Understanding the 2024 *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*

Standard III Webinar
December 11, 2024
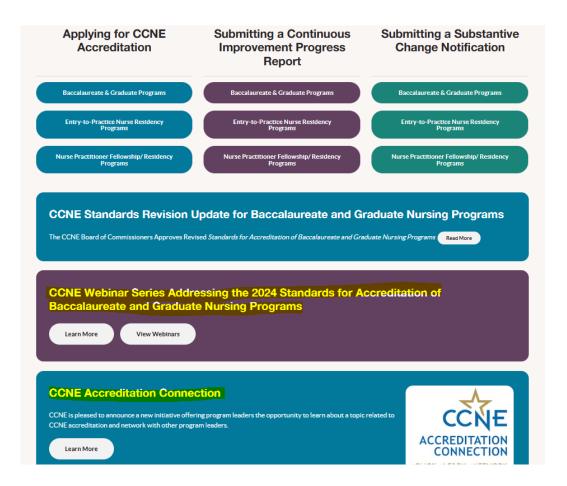
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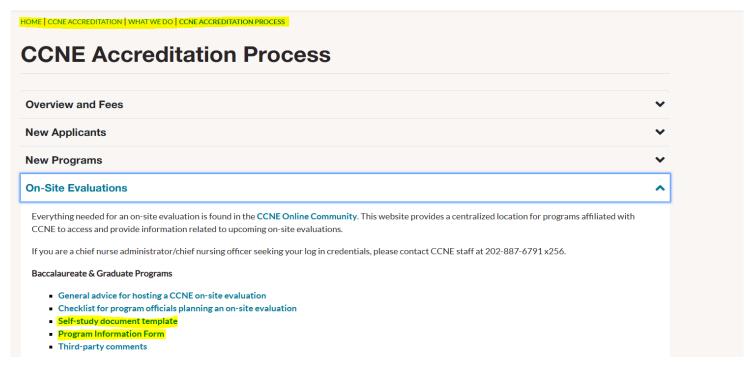**Jennifer Butlin, EdD**
CCNE Executive Director

Applying for CCNE Accreditation	Submitting a Continuous Improvement Progress Report	Submitting a Substantive Change Notification
Baccalaureate & Graduate Programs	Baccalaureate & Graduate Programs	Baccalaureate & Graduate Programs
Entry-to-Practice Nurse Residency Programs	Entry-to-Practice Nurse Residency Programs	Entry-to-Practice Nurse Residency Programs
Nurse Practitioner Fellowship/ Residency Programs	Nurse Practitioner Fellowship/ Residency Programs	Nurse Practitioner Fellowship/ Residency Programs

CCNE Standards Revision Update for Baccalaureate and Graduate Nursing Programs

The CCNE Board of Commissioners Approves Revised *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*   Read More

CCNE Webinar Series Addressing the 2024 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs

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CCNE Accreditation Connection

CCNE is pleased to announce a new initiative offering program leaders the opportunity to learn about a topic related to CCNE accreditation and network with other program leaders.

Learn More

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ACCREDITATION
CONNECTION

https://www.aacnnursing.org/ccne-accreditation

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IMPORTANT CCNE TEMPLATE

CCNE Accreditation Process

Overview and Fees ⌄

New Applicants ⌄

New Programs ⌄

On-Site Evaluations ⌃

Everything needed for an on-site evaluation is found in the **CCNE Online Community**. This website provides a centralized location for programs affiliated with CCNE to access and provide information related to upcoming on-site evaluations.

If you are a chief nurse administrator/chief nursing officer seeking your log in credentials, please contact CCNE staff at 202-887-6791 x256.

Baccalaureate & Graduate Programs

- General advice for hosting a CCNE on-site evaluation
- Checklist for program officials planning an on-site evaluation
- Self-study document template
- Program Information Form
- Third-party comments

https://www.aacnnursing.org/ccne-accreditation/what-we-do/ccne-accreditation-process

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IMPORTANT CCNE TEMPLATE

Preparing a Continuous Improvement Progress Report: Baccalaureate & Graduate Programs

The following resources are for programs submitting a midterm Continuous Improvement Progress Report (CIPR), to demonstrate continued compliance with the accreditation standards as well as ongoing program improvement. If you have questions about the report or submission process, please contact Lina Nandy.

Submission Guidelines

All reports must be submitted electronically to ccnereports@ccneaccreditation.org.

Template

- CIPR Template (revised January 2022)
- CIPR Template (revised May 2024) - for **December 1, 2024** CIPR submissions only

https://www.aacnnursing.org/ccne-accreditation/what-we-do/cipr-baccalaureate-graduate-programs

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STANDARD III. PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

SUBSTANTIVE CHANGES TO STANDARD III

❑ Removal of references to the "old" AACN *Essentials* and incorporation of three components from AACN's 2021 *The Essentials: Core Competencies for Professional Nursing Education* (Key Elements III-B, III-C, III-D, III-E):

  ✓ the 10 "Domains for Nursing"
  ✓ the 8 "Concepts for Nursing Practice"
  ✓ the 45 "Competencies"

❑ New language regarding expectations for DNP programs with nurse educator tracks in DNP programs that have a direct care focus—but are not APRN education programs—incorporate graduate-level content addressing the APRN core (Key Element III-D).

SUBSTANTIVE CHANGES TO STANDARD III

❑ Separation of key elements related to teaching-learning practices and preparation of students to provide care to diverse individuals and populations (Key Elements III-G and III-I; previously Key Element III-G).

❑ Added content about expectations for clinical practice experiences and requirements for programs that prepare students for certification (Key Element III-H).

❑ Separation of key elements related to clinical practice experiences and planned experiences that foster interprofessional collaborative practice (Key Elements III-H and III-J; previously Key Element III-H).

SUBSTANTIVE CHANGES TO STANDARD III

❑ Additional clarification regarding direct care experiences (Key Element III-H): Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences (i.e., care provided to individuals, families, groups, and/or communities) designed to advance the knowledge and expertise of students in a clinical area of practice.

❑ Specified minimum number of practice hours for students in DNP programs and minimum direct patient care clinical hours for students in nurse practitioner tracks (master's and DNP) (Key Element III-H). Specifically:

  ✓ *DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program.* This is consistent with CCNE expectations under its 2018 *Standards.*

  ✓ *Programs preparing students for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours. For nurse practitioner tracks in DNP programs, these 500 hours are included in the minimum 1,000 practice hours.* This is consistent with CCNE expectations under its 2018 *Standards.*

STANDARD III – SUPPORTING DOCUMENTATION REMINDER OF 2024 ADDITIONS

❑ Examples of course content and/or assignments reflecting incorporation of the 10 "Domains for Nursing," the 8 "Concepts for Nursing Practice," and the 45 "Competencies" identified in *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021).

❑ Examples of course content and/or assignments reflecting incorporation of additional professional nursing standards and guidelines selected by the program, as appropriate.

❑ Evidence that graduate-level content related to APRN core is included in master's degree programs that have a direct care track (e.g., nurse educator, clinical nurse leader) and DNP programs that have a direct care track (e.g., nurse educator).

❑ Examples of didactic, simulation, and/or clinical practice experiences that prepare students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.

KEY ELEMENT III-A

The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:
• are congruent with the program's mission and goals;
• are congruent with the roles for which the program is preparing its graduates; and
• consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

KEY ELEMENT III-B

Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.
Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curriculum.

The baccalaureate degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021): • the 10 "Domains for Nursing" (Essentials, pp. 10-11); • the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and • the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).

KEY ELEMENT III-C

Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the master's degree program is not under review for accreditation.

KEY ELEMENT III-C (CONTINUED)

Elaboration: The master's degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The master's degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):
- *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
- *the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

A master's degree program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

KEY ELEMENT III-C (CONTINUED)

The master's degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a master's degree program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in master's degree programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

KEY ELEMENT III-C (CONTINUED)

Master's degree programs that have a track with a direct care focus that does not prepare APRNs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

KEY ELEMENT III-D

DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the DNP program is not under review for accreditation.

KEY ELEMENT III-D (CONTINUED)

Elaboration: The DNP program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The DNP program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):
- *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
- *the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

A DNP program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

KEY ELEMENT III-D (CONTINUED)

The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a DNP program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in DNP programs incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

KEY ELEMENT III-D (CONTINUED)

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice registered nurses, unless the program deems this necessary.

DNP tracks with a direct care focus that do not prepare APRNs (e.g., nurse educator) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

KEY ELEMENT III-E

Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

KEY ELEMENT III-E (CONTINUED)

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The post-graduate APRN certificate program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021), as applicable to the role and/or population focus for which students are being prepared:
- *the 10 "Domains for Nursing" (Essentials, pp. 10-11);*
- *the 8 "Concepts for Nursing Practice" (Essentials, pp. 11-14); and*
- *the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

KEY ELEMENT III-E (CONTINUED)

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in a post-graduate APRN certificate program incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows: • Advanced physiology/pathophysiology, including general principles that apply across the lifespan; • Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and • Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

KEY ELEMENT III-F

The curriculum is logically structured and sequenced to achieve expected student outcomes.

- Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.
- Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on a graduate-level nursing foundation.

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as well as advanced nursing knowledge.

KEY ELEMENT III-F (CONTINUED)

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate-level knowledge and competencies, even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral level knowledge and competencies. If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire master's-level knowledge and competencies.

The program provides a rationale for the sequence of the curriculum for each program.

KEY ELEMENT III-G

Teaching-learning practices:
- **support the achievement of expected student outcomes; and**
- **consider the needs and expectations of the identified community of interest.**

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

KEY ELEMENT III-H

The curriculum includes planned clinical practice experiences that:
- **enable students to integrate new knowledge and demonstrate attainment of program outcomes; and**
- **are evaluated by faculty.**

Elaboration: To prepare students for a practice profession, the program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. For programs that prepare students for certification, clinical practice experiences align with certification requirements, as appropriate. Programs that prepare students for certification incorporate sufficient clinical practice experiences appropriate to the role. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences (i.e., care provided to individuals, families, groups, and/or communities) designed to advance the knowledge and expertise of students in a clinical area of practice.

KEY ELEMENT III-H (CONTINUED)

DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Programs preparing students for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours. For nurse practitioner tracks in DNP programs, these 500 hours are included in the minimum 1,000 practice hours.

Programs preparing students for certification meet or exceed the clinical practice requirements specified by the appropriate certification agencies.

REMINDER

Direct Care refers to care provided to individuals, families, groups, and/or communities designed to advance the knowledge and expertise of students in a clinical area of practice.

KEY ELEMENT III-I

The curriculum includes planned experiences that prepare students to provide care to diverse individuals and populations.

Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to provide care to diverse individuals and populations. Such experiences are in a variety of settings appropriate to the role for which students are being prepared. These experiences enable students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.

KEY ELEMENT III-J

The curriculum includes planned experiences that foster interprofessional collaborative practice.

Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice. The program affords opportunities for students to collaborate with a variety of individuals and/or organizations that enable students to develop the necessary communication and negotiation skills to enhance patient outcomes.

CLINICAL PRACTICE EXPERIENCES: BACCALAUREATE

What types of direct care clinical practice experiences might be appropriate for an RN-BSN (post-licensure/completion) program?

Direct care examples:

- Work with patients regarding pain management
- Procure input from patients and families on a policy with plan/implementation for revisions
- Participate in public health activities such as blood pressure and/or diabetes screenings, flu vaccine clinics, health fairs, etc.
- Windshield survey with data analysis and plan/implementation of activities to improve population health
- Assessment in community setting (e.g., shelter, school) designing and implementing education to improve health outcomes

CLINICAL PRACTICE EXPERIENCES: BACCALAUREATE

Examples that are not direct care:

- Poster presentation in a public library without prior community or population health assessment or follow-up evaluation
- Skills lab-practicing clinical skills
- Assessment of virtual, simulated, and/or standardized patients
- Windshield survey without follow-up assessment and use of data to improve population health

These may be valuable activities for students but are not considered to be direct care.

CLINICAL PRACTICE EXPERIENCES: MASTER'S

Direct care examples at the graduate level:

- Contributes to expertise in an area of practice to develop advanced nursing knowledge, skills, and abilities, for instance
  - ❑ med/surg
  - ❑ critical care
  - ❑ wound care
  - ❑ diabetes care
  - ❑ palliative care
- Participate in community outreach activities (e.g., mobile health clinic)
- Provide patient education to patients or families
- Implement a community-based project related to patient care or system/organization/unit level changes (quality evidence-based applications)

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CLINICAL PRACTICE EXPERIENCES: MASTER'S

Examples that are not direct care:

- 100% simulation - including virtual or standardized patient encounters
- Teach students or work with faculty who supervise students
- Participate in staff development activities
- Didactic content in the APRN core (3 Ps), assessing case studies

These may be valuable activities for students but are not considered to be direct care.

CLINICAL PRACTICE EXPERIENCES: NURSE EDUCATOR TRACKS (MASTER'S AND DNP)

What should be the focus of the clinical practice experience for master's degree students enrolled in a nurse educator track?

In addition to education experiences, nurse educator tracks need to provide students the opportunity to develop in-depth knowledge and expertise in a particular area of nursing practice that includes graduate-level clinical practice content and experiences. A student who has this in-depth preparation in an area of nursing practice will be prepared to teach beyond what was learned as part of his/her entry-level preparation. Therefore, the focus of the clinical practice experience should not solely be on "education."

CLINICAL PRACTICE EXPERIENCES: NURSE EDUCATOR TRACKS (MASTER'S AND DNP)

Clinical practice experiences for nurse educator students are designed to provide:

- expertise in a particular area of clinical nursing practice
- graduate-level clinical practice content
- knowledge and skills to teach beyond own entry-level preparation

Focus of the clinical practice experience should not solely be on education.

NOTE RELATED TO DISTANCE EDUCATION PROGRAMS

As part of the documentation presented in the self-study or resource room, provide evidence that the institution or program has processes in place to protect student privacy and notifies students of any projected additional student charges associated with the verification of student identity at the time of enrollment.

KEY ELEMENT III-K

Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

KEY ELEMENT III-L

The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

SUPPORTING DOCUMENTATION: STANDARD III

1. Evidence that faculty participate in the development, implementation, and revision of curricula.

2. Course syllabi for all courses included in the curricula.

3. Examples of course content and/or assignments reflecting incorporation of the 10 "Domains for Nursing," the 8 "Concepts for Nursing Practice," and the 45 "Competencies" identified in The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021).

4. Examples of course content and/or assignments reflecting incorporation of additional professional nursing standards and guidelines selected by the program, as appropriate.

5. Evidence that APRN tracks incorporate separate comprehensive graduate-level courses to address the APRN core.

SUPPORTING DOCUMENTATION: STANDARD III

6. Evidence that graduate-level content related to the APRN core is included in master's degree programs that have a direct care track (e.g., nurse educator, clinical nurse leader) and DNP programs that have a direct care track (e.g., nurse educator).

7. The program of study/curricular plan for each track/program under review.

8. Examples of student work reflecting student learning outcomes (both didactic and clinical).

9. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate and nurse educator tracks).

10. Examples of didactic, simulation, and/or clinical practice experiences that prepare students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.

SUPPORTING DOCUMENTATION: STANDARD III

11. Examples of didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice.

12. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g., examinations, quizzes, projects, presentations).

13. Documentation that faculty are responsible for grading all courses and clinical experiences.

14. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).

15. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

Questions & Answers

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