



Information Regarding COVID-19 Impact on CCNE- Accredited Baccalaureate and Graduate Nursing Programs **UPDATED May 4, 2022**

The Commission on Collegiate Nursing Education (CCNE) is aware that many of its accredited programs have established contingency plans in response to COVID-19. CCNE has received inquiries regarding how changes in course delivery or clinical practice experiences might affect a program's accreditation. CCNE's goal is to provide information on important considerations related to accreditation requirements and to maintain the health and safety of students, faculty, staff, and patients. While CCNE expects programs to remain in compliance with the [CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs \(Standards\)](#) (2018), these standards allow for innovation, flexibility, and changes in program delivery, in keeping with the CCNE accreditation values. The information below is offered as guidance to programs that are finding it necessary to examine program delivery as a result of COVID-19. This document will be updated as necessary.

Didactic Coursework

CCNE does not dictate method of program or course delivery in its accreditation standards. It is up to each program to determine how to deliver course content. Varied course delivery technologies, including but not limited to utilizing online modalities, even if these were not previously used by the program, are acceptable. Institutions are encouraged to employ a variety of teaching mechanisms that will allow students to continue to learn and meet the program outcomes. Institutions must ensure that teaching-learning support services are in place to accommodate any transition in delivery. Programs should keep in mind the guidelines and requirements related to didactic coursework and method of delivery established by their respective accrediting agencies, state boards of nursing, and other regulatory agencies, as well as any emergency modifications made to those requirements as a result of COVID-19.

Clinical Practice Experiences

According to the *CCNE Standards*, clinical practice experiences must be provided for students in all programs (Standard III, Key Element III-H). CCNE does not specify the number of clinical hours required in a program, with these two exceptions: (1) nurse practitioner programs which, in accordance with the *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016), must have a minimum of 500 direct patient care hours; and (2) Doctor of Nursing Practice programs which, in accordance with *The Essentials of Doctoral Education for Advanced Nursing Practice* (American Association of Colleges of Nursing, 2006), must have a minimum of 1,000 clinical hours. The hourly requirements for these two program types are over the course of the program and will not be waived.

While CCNE expects that all students will meet program outcomes, flexibility in clinical hours and types of experiences, even if not previously used by the program, are acceptable. We believe that decisions regarding

students in the clinical setting are best left to the program and affiliating agency officials, in accordance with local, state, and federal recommendations. Programs should keep in mind the guidelines and requirements related to clinical practice experiences established by their respective state boards of nursing, as well as any emergency modifications made to those requirements as a result of COVID-19. As always, students in the clinical setting should follow institutional guidelines for care of patients with communicable diseases of all kinds.

Substantive Change Notification

As you may know, CCNE requires programs to submit a substantive change notification within 90 days before or after a substantive change is made in a program, including but not limited to changes in program delivery. Submission of a substantive change notification will *not* be required for *temporary* changes made by programs in the areas of (1) method of program or course delivery or (2) clinical practice experiences in response to COVID-19. If such temporary changes extend past **December 31, 2022**, CCNE will consider those changes to be more permanent in nature, and a substantive change notification should be submitted.