

Executive Summary of Changes to the 2018 *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*

The Commission on Collegiate Nursing Education (CCNE) Board of Commissioners approved the revised *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (Standards)* (2018) in June 2018. This document summarizes the changes that have been made to this edition of the accreditation standards.

The 2018 *Standards* go into effect on January 1, 2019. Therefore, all baccalaureate and graduate nursing programs hosting a CCNE on-site evaluation on or after January 1, 2019 are required to address the 2018 *Standards*. (This includes a self-study document that is submitted to CCNE prior to January 1, 2019, for an on-site evaluation occurring after January 1, 2019.)

All baccalaureate and graduate nursing programs submitting a continuous improvement progress report (CIPR), compliance report, special report, or other report to CCNE on or after January 1, 2019 will need to address the 2018 *Standards*.

Programs are expected to be in compliance with the CCNE *Standards* that are in effect throughout the program's period of accreditation. Therefore, all CCNE-accredited baccalaureate and graduate nursing programs, regardless of the date of the last or next on-site evaluation, should make updates, as necessary, to demonstrate compliance with the 2018 *Standards*.

Summary of Changes

General:

- In each of the four standards, key elements have been re-numbered. Some key elements have been divided into two or more key elements. Other key elements have been re-ordered within the same standard or have moved from one standard to another. In some instances, such as dividing a key element into multiple key elements, the intent was to simplify the information that a program needs to present for each key element.
- In the 2013 *Standards*, only three specific key elements in Standard IV could be designated as “not applicable.” In the newly revised standards, “not applicable” is available as a choice for specific key elements in Standards II, III, and IV.
- Items listed in Supporting Documentation at the end of each standard are now required to be provided in the self-study document or on site in the case of an on-site evaluation. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.
- Throughout the standards, language has been added to clarify that “faculty” includes full-time,

part-time, adjunct, tenured, non-tenured, or other faculty groups.



Standard I:

- The revised edition of the NTF *Criteria for Evaluation of Nurse Practitioner Programs* (2016) is identified in Key Element I-B, for programs with nurse practitioner offerings.
- All programs should refer to the updated statements contained in Key Element I-H if the program chooses to publicly disclose its CCNE accreditation status. Note that the CCNE address and website changed in 2017, so all programs are expected to make the necessary adjustments to their documents, publications, and websites, if they have not done so already.

Standard II:

- Language has been added that more clearly defines CCNE's expectations in relation to physical resources and clinical sites. Specifically, Key Element II-B states, in part, "The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes." The program needs to meet these expectations regardless of whether the student or the program finds the clinical site.
- Key Element II-D has been revised to state "The chief nurse administrator of the nursing unit...". The phrase "of the nursing unit" was added to clarify the expectation that the nursing unit has a single chief nurse administrator.
- In Key Element II-F, CCNE's expectation has been clarified that individuals serving in roles such as mentors, guides, and coaches are to be included by programs when addressing preceptors. Please note, this key element does not prohibit programs from allowing students to play an active role in identifying a preceptor, but if a student is unable to find an appropriate preceptor, when used by the program as an extension of faculty, the program is ultimately responsible for doing so.

Standard III:

- In relation to the professional nursing standards and guidelines required by CCNE, note that Key Elements III-C, III-D, and III-E now reference the revised edition of the NTF *Criteria for Evaluation of Nurse Practitioner Programs* (2016), for graduate programs that prepare nurse practitioners.
- A statement has been added to Key Element III-G, which states "Teaching-learning practices ... expose students to individuals with diverse life experiences, perspectives, and backgrounds" (3rd bullet). The elaboration states that teaching-learning practices "broaden student perspectives."
- Key Element III-H has been expanded to include the concept of interprofessional education (IPE). The key element indicates, "The curriculum includes planned clinical practice experiences that... foster interprofessional collaborative practice..." (2nd bullet). Additionally, the elaboration states, "Clinical practice experiences include opportunities for interprofessional collaboration."
- The elaboration to Key Element III-H includes a statement clarifying that programs preparing individuals for a direct care role must provide individuals with direct care clinical practice experiences: "Programs that have a direct care focus (including but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice."
- While the following statement is not new to the 2018 *Standards*, the elaboration to Key Element III-H specifically states, "Clinical practice experiences are provided for students in all programs, including those with distance education offerings." Please note, this key element does not prohibit programs from allowing students to play an active role in identifying clinical practice experiences, but if a student is unable to find an appropriate clinical practice experience, the program is ultimately responsible for providing this.

Standard IV:

- Key Elements IV-B, IV-C, and IV-D specifically require that programs provide data by calendar year. As a result of many programs seeking clarity about the time frame for a calendar year, a calendar year is specifically defined as January 1-December 31. CCNE recognizes that programs may define their fiscal and academic years differently, but completion, licensure, and certification rates must be reported to CCNE based on a calendar year (as opposed to an academic or fiscal year).
- Key Elements IV-B, IV-C, IV-D, and IV-E provide programs with multiple options as to how data may be presented in order to demonstrate compliance with CCNE’s expected level of achievement for each of these key elements. A program demonstrates compliance with each key element using *any one* of the options provided.
- Key Element IV-G has been updated to emphasize that programs are to present *aggregate* faculty outcome data, removing the directive to provide *individual* faculty outcome data that was included in the 2013 *Standards*. The data presented should be congruent with the faculty expectations defined by the program in Standard I, Key Element I-D. For instance, if the program has identified scholarship as an expected faculty outcome in Key Element I-D, aggregate faculty outcome data specific to scholarship should be presented in Key Element IV-G. Additionally, while not new to the 2018 *Standards*, the program must compare *actual* faculty outcomes to *expected levels of achievement*.
- The elaboration to Key Element IV-I specifies that the program “demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).” The program is expected to present the expected *and* the actual levels of achievement for each of these “other” program outcomes, and “demonstrate that the program, overall, is achieving its outcomes.”

Resources

The 2018 *Standards* are accessible at <https://www.aacnnursing.org/Portals/42/CCNE/PDF/Standards-Final-2018.pdf>. Additionally, a crosswalk table showing the relationship between the 2013 and 2018 *Standards*, as well as a template for writing the self-study document, are now available on the CCNE website and can be found at <https://www.aacnnursing.org/CCNE-Accreditation/Resource-Documents/Program-Resources>.

CCNE hosted four webinars in August 2018 to familiarize and educate program administrators, faculty, on-site evaluators, and others about the revised *Standards*. These webinars are archived on the CCNE website at <https://www.aacnnursing.org/CCNE/Resource-Documents>. These webinars are also available on CCNE’s YouTube channel at https://www.youtube.com/channel/UCCr_uAWAKTE3JnWSTiswUUA.

CCNE will be presenting the 2018 *Standards* at each of the upcoming AACN Education Conferences (Baccalaureate, Master’s, and Doctoral). We welcome your participation in those sessions. Details about these conferences and how to register are accessible at <https://www.aacnnursing.org/Professional-Development/Upcoming-Conferences>.

As always, the CCNE staff are available for guidance. If you have questions about the 2018 *Standards*, please contact Dr. Daniel Michalski, CCNE Director of Accreditation Services, at 202-887-6791 x253 or dmichalski@ccneaccreditation.org