

# STANDARDS FOR ACCREDITATION

OF ENTRY-TO-PRACTICE  
NURSE RESIDENCY PROGRAMS

AMENDED 2021





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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 is concerned 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, CCNE is the standard-setting accrediting organization in the area of nurse residency and fellowship programs. CCNE accredits two types of nurse residency programs: entry-to-practice programs (employee-based and federally funded traineeships) and 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), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs). CCNE uses separate sets of accreditation standards for nursing education programs and for nurse practitioner fellowship/residency programs. As a specialized/professional accrediting agency, CCNE strives to promote 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 provide a process that is collegial and 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 the setting of priorities at the healthcare organization in relation to nurse residency programming.

## ACCREDITATION OF ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

The CCNE comprehensive accreditation process consists of a review and assessment of the program’s delivery, institutional commitment and resources, curriculum, and assessment and achievement of program outcomes. Inherent in the evaluation process is a review of evidence concerning the application of these resources in assessing resident achievement.

In evaluating an entry-to-practice nurse 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 entry-to-practice nurse residency programs, nurse practitioner fellowship/residency programs, and baccalaureate and graduate nursing programs are publicly available on the CCNE website.

## 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 residents and fellows – 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 was founded on the premise that a baccalaureate degree in nursing is the preferred educational preparation for entry to nursing practice. In fact, CCNE accredits baccalaureate and graduate nursing education programs and does not accredit nursing education programs at the associate or diploma level. To support associate- and diploma-prepared nurses in their pursuit of higher education, CCNE accredits baccalaureate degree programs that include baccalaureate completion tracks for registered nurses (RNs) (often referred to as RN-baccalaureate or post-licensure programs). While CCNE’s accreditation of RN-baccalaureate programs precedes publication of the Institute of Medicine’s report (*IOM Report*),<sup>1</sup> CCNE supports Key Message #2 of the

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

*IOM Report*, which states, “Nurses should achieve higher levels of education and training through an improved education system that promotes academic progression” (p. 30).

Entry-to-practice nurse residency programs, as originally conceptualized, were intended to provide support to post-baccalaureate residents as they transitioned to practice. As nurse residency programs have become more widespread, it has become apparent that all newly licensed nurses, regardless of educational preparation, should participate in a nurse residency program. In fact, Recommendation 3 of the *IOM Report* states, “State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses’ completion of a transition-to-practice (nurse residency) after they have completed a prelicensure degree program...” (p. 280). As such, CCNE accredits entry-to-practice programs serving residents prepared with an associate degree in nursing (ADN), a baccalaureate degree in nursing, or a master’s entry-to-practice degree in nursing (MEPN). As these educational programs prepare newly licensed nurses with different competencies, entry-to-practice nurse residency programs must be structured in such a way as to recognize the different preparations and competencies, and must offer learning session content, clinical, and other learning experiences that serve the residents based on their respective educational preparation. Entry-to-practice nurse residency programs transitioning ADN-prepared residents must focus on preparing residents to pursue a baccalaureate or graduate degree in nursing, in support of Recommendation 4 of the *IOM Report*, which promotes the increase of nurses with a baccalaureate degree (p. 281).

CCNE accredits two types of entry-to-practice nurse residency programs: employee-based nurse residency programs that hire newly licensed nurses as permanent employees of the healthcare organization, and federally funded traineeship nurse residency programs that engage newly licensed nurses for the duration of the residency program without a commitment for continued employment. If the federal funding for the traineeship is withdrawn or ends, the program is no longer eligible for CCNE accreditation. A healthcare organization may pursue CCNE accreditation of one or both types of entry-to-practice nurse residency programs.

Because of the wide variety of transition-to-practice programs and their characteristics, nationally recognized accreditation standards have been developed to help maintain uniformity of the quality, content, and structure of entry-to-practice nurse residency programs.

## PURPOSE OF ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

Nurse residency programs are a series of learning sessions and other experiences that occur continuously over a minimum of 12 months through a collaborative partnership between a healthcare organization and one or more academic nursing programs. They serve to foster the process of professional role socialization, which involves the acquisition of knowledge, skills, attitudes, values, norms, and roles associated with the practice of a profession.<sup>2,3</sup>

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<sup>2</sup> Merton, R.K, Reader, G. and Kendall, P.L. (1957), *The student-physician; introductory studies in the sociology of medical education*, Cambridge, Mass.: Harvard University. Press. (as cited in Kramer, et al., 2012).

<sup>3</sup> Kramer, M., Maguire, P., Schmalenberg, C., Halfer, D., Budin, W., Hall, D. Goodloe L, Klaristenfeld J, Teasley S, Forsey L., (2012). Components and Strategies of Nurse Residency Programs Effective in New Graduate Socialization. *Western Journal of Nursing Research*, 566-589.

Entry-to-practice nurse residency programs seeking and maintaining CCNE accreditation are offered through a collaborative partnership between an accredited healthcare organization and one or more accredited/ approved academic nursing programs. Nurse residency programs supporting post-baccalaureate residents bridge baccalaureate education and professional nursing practice. Nurse residency programs supporting ADN-prepared residents identify differences in educational preparation between ADN residents and post-baccalaureate residents. Learning sessions and activities are structured in such a way as to support residents based on their respective levels of education. Program structure and content advance participants' continued development and application of knowledge, skills, and abilities within these five domains of competence: 1. Person-Centered Care, 2. Quality and Safety, 3. Informatics and Healthcare Technologies, 4. Evidence-Based Practice and Quality Improvement, and 5. Personal, Professional, and Leadership Development.

## 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 ENTRY-TO-PRACTICE NURSE RESIDENCY PROGRAMS

In developing the accreditation standards for entry-to-practice nurse 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 entry-to-practice nurse 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 with respect to the healthcare organization and resident.
4. Assessing whether entry-to-practice nurse residency programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that entry-to-practice nurse residency program outcomes are in accordance with the scope of practice and expectations of the nursing profession to improve support for new-to-practice individuals in areas of evidence-based practice, leadership, and the promotion of life-long learning.
6. Encouraging entry-to-practice nurse 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 entry-to-practice nurse 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 entry-to-practice nurse 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 entry-to-practice nurse residency program accreditation.
11. Providing to the public an accounting of entry-to-practice nurse 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

**T**his publication describes the standards and key elements used by CCNE in the accreditation of entry-to-practice nurse residency programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the entry-to-practice nurse residency program offered and to hold the program accountable to the community, the nursing profession, and the public. All entry-to-practice nurse residency programs seeking CCNE accreditation are expected to meet the standards presented in this document.

The standards are written as broad statements that embrace several 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 Entry-to-Practice 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 series of key elements is a list of supporting documentation that assists program representatives in addressing the key elements, developing self-study materials, and 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 that defines terms and concepts used in this document. The terms “entry-to-practice nurse residency program,” “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. Under no circumstances may the standards and key elements defined in this document 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: PROGRAM DELIVERY

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

### KEY ELEMENTS

- 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-B. Residency program activities build upon knowledge gained and competencies developed during **residents'** prelicensure educational experiences.
- I-C. The program is limited to **eligible participants**, and all **eligible participants** are in the program.
- I-D. **Program educators** have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.
- I-E. **Program educators** are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.
- I-F. **Program educators** participate in professional development activities.
- I-G. **Program educators** are evaluated for their performance in achieving the mission, goals, and expected program outcomes.
- I-H. **Preceptors** are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.
- I-I. 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-K. Documents and publications are accurate. References to the program's offerings, outcomes, and accreditation status are accurate.

## 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 Element I-A).
2. Sample unit orientation plans (Key Elements I-B and I-I).
3. **Clinical narratives** demonstrating that residency program activities build upon prelicensure educational experiences (Key Elements I-B and I-I).
4. Documentation, such as attendance at **learning sessions**, demonstrating that all **eligible participants** are in the program (Key Element I-C).
5. **Healthcare organization** policies or directives supporting the attendance of all **eligible participants** in the program (Key Element I-C).
6. A list of names, titles, educational degrees with area of specialization, certification, relevant work experience, and program and content responsibilities of the **program educators** (Key Element I-D).
7. Selection criteria for the **program educators** (Key Element I-D).
8. Curricula vitae or other professional records for the **program educators** (Key Elements I-D and I-F).
9. Role descriptions for the **program educators** (Key Element I-E).
10. 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-E).
11. Evidence of residency program orientation received by the **program educators** (Key Element I-E).
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-F).
13. A description of how **program educator** performance is evaluated (Key Element I-G).
14. Evidence of residency program orientation received by **preceptors** (Key Element I-H).
15. Policies regarding the filing, review, and maintenance of records of formal complaints related to the residency program. A record of any such formal complaints for the past three years (Key Element I-J).
16. Evidence that formal complaint data related to the program are analyzed and used to foster ongoing program improvement (Key Element I-J).
17. Internal and external program documents, publications, and promotional materials describing the residency program (Key Element I-K).

# STANDARD II

## PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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

### KEY ELEMENTS

- II-A. Through **partnership**, the **healthcare organization** and **academic nursing program(s)** foster 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 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-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-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.
- 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-G. The **program educators** are sufficient in number to achieve the mission, goals, and expected program outcomes.

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

## 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 baccalaureate or graduate level (Key Element II-A).
3. Information describing the structures, including scheduling, that support **resident** participation in **learning sessions** (Key Elements II-B and II-L).
4. Evidence that adequate **physical resources** (e.g., space for program activities, simulation facilities, computers, and computer labs) are available to meet the mission, goals, and expected program outcomes (Key Element II-C).
5. Evidence that adequate **teaching-learning support services** (e.g., access to library holdings and searchable databases, skills remediation, administrative support services, virtual learning platforms, and audio/visual support) are available to meet the mission, goals, and expected program outcomes (Key Element II-D).
6. The **healthcare organization's academic progression policy or statement** that promotes and supports **residents** prepared with an associate degree in nursing to attain a baccalaureate or graduate degree in nursing. Examples of activities and resources demonstrating promotion and support (Key Element II-E).

7. A list of names, titles, educational degrees with area of specialization, certification, relevant work experience, and program and content responsibilities of the **program educators** (Key Element II-G).
8. Curricula vitae, position descriptions, and other documentation showing the academic and experiential backgrounds of the **residency coordinator**, **chief nursing officer/chief nurse executive** of the **healthcare organization**, and **chief nurse administrator** (dean or dean equivalent) of the **academic nursing program(s)** (Key Elements II-F, II-H, and II-J).
9. Documentation, including but not limited to the program budget and organizational chart, that 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-B, II-I and II-K).
10. Documentation that the **healthcare organization** and **academic nursing program(s)** provide resources for ongoing professional growth and development of the **program educators** (Key Elements II-I and II-K).

# 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.

### KEY ELEMENTS

#### 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.<sup>4</sup>

The program is designed to expand **residents'** knowledge, skills, and attitudes acquired in their prelicensure programs to provide person-centered care in a culturally sensitive manner.

**Residents** are responsible for communicating with patients, families, and/or those important to an individual, as well as other members of the interprofessional team, to safely and effectively manage patient care. The program is designed to promote the continued development of the **resident's** communication skills, including the effective transmission of information based on the patient's plan of care and changes in condition.

The program is designed to help **residents** develop effective resource management in a fiscally responsible manner. **Residents** practice within a professional and ethical framework and utilize standards of care, policies, and procedures in the delivery of safe person-centered care. This includes assessment and reassessment, delegation, time management, organization of care delivery, prioritization, and decision making, including responses to changes in patient condition and alterations in the plan of care.

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<sup>4</sup> American Association of Colleges of Nursing (AACN), *The Essentials: Core Competencies for Professional Nursing Education*, retrieved April 26, 2021 from <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>.

**Residents** demonstrate attainment of learning outcomes through a combination of case studies, simulation, examples from clinical practice, and reflections on **residents'** impact on patient outcomes. **Residents** incorporate policies, metrics and benchmarks, and the institution's quality improvement process to participate in the interprofessional provision of patient- and family-centered care.

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

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

### III-B. Quality and Safety

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

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

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

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



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

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

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

### III-C. Informatics and Healthcare Technologies

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

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

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

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

### 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.

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

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

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

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

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

1. Explore professional development activities by constructing a career plan, which may include:
  - Engagement with a professional mentor
  - Membership in a professional nursing organization
  - Membership on a professional committee or council
  - Specialty certification
  - Continued formal education
  - Service as a **preceptor**
2. Participate in competency development and professional growth through reflecting and acting upon performance feedback.
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.

## 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, clinical experiences, learning activities, and/or **clinical narratives** that address person-centered care (Key Element III-A).
2. Samples of completed documentation (e.g., patient care assessment, patient care plan, progress notes) (Key Element III-A).
3. Evidence of progression with managing patient care assignments, including increased level of patient acuity (Key Element III-A).
4. Evidence of **resident** participation in interprofessional patient care activities (Key Element III-A).
5. Curriculum, clinical experiences, learning activities, and/or **clinical narratives** that address quality and safety (Key Element III-B).
6. National patient safety resources to assist in focusing attention on safety in patient care settings (Key Element III-B).
7. Curriculum, clinical experiences, learning activities, and/or **clinical narratives** that address informatics and healthcare technologies (Key Element III-C).
8. Curriculum, clinical experiences, learning activities, and/or **clinical narratives** that address evidence-based practice and quality improvement (Key Element III-D).
9. Examples of evidence-based practice and quality improvement activities, including examples of **residents'** projects (Key Element III-D).
10. Curriculum, clinical experiences, learning activities, and/or **clinical narratives** that address personal, professional, and leadership development (Key Element III-E).
11. Examples of professional development activities, including examples of **residents'** career plans (Key Element III-E).
12. Sample **resident** performance reviews and/or checklists reflecting achievement of expected outcomes (Key Elements III-A, III-B, III-C, III-D, and III-E).

## STANDARD IV

# PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

**T**he **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.

### KEY ELEMENTS

- IV-A.** A systematic process is used to determine program effectiveness. A written **evaluation plan** specific to the **healthcare organization** describes how program data are systematically collected and analyzed. Specifically, the **evaluation plan**:
- guides the program, at regularly scheduled intervals, to assess the attainment of the mission, goals, and expected outcomes;
  - identifies outcomes related to the program's mission and goals;
  - identifies expected levels of achievement;
  - outlines the 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-C.** **Resident retention** rates, extending beyond completion of the residency program, as defined by the **healthcare organization**, demonstrate program effectiveness.
- IV-D.** Program satisfaction data collected from both **residents** and other stakeholders demonstrate program effectiveness.
- IV-E.** Program data (other than program completion and **resident retention** rates, and program satisfaction) demonstrate program effectiveness.
- IV-F.** Program data are used to foster ongoing program improvement.
- IV-G.** **Resident** performance is evaluated by the **healthcare organization** and demonstrates progress in transitioning from advanced beginner towards competent professional nurse. The performance evaluation process is defined and consistently applied.
- 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.

## 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-B, IV-C, IV-D, IV-E, and IV-F).
2. Aggregate program completion data. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-B and IV-F).
3. Aggregate **resident retention** data, extending beyond completion of the residency program. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-C and IV-F).
4. Aggregate program satisfaction data collected from both **residents** and other stakeholders. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-D and IV-F).
5. Aggregate outcome data, other than program completion and **resident retention** rates and program satisfaction. Evidence that the data are analyzed, compared to expected outcomes, and used to foster program improvement (Key Elements IV-E and IV-F).
6. Evidence that program completers have achieved the competencies outlined in the program's expected outcomes and curriculum (e.g., samples of professional career plans, evidence-based projects, and **resident** performance appraisals) (Key Element IV-G).
7. 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:** Individuals from an academic program who hold a baccalaureate or graduate degree and participate in the nurse residency program (e.g., resident facilitator, subject matter expert, or consultant).

**Academic Nursing Program:** A prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing).

**Academic Progression Policy or Statement:** A policy or statement specific to the healthcare organization that promotes and supports all residents entering the organization without a baccalaureate or graduate degree in nursing to attain a baccalaureate or graduate degree in nursing.

**Chief Nurse Administrator:** The registered nurse with a graduate degree in nursing 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.

**Clinical Narratives:** A written description of a clinical situation used to demonstrate understanding and application of essential concepts, as well as the ability to use the nursing process and critical thinking skills in a given situation. Sometimes referred to as an “exemplar,” the narrative should include lessons learned from the situation, what was done well, and areas for improvement.

**Eligible Participants:** Entry-level nurses who have graduated from a prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing). Entry-level nurses serving in their first nursing role are required to participate in the entry-to-practice nurse residency program. Entry-level nurses who are not in their first nursing role may participate in the program at the discretion of and in accordance with policies established by the healthcare organization. However, no longer than 12 months shall elapse from the time of graduation from the prelicensure nursing program to admission into the residency program. Healthcare organizations may consider factors such as personal or family commitments and military deployment when considering exceptions to this 12-month timeframe. The entry-to-practice nurse residency program is limited to eligible participants.

**Entry-to-Practice Nurse Residency Program:** A series of learning sessions and other experiences that occurs continuously over a minimum of 12 months and that is designed to assist entry-level nurses as they transition to a professional nursing role. Intended for direct care roles in the healthcare organization, the program is offered by a healthcare organization in partnership with an academic nursing program(s). CCNE accredits two types of entry-to-practice nurse residency programs:

**Employee-based nurse residency programs** hire nurses as permanent employees of the healthcare organization.

**Federally funded traineeship nurse residency programs** engage nurses, in the role of trainee, for the duration of the residency program, without a commitment for continued employment. The trainees must be compensated, and this compensation must be funded entirely by federal money devoted specifically to the traineeship.

**Evaluation Plan:** A document that guides the 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.

**Healthcare Organization:** An accredited institution (e.g., hospital, home healthcare organization, or nursing home) established to meet the health needs of target populations and that sponsors an entry-to-practice nurse residency program.

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

**Learning Sessions:** Instructor-led seminars or comparable learning activities that relate to one or more of the curricular elements of the nurse residency program. Scheduled during paid time, these sessions are distributed appropriately over the 12-month residency program and are designed for participation by a cohort of residents. Learning sessions may be conducted monthly over a 4-hour block of time or reasonable equivalent. The resident-to-instructor/facilitator ratio is appropriate given the learning activities and learning styles.

**Partnership:** A mutual agreement between a healthcare organization and one or more academic nursing programs that collaborate and provide resources to support a nurse residency program. The agreement must be written, and it must be signed by the participating parties. At least one of the academic nursing program partners must educate students at a baccalaureate or graduate level.

**Preceptor:** An experienced practitioner who facilitates and guides residents' clinical learning experiences in the preceptor's area of practice expertise.

**Program Educators:** These individuals include the residency coordinator(s), healthcare organization educators, subject matter experts, academic faculty, and resident facilitators, each of which is defined separately in the Glossary.

**Physical Resources:** Appropriate facilities and equipment available to the nurse residency program that facilitate program educators and nurse residents in achieving the expected program outcomes. These may include, but are not limited to, space for program activities, simulation facilities, computers, and computer labs.

**Residency Coordinator:** A registered nurse with a graduate degree in nursing or a related field who is responsible for overall planning, implementation, management, and evaluation of the residency program. This individual coordinates the roles of the hospital educators, academic faculty, and resident facilitators to achieve program outcomes. The coordinator's roles may include, but are not limited to, collaboration with the hospital's human resources department to recruit nurse residents, implementation of the residency curriculum, oversight of residents' progression through the program, collaboration with the partnering academic nursing program(s), and engagement in ongoing program evaluation to foster program improvement and achievement of program outcomes. The coordinator has the authority to utilize a wide array of resources and personnel to enhance resident development. The titling used for this role may vary by organization.

**Resident:** An individual who has graduated from a prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing) (see Academic Nursing Program) and who is enrolled in the nurse residency program. This individual must hold a registered nurse license or temporary permit to practice and must be an employee of the healthcare organization or a participant in a formal traineeship. Residents are expected to fulfill obligations of a registered professional nurse after completion of the institution's orientation program.

**Resident Facilitator:** An experienced registered nurse with a baccalaureate or graduate degree in nursing who guides and supports nurse residents in classroom and clinical settings to achieve the goals of the residency program. This individual's primary role is to facilitate learning sessions. Other roles may include, but are not limited to, providing expertise to develop residents' clinical judgment and decision making, reviewing clinical narratives to further develop residents' nursing practice, and acting as a clinical resource.

**Resident Retention:** The healthcare organization measures retention of residents (e.g., resident alumni, former residents, past participants, past residents) extending beyond completion of the residency program. The healthcare organization determines the intervals for such assessment (e.g., one year post-completion, two years post-completion, three years post-completion).

**Subject Matter Expert (SME):** An individual with specialized knowledge or skills related to a particular topic (e.g., wound ostomy nurse, informaticist, pharmacist, chaplain).

**Teaching-Learning Support Services:** Services available to the nurse residency program that facilitate program educators and nurse residents in achieving the expected program outcomes. These may include, but are not limited to, access to library holdings and searchable databases, skills remediation, clerical services, virtual learning platforms, and audio/visual support.











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