



Living the CCNE Values: 20th Anniversary Editorial Series

Foster *trust* in the process, in CCNE, and in the professional community.

September 20, 2018 - As CCNE began, its first goal was to develop a mission-driven, values-based, and constituent-responsive organization (Steering Committee 1997). From the beginning it was clear that a set of values was needed to inform and guide the work of the organization, including the development of the organizational structure and the accreditation standards. This commitment to build a mission-driven, values-based, and constituent-responsive accrediting agency contributed to CCNE being accepted by the professional community and being viewed as relevant.

The Merriam-Webster dictionary defines trust as the assured reliance on the character, ability, strength, or truth of someone or something. The founders of CCNE identified trust as the foundation upon which the values should be built. As the original CCNE Steering Committee embarked on its work, it focused on the development of a completely new type of organization that was heavily focused on social and professional responsibility and supported by a strong value system where collegiality and trust encourage quality.

It is curious that the first word in this first values statement is “foster.” Foster reflects an ongoing effort to achieve, rather than a finite achievement. Every time I represent CCNE I am reminded that I must strive to foster ongoing trust in CCNE and in the accreditation process. As a CCNE on-site evaluator and former member of several CCNE committees, I recognize that most of the faculty, students, staff, and administrators of the nursing program under review primarily interact with CCNE and the accreditation process through their interactions with the evaluation team. I am reminded with each interaction throughout the on-site evaluation that the team represents the larger organization. Those faculty, students, staff, and administrators may not see or interact with other CCNE volunteers, such as committee and Board members or perhaps even the CCNE staff. However, it is important that *all* of the constituents engaged in the CCNE accreditation process know that the process is based on peer review and continuous quality improvement. Everyone who represents CCNE throughout the accreditation process, whether the volunteer team, committee, or Board members, exercise the value of trust as



Mary S. Collins, PhD, RN, FAAN
Member, CCNE Accreditation
Review Committee (1999-2004)

Glover-Crask Professor of
Nursing (Retired)
Wegmans School of Nursing
St. John Fisher College

About the editorial series:

Upon its founding, the CCNE Steering Committee developed a set of 12 values to guide CCNE’s work. These values are central to the organization’s identity, and CCNE accreditation activities are premised on these statements of principle.

Throughout CCNE’s 20th anniversary year, each edition of this editorial series will explore a different CCNE value. This series can be accessed on the [CCNE website](#).

assessments are performed, reports are written, and recommendations and decisions are made.

When CCNE began its accreditation review activities in 1998, its focus was on baccalaureate- and master's-level nursing education. Since that time CCNE's scope has expanded to include not only the Doctor of Nursing Practice and certificate programs, but also entry-to-practice nurse residency programs. When CCNE embarked on the accreditation of doctoral, certificate, and residency programs, the same guiding principles and values that were in place at the time of CCNE's founding were applied to this work. All aspects of CCNE's work are guided by its values, and as a result they continue to positively impact the practice of nursing and nursing education.

It is enlightening and heartwarming that after 20 years, the values identified by CCNE, particularly trust, have served with such fervor to strengthen CCNE and advance its mission.