



CROSSWALK TABLE

Comparing the Commission on Collegiate Nursing Education's (CCNE's) [Standards for Accreditation of Entry-to-Practice Nurse Residency Programs \(2015\)](#) and [Standards for Accreditation of Entry-to-Practice Nurse Residency Programs \(2021\)](#)

2015	2021
<p>STANDARD I. PROGRAM QUALITY: PROGRAM DELIVERY</p> <p>The healthcare organization and academic nursing program(s) implement 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 educators/faculty to enable the entry-to-practice nurse residency program to achieve its mission, goals, and expected outcomes. The program educators/faculty are qualified and foster the achievement of the mission, goals, and expected program outcomes.</p>	<p>STANDARD I. PROGRAM QUALITY: PROGRAM DELIVERY</p> <p>The healthcare organization, in partnership with the academic nursing program(s), implements the entry-to-practice nurse residency program in a manner that ensures a successful transition to practice for residents. The healthcare organization and academic nursing program(s) provide qualified program educators (e.g., healthcare organization educators, academic faculty, subject matter experts, and resident facilitators) to enable the entry-to-practice nurse residency program to achieve its mission, goals, and expected outcomes.</p>
<p><i>New Key Element</i></p>	<p>I-A: The mission, goals, and expected program outcomes:</p> <ul style="list-style-type: none"> • 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.
<p>I-A: Residency program activities build upon knowledge gained and competencies developed during residents' prelicensure educational experiences.</p>	<p>I-B: Residency program activities build upon knowledge gained and competencies developed during residents' prelicensure educational experiences.</p>
<p>I-B: The program is limited to eligible participants, and all eligible participants are in the program.</p>	<p>I-C: The program is limited to eligible participants, and all eligible participants are in the program.</p>
<p>I-C: Program educators/faculty have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.</p>	<p>I-D: Program educators have the appropriate education and experience to achieve the mission, goals, and expected program outcomes.</p>

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I-D: Program educators/faculty are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	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-E: Program educators/faculty are evaluated for their performance in achieving the mission, goals, and expected program outcomes.	See Key Element I-G (2021 Standards)
I-F: Program educators/faculty participate in professional development activities.	I-F: Program educators participate in professional development activities.
See Key Element I-E (2015 Standards)	I-G: Program educators are evaluated for their performance in achieving the mission, goals, and expected program outcomes.
I-G: Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.	I-H: Preceptors are oriented to their roles and responsibilities with respect to the program, and these roles and responsibilities are clearly defined.
I-H: Precepted experiences immerse residents into the care environment in a structured and logical manner.	I-I: Precepted experiences immerse residents into the care environment in a structured and logical manner.
See Key Element IV-I (2015 Standards)	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-I: Documents and publications are accurate. Any references in promotional materials to the program's offerings, outcomes, and accreditation status are accurate.	I-K: Documents and publications are accurate. References to the program's offerings, outcomes, and accreditation status are accurate.

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<p>STANDARD II. PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES</p> <p>The healthcare organization, in partnership with the academic nursing program(s), demonstrates ongoing commitment and support for the entry-to-practice nurse residency program. The healthcare organization demonstrates commitment, through its policies and practices, to educational progression for those residents not prepared with a baccalaureate or graduate degree in nursing. Program educators/faculty, appropriate facilities, fiscal commitment, 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/faculty 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.</p>	<p>STANDARD II. PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES</p> <p>The healthcare organization, in partnership with the academic nursing program(s), demonstrates ongoing commitment and support for the entry-to-practice nurse residency program. The healthcare organization demonstrates commitment to educational progression for those residents not prepared with a baccalaureate or graduate degree in nursing. Fiscal resources, physical resources, program educators, and teaching-learning support services are available to enable the program to achieve its mission, goals, and expected outcomes. There is a sufficient number of program educators to foster the achievement of the mission, goals, and expected program outcomes. There is fiscal commitment from the healthcare organization to enable residents to fully participate in the program.</p>
<p>II-A: Through partnership, the healthcare organization and academic nursing program(s) foster achievement of the mission, goals, and expected program outcomes.</p>	<p>II-A: Through partnership, the healthcare organization and academic nursing program(s) foster achievement of the mission, goals, and expected program outcomes.</p>
<p>II-B: Fiscal and 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.</p>	<p>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.</p>
<p><i>See Key Element II-B (2015 Standards)</i></p>	<p>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.</p>
<p><i>See Key Element II-F (2015 Standards)</i></p>	<p>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.</p>

2015	2021
<p>II-C: 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.</p>	<p>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.</p>
<p>II-D: The residency coordinator:</p> <ul style="list-style-type: none"> • 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. 	<p>II-F: The residency coordinator:</p> <ul style="list-style-type: none"> • 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.
<p>II-E: The program educators/faculty are sufficient in number to achieve the mission, goals, and expected program outcomes.</p>	<p>II-G: The program educators are sufficient in number to achieve the mission, goals, and expected program outcomes.</p>
<p>II-F: Teaching-learning support services are sufficient to ensure quality and are evaluated on a regular basis to meet the needs of the program and the residents.</p>	<p>See Key Element II-D (2021 Standards)</p>
<p>II-G: The chief nursing officer of the healthcare organization:</p> <ul style="list-style-type: none"> • 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. 	<p>II-H: The chief nursing officer/chief nurse executive of the healthcare organization:</p> <ul style="list-style-type: none"> • 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.
<p>II-H: The chief nursing officer 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.</p>	<p>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.</p>

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<p>II-I: The chief nurse administrator of the academic nursing program(s):</p> <ul style="list-style-type: none"> • 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. 	<p>II-J: The chief nurse administrator (e.g., dean or dean equivalent) of the academic nursing program(s):</p> <ul style="list-style-type: none"> • 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.
<p>II-J: The chief nurse administrator 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.</p>	<p>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.</p>
<p>II-K: Leadership in the clinical setting of the healthcare organization ensures resident participation in program activities.</p>	<p>II-L: Leaders in the clinical setting of the healthcare organization ensure resident participation in program activities.</p>
<p>STANDARD III. PROGRAM QUALITY: CURRICULUM</p> <p>The entry-to-practice nurse residency program curriculum is centered on management and delivery of quality patient care and professional role and leadership. Care delivery focuses on quality and safety, patient and family centered care, management of patient care delivery, management of the changing patient condition, communication and conflict management, and informatics and technology. Professional role and leadership focus on professional development, performance improvement, evidence-based practice (for baccalaureate and MEPN residents), ethical decision making, stress management, and the business of healthcare.</p>	<p>STANDARD III. PROGRAM QUALITY: CURRICULUM</p> <p>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.</p> <p>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.</p>

2015	2021
III-A.1: Quality and Safety	<i>See Key Elements III-B and III-E (2021 Standards)</i>
III-A.2: Patient and Family Centered Care	<i>See Key Element III-A (2021 Standards)</i>
III-A.3: Management of Patient Care Delivery	<i>See Key Element III-A (2021 Standards)</i>
III-A.4: Management of the Changing Patient Condition	<i>See Key Element III-A (2021 Standards)</i>
III-A.5: Communication and Conflict Management	<i>See Key Elements III-A, III-B, and III-E (2021 Standards)</i>
III-A.6: Informatics and Technology	<i>See Key Element III-C (2021 Standards)</i>
III-B.1: Professional Development	<i>See Key Element III-E (2021 Standards)</i>
III-B.2: Performance Improvement and Evidence-Based Practice	<i>See Key Element III-D (2021 Standards)</i>
III-B.3: Ethical Decision Making	<i>See Key Elements III-B and III-E (2021 Standards)</i>
III-B.4: Stress Management	<i>See Key Element III-E (2021 Standards)</i>
III-B.5: Business of Healthcare	<i>See Key Elements III-A, III-B, III-D, and III-E (2021 Standards)</i>
<i>See Key Elements III-A.2, III-A.3, III-A.4, III-A.5, and III-B.5 (2015 Standards)</i>	III-A: Person-Centered Care
<i>See Key Elements III-A.1, III-A.5, III-B.3, and III-B.5 (2015 Standards)</i>	III-B: Quality and Safety
<i>See Key Element III-A.6 (2015 Standards)</i>	III-C: Informatics and Healthcare Technologies
<i>See Key Elements III-B.2 and III-B.5 (2015 Standards)</i>	III-D: Evidence-Based Practice and Quality Improvement
<i>See Key Elements III-A.1, III-A.5, III-B.1, III-B.3, III-B.4, and III-B.5 (2015 Standards)</i>	III-E: Personal, Professional, and Leadership Development

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<p>STANDARD IV. PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES</p> <p>The entry-to-practice nurse residency program is effective in fulfilling its mission and goals as evidenced by achieving its expected program outcomes. Evaluation data demonstrate program effectiveness. Data on program effectiveness are used to foster ongoing program improvement.</p>	<p>STANDARD IV. PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES</p> <p>The entry-to-practice nurse residency program is effective in fulfilling its mission and goals as evidenced by achieving its expected program outcomes. Evaluation data demonstrate program effectiveness. Data on program effectiveness are used to foster ongoing program improvement.</p>
<p>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.</p>	<p>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:</p> <ul style="list-style-type: none"> • 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.
<p>IV-B: Program completion rates demonstrate program effectiveness.</p>	<p>IV-B: Program completion rates, as defined by the healthcare organization, demonstrate program effectiveness.</p>
<p>IV-C: Resident alumni retention rates, as defined by the healthcare organization, demonstrate program effectiveness.</p>	<p>IV-C: Resident retention rates, extending beyond completion of the residency program, as defined by the healthcare organization, demonstrate program effectiveness.</p>

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IV-D: Program satisfaction, of both residents and other stakeholders, demonstrates program effectiveness.	IV-D: Program satisfaction data collected from both residents and other stakeholders demonstrates program effectiveness.
IV-E: Program data (other than program completion, resident alumni retention, and program satisfaction) 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-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 evaluation process is defined and consistently applied.	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.	IV-H: Program data are shared between the healthcare organization and the academic nursing program(s) to strengthen the partner relationship and to foster ongoing program improvement.
IV-I: 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.	See Key Element I-J (2021 Standards)