-D, III-E, III-F, III-G, and III-H).

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.

KEY ELEMENTS

- 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.
- 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.
- IV-C.** Aggregate assessment of **fellows'/residents'** attainment of expected participant outcomes demonstrates program effectiveness.
- IV-D.** **Program completion rates** demonstrate program effectiveness.
- IV-E.** **Fellow/resident alumni retention rates**, as defined by the sponsoring organization(s), demonstrate program effectiveness.
- IV-F.** Program satisfaction data collected from **fellows/residents** and other stakeholders demonstrate program effectiveness.
- IV-G.** Program data are used to foster ongoing program improvement.
- 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.

SUPPORTING DOCUMENTATION FOR STANDARD IV

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. The program's written **evaluation plan** (Key Elements IV-A, IV-C, IV-D, IV-E, IV-F, and IV-G).
2. Examples of **fellow/resident** performance evaluations, including the tools used to evaluate performance. Performance evaluations may include, but are not limited to, examinations, projects, chart audits, peer reviews, and evaluation of presentations (Key Element IV-B).
3. Aggregate outcome data including participant outcomes, program completion, **fellow/resident** alumni retention, and program satisfaction. Evidence that these outcome data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-C, IV-D, IV-E, IV-F, and IV-G).
4. Meeting minutes, agenda, or similar documentation evidencing the sharing of program data between the **healthcare organization** and the partnering **academic nursing program(s)** (Key Element IV-H).

GLOSSARY

Academic Faculty: Educators who are credentialed in their respective disciplines/fields, are employed by an academic partner, and contribute to the nurse practitioner fellowship/residency program.

Academic Nursing Program: A graduate-level nursing program preparing nurse practitioners that is accredited by a U.S. Department of Education recognized nursing accrediting agency.

Academic-Practice Partnership: A mutual agreement between a healthcare organization and one or more academic nursing programs that collaborate and provide resources to support a nurse practitioner fellowship/residency program. The agreement must be written, and it must be signed by the participating parties. An academic-practice partnership can be, but need not be, in the form of an actual business partnership, in the legal sense.

Advanced Practice Competencies: Defined and measurable knowledge, skills, or abilities related to practice in a designated population or area of specialization, consistent with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

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

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

Curriculum: All planned educational experiences and activities, including clinical experiences, which facilitate achievement of expected program and participant outcomes.

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

Fellowship/Residency Director: A nationally certified nurse practitioner or appropriately credentialed individual in another health-related field with a graduate degree, who is responsible for overall planning, implementation, management, and evaluation of the fellowship/residency program. This individual coordinates the roles of the healthcare organization educators and academic faculty to achieve program outcomes. The director's roles may include, but are not limited to, collaboration with the organization's human resources department to recruit nurse practitioner fellows/residents, implementation of the curriculum, oversight of participants' progression through the program, collaboration with the partnering program(s), and engagement in ongoing program evaluation to foster program improvement and achievement of program outcomes. The director has the authority to utilize a wide array of resources and personnel to enhance participant development.

Fellow/Resident: An individual who has completed a graduate-level nurse practitioner program that is accredited by a U.S. Department of Education recognized nursing accrediting agency and who is enrolled in the nurse practitioner fellowship/residency program. This individual must have applied for or must have state board of nursing authorization to practice as an advanced practice nurse, and must be an employee of the healthcare organization or be a participant in a formal traineeship.

Fellow/Resident Alumni Retention Rate: The percentage of participants who have been retained at the institution following program completion, in accordance with its available positions. The sponsoring organization defines the time period of measurement (e.g., 6 months, 12 months) following program completion when calculating the alumni retention rate.

Formal Complaint: A statement of dissatisfaction that is presented according to a sponsoring organization's established procedure.

Healthcare Organization: An accredited institution (e.g., clinic, hospital, healthcare system, home healthcare organization, or long-term care facility) established to meet the health needs of target populations and that sponsors a nurse practitioner fellowship/residency program.

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

Learning Sessions: Instructor-led seminars or comparable learning activities that relate to one or more of the curricular elements of the nurse practitioner fellowship/residency program. Scheduled during paid time, these sessions are distributed appropriately over the duration of the fellowship/residency program and are designed for participation by a cohort of fellows/residents. The fellow/resident-to-instructor ratio is appropriate given the learning activities and learning styles.

Mentor: An experienced, licensed, appropriately credentialed healthcare provider/practitioner (e.g., preceptor, guide, coach) who facilitates and guides participants' clinical learning experiences.

Nurse Practitioner Fellowship/Residency Program: A series of learning sessions and other experiences that occurs over the duration of a 9-18-month period and that is designed to assist participants as they either transition to their first nurse practitioner role or transition to a new area of specialized practice (e.g., cardiology, oncology) within their defined scope of practice. The program is not intended to change the scope of practice for which participants were educated and hold certification. Intended for healthcare provider roles in the healthcare organization, the program is offered by a healthcare organization in partnership with an academic nursing program(s).

Program Completion Rate: The percentage of participants who have finished the program when excluding those who have withdrawn from the program due to identified factors such as relocation, family obligations, or employment at another institution.

Program Educators: These individuals include the fellowship/residency director(s), healthcare organization educators, and academic faculty, each of which is defined separately in the Glossary. Program educators possess the education, credentials, and experience, as determined by the discipline and/or specialty, to meet the mission, goals, and program outcomes.

Scope of Practice: The level of practice for which a nurse practitioner has academic educational preparation with specialized knowledge and clinical competence, and which defines the nurse practitioner's area of practice in various healthcare settings. That scope is further defined by the population foci for which the nurse practitioner was prepared and certified/credentialed, consistent with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

Teaching-Learning Support Services: Services available to the nurse practitioner fellowship/residency program that facilitate program educators and program participants in achieving the expected program outcomes. These may include, but are not limited to, space for program activities, laboratories, equipment, access to library holdings and searchable databases, clerical services, and computers.



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