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STANDARD II. PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment to, and support for, the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

SUBSTANTIVE CHANGES TO STANDARD II

❑ Creation of two distinct key elements related to physical resources and clinical sites (Key Elements II-B and II-C; previously combined in Key Element II-B).

❑ Clarification about process for regular review and improvement of academic support services, *whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor)* (Key Element II-D).

❑ Clarification of and added flexibility regarding requirements for academic and experiential preparation of faculty teaching in the nursing program (Key Element II-F; formerly Key Element II-E).

SUBSTANTIVE CHANGES TO STANDARD II

❑ Added language regarding a recommended 1:8 faculty-to-student ratio for indirect faculty supervision in nurse practitioner tracks (Key Element II-F).

❑ Added language regarding appropriate "exceptions" related to certification and qualification of faculty who oversee APRN tracks (Key Element II-F).

❑ Added language to Supporting Documentation requiring "evidence that faculty who oversee an APRN track hold national certification and/or advanced practice clinical expertise in the same population-focused area of practice as the track."

KEY ELEMENT II-A

Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of sufficient staff/support personnel and faculty.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

KEY ELEMENT II-B

Physical resources enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff workspace, classrooms, laboratories, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The institution is responsible for providing adequate physical resources.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies), and modifications are made as appropriate.

KEY ELEMENT II-C

Clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: The program is responsible for providing adequate clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes. The program provides students with information regarding the responsibilities of the program and, if any, the expectations of the student in identifying clinical sites.

A defined process is used to determine currency, availability, accessibility, and adequacy of clinical sites, and modifications are made as appropriate.

KEY ELEMENT II-D

Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate, whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor).

KEY ELEMENT II-E

The chief nurse administrator of the nursing unit:
• is a registered nurse (RN);
• holds a graduate degree in nursing;
• holds a doctoral degree if the nursing unit offers a graduate program in nursing;
• is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
• provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. The chief nurse administrator consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

KEY ELEMENT II-E GUIDANCE

Keep in Mind

If the nursing unit offers a graduate-level nursing program, the chief nurse administrator must have a doctoral degree, regardless of the graduate program's accreditation status. This applies even if only the baccalaureate program is under review by CCNE.

All chief nurse administrators must have a graduate degree in nursing. A graduate degree can be at the master's or doctoral level.

If the chief nurse administrator has a master's degree in nursing, the doctoral degree does not need to be in nursing.

KEY ELEMENT II-F

Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

KEY ELEMENT II-F ELABORATION

The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies. For nurse practitioner tracks, the recommended faculty-to-student ratio for indirect faculty supervision, which may include clinical coordination, engagement with preceptors and clinical partners, and monitoring and evaluating student progress, is 1:8.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching didactic in the baccalaureate, master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree.

KEY ELEMENT II-F ELABORATION (CONTINUED)

Faculty teaching clinical in the master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree. Faculty teaching clinical in the baccalaureate program hold a graduate degree; however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:

- *hold a baccalaureate degree in nursing;*
- *have significant clinical experience;*
- *are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and*
- *have purposeful engagement with and formal oversight by a graduate-prepared faculty member.*

KEY ELEMENT II-F ELABORATION (CONTINUED)

Faculty teaching clinical are experienced in and maintain clinical expertise in the relevant clinical area. Clinical expertise may be maintained through clinical practice or other means. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies.

Faculty who are nurses hold a current RN or APRN license. Faculty who oversee an APRN track are nationally certified in the same population-focused area of practice in roles for which national certification is available. Exceptions may include a family nurse practitioner with significant experience caring for the adult population who oversees an adult-gerontology primary care nurse practitioner track, an adult acute care nurse practitioner who oversees an adult-gerontology acute care nurse practitioner track, an adult nurse practitioner who oversees an adult-gerontology primary care nurse practitioner track, and a nationally certified psychiatric/mental health clinical nurse specialist who oversees a psychiatric/mental health nurse practitioner track.

KEY ELEMENT II-F GUIDANCE

Keep in Mind

CCNE does not prescribe:

- faculty-to-student ratio;
- number of full-time vs. part-time vs. adjunct faculty; or
- minimum full-time equivalency.

The program is responsible for demonstrating that faculty are sufficient in number and academically and experientially prepared for the areas in which they teach.

KEY ELEMENT II-G

Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:
- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program is responsible for evaluating the performance of preceptors.

KEY ELEMENT II-H

The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, the institution provides support for service activities.*
- *If practice is an expected faculty outcome, the institution provides opportunities for faculty to maintain practice competence.*
- *Institutional support is sufficient so that currency in clinical practice is maintained for faculty in roles that require it.*

SUPPORTING DOCUMENTATION: STANDARD II

1. Nursing unit budget for the current and previous two fiscal years.

2. Copies of current contracts/agreements related to academic support services with an online program manager or other third-party vendor, if applicable.

3. Examples of current affiliation agreements with institutions at which student instruction occurs.

4. Documentation of the sufficiency and availability of clinical sites.

5. Current curricula vitae of the chief nurse administrator and faculty.

SUPPORTING DOCUMENTATION: STANDARD II

6. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.

7. Evidence that faculty-to-student ratios, within defined faculty workloads, provide for adequate student supervision and evaluation.

8. Evidence that faculty teaching didactic in the nursing program hold a graduate degree.

SUPPORTING DOCUMENTATION: STANDARD II

9. Evidence that faculty teaching clinical in the nursing program hold a graduate degree. For any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree, evidence that such faculty:
   - hold a baccalaureate degree in nursing;
   - have significant clinical experience;
   - are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and
   - have purposeful engagement with and formal oversight by a graduate-prepared faculty member.

SUPPORTING DOCUMENTATION: STANDARD II

10. Evidence that faculty who oversee an APRN track hold national certification and/or advanced practice clinical expertise in the same population-focused area of practice as the track.

11. Schedule of courses for the current academic year and faculty assigned to those courses.

12. Policies regarding faculty workload.

13. Current collective bargaining agreement, if applicable.

SUPPORTING DOCUMENTATION: STANDARD II

14. Policies and/or procedures regarding preceptor qualifications and evaluation, documentation of preceptor qualifications and evaluation, and materials used for preceptor orientation.

15. Policies and/or procedures that support professional development of faculty (e.g., release time, workload reduction, funding).

16. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

Questions & Answers

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