

Mississippi Nursing Degree Programs Accreditation Standards



Effective January 1, 2010

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I. AUTHORITY

The revised "Accreditation Standards and Rules and Regulations for Mississippi Nursing Degree Programs" are promulgated in accordance with (a) and (b), Miss. Code (2008 Supp.) §37-129-1, et seq., which empowers and requires the Board of Trustees of State Institutions of Higher Learning (the Board) to:

(a) Establish by rules and regulations and promulgate uniform standards for accreditation of schools of nursing in the state of Mississippi (1) in so far as concerns the eligibility of graduates of such schools to take the examination prescribed by law to become registered nurses authorized to practice the profession of nursing as registered nurses in Mississippi, and (2) in so far as concerns student nurses attending such schools being eligible to participate in any student nurse scholarship program or other program of assistance now existing or hereafter established by legislative enactment;

(b) Issue to such schools of nursing upon an annual basis certificates of accreditation as may be proper under such standards.

The Board, in recognizing that each unit in nursing offering nursing degree programs has individual characteristics and goals, maintains that each shall implement its own philosophy, purposes, and objectives. All programs in nursing shall be based on sound educational principles under the guidance of a competent faculty. The total program of nursing education shall meet the required standards of accreditation as prescribed by the Board. Mississippi nursing schools (units in nursing) should prepare students for nursing careers according to the type of program that they offer. Rigid conformity to a specific and fixed curriculum is not expected. Rather, the Board approves programs which are of superior caliber and encourages creative and intelligent experimentation based on sound principles.

II. PURPOSES FOR ACCREDITATION

The purposes for accreditation of nursing education programs are:

- (1) To set minimum standards for educational programs preparing nurses for practice at all levels.
- (2) To grant official recognition to new and established nursing education programs that meet established standards.
- (3) To ensure that graduates are prepared for safe, current, and appropriate scope of practice relative to type of nursing education program and state laws governing nursing.
- (4) To encourage continuing program improvement through assessment, evaluation and consultation.

III. STANDARDS FOR ACCREDITATION

All Nursing Education Programs must be located in or otherwise accredited as a post-secondary educational institution with appropriate local and state governing boards' approval to grant the appropriate degree or certificate. The educational institution must be regionally accredited by the Southern Association of Colleges and Schools, Commission on Colleges (SACS-COC).

All Nursing Education Programs must be accredited by a national nursing education accrediting body approved by the United States Department of Education. National accreditation ensures the quality and integrity of associate, baccalaureate, graduate and doctoral degree nursing programs and holds nursing programs accountable to the educational community, the nursing profession and the public. The accrediting bodies for professional nursing education are the Commission on Collegiate Nursing Education (CCNE) and the National League for Nursing Accrediting Commission, Inc. (NLNAC).

STANDARD I: MISSION AND ADMINISTRATIVE ORGANIZATION

Mission and program outcomes are congruent with the institution, reflect professional standards and guidelines for quality nursing education, and demonstrate effective administration to achieve program outcomes.

1. National Standards

a. CCNE

Standard I: Program Quality: Mission and Governance

The mission, goals, and expected aggregate student and faculty outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality (Appendix A: Key Elements I-A.–I-G.).

b. NLNAC

Standard 1: Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes (Appendix B: 1.1-1.10).

2. State Specific Requirements

a. Minimum education requirements for administrators are:

Associate degree programs – Master's in nursing from a regionally accredited institution and a minimum of one year of clinical experience.

Baccalaureate and higher degree programs – Doctorate with one graduate degree in nursing from a regionally accredited institution and a minimum of one year of clinical experience. It is preferred that second level administrators (i.e.

associate/assistant dean/director) hold a doctorate with one graduate degree in nursing.

- b. All – unencumbered current license to practice in Mississippi.
- c. All – satisfy a criminal history background check.

STANDARD II: FACULTY AND STAFF

Qualified faculty and staff are involved in the governance and administration of the program and serve as resources for the achievement of the program mission, goals, and outcomes.

1. National Standards

a. CCNE

Standard I: Program Quality: Mission and Governance

The mission, goals, and expected aggregate student and faculty outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality (Appendix A: Key Elements I-A.–I-G.).

Standard II: Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes (Appendix A: Key Elements II-A.-II-F.).

Standard III: Program Quality: Curriculum, Teaching-Learning Practices, and Individual Student Learning Outcomes

The curriculum is developed in accordance with the mission, goals, and expected aggregate outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of individual student learning outcomes (Appendix A: Key elements III-A.-III-G.).

Standard IV: Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement (Appendix A: Key Elements IV-A.-IV-F.).

b. NLNAC

Standard 1: Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes (Appendix B: 1.1-1.10).

Standard 2: Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit (Appendix B: 2.1-2.10).

Standard 4: Curriculum

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments (Appendix B: 4.1-4.9).

2. State Specific Requirements

- a. All faculty in nursing programs must have a master's degree with a major in nursing and a minimum of one year of clinical experience as a registered nurse.
- b. The majority of faculty in graduate nursing programs must have earned doctorates in nursing or a related field from regionally accredited institutions.
- c. All nursing faculty (full-time, part-time, and adjunct) must hold an unencumbered license to practice in Mississippi.

- d. All nursing faculty (full-time, part-time and adjunct) must satisfy a criminal history background check.
- e. Preceptors shall be academically/experientially prepared at or beyond the level for which the preceptor service is rendered and shall have a minimum of one year of experience.
- f. All faculty must implement an annual professional development plan.

STANDARD III: Students

Policies for student admission, progression and graduation are consistent with those of the parent institution, nondiscriminatory, publicly accessible, and support program outcomes.

1. National Standards

a. CCNE

Standard I: Program Quality: Mission and Governance

The mission, goals, and expected aggregate student and faculty outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality (Appendix A: Key Elements I-A.–I-G.).

b. NLNAC

Standard 3: Students

Student policies, development, and services support the goals and outcomes of the nursing education unit (Appendix B: 3.1-3.8).

2. State Specific Requirements

a. Minimum admission criteria for associate degree nursing programs are as follows:

1. An ACT composite score of 18 and a 2.0 grade point average.
2. Students with less than the required ACT composite score must have completed a minimum of 12 semester hours, including Anatomy and Physiology, with a 2.5 grade point average before being admitted. They must have made at least a grade of “C” in Anatomy and Physiology courses.
3. Students who have previously earned a baccalaureate or higher degree may enter without an ACT by completing all the course prerequisites to the nursing major with a grade of “C” or better and having an overall grade point average of 2.5.

- b. Minimum admission criteria for state-supported bachelor of science nursing programs are as follows:
 - 1. An ACT composite score of 21. Students with the required ACT composite score must also have at least a grade of “C” in each prerequisite course and a 2.0 grade point average.
 - 2. Students with less than the required ACT composite score must complete all the course prerequisites to the nursing major with at least a grade of “C” and have an overall grade point average of 3.0.
 - 3. R.N. students and students enrolling for a second baccalaureate degree may enter without an ACT by completing all the course prerequisites to the nursing major with at least a grade of “C” and having an overall grade point average of 2.5.
 - 4. Baccalaureate nursing programs in independent institutions may establish admission criteria which support the goals and aims of individual independent institutions.
- c. Each school is permitted an allowance of 10 percent of the previous fall’s nursing program admissions for high risk students who do not meet the criteria.

STANDARD IV: Curriculum

The curriculum prepares students to achieve the expected outcomes of the nursing program.

- 1. National Standards
 - a. CCNE
 - Standard III: Program Quality: Curriculum, Teaching-Learning Practices, and Individual Student Learning Outcomes
 - The curriculum is developed in accordance with the mission, goals, and expected aggregate outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of individual student learning outcomes (Appendix A: Key elements III-A.-III-G.).
 - b. NLNAC
 - Standard 4: Curriculum
 - The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments (Appendix B: 4.1-4.9).
- 2. State Specific Requirements
 - a. Undergraduate student-to-faculty ratios must be:
 - 1. No more than 15 to 1 for total enrollment.

2. No more than 10 to 1 for clinical laboratory courses that require direct supervision.
3. No more than 15 to 1 for those courses that do not require direct supervision (i.e. precepted experiences).

STANDARD V: Resources

The parent institution provides fiscal, physical, learning resources and support services sufficient to ensure quality and promote the achievement of the goals and outcomes of the programs.

1. National Standards

- a. CCNE

Standard II: Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes (Appendix A: Key Elements II-A.-II-F.).

- b. NLNAC

Standard 5: Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit (Appendix B: 5.1-5.4).

2. State Specific Requirements

None

STANDARD VI: Outcomes

Systematic evaluation of aggregate program data is used for development, maintenance and revision.

1. National Standards

- a. CCNE

Standard IV: Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement (Appendix A: Key Elements IV-A.-IV-F.).

b. NLNAC

Standard 6: Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved (Appendix B: 6.1-6.6).

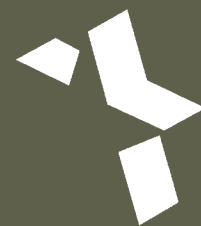
2. State Specific Requirements

- a. NCLEX Pass Rates: Annual NCLEX pass rates for all test takers (1st and repeat) will be at 80% or above over a three year period.
- b. Degree Completion Rates: Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, program history, and best practices.
- c. Certification Pass Rates: Annual certification exam pass rates for all test takers (1st and repeat) will be at 80% or above over a three year period.

IV. REVISION DATES**July 1, 1992****July 1, 1993****April 1995-amended****June 1998-amended****July 1999-amended****November 2002****September 2004****November 2007****November 2009**

APPENDIX A

**CCNE STANDARDS FOR ACCREDITATION OF BACCALAUREATE
AND GRADUATE DEGREE NURSING PROGRAMS
(April 2009)**



Commission on
Collegiate Nursing
Education

Standards for Accreditation of

BACCALAUREATE AND GRADUATE DEGREE NURSING PROGRAMS

Amended April 2009



Commission on
Collegiate Nursing
Education

Standards for Accreditation of

BACCALAUREATE AND GRADUATE DEGREE NURSING PROGRAMS

A large, light blue abstract graphic consisting of several overlapping, tilted rectangular shapes, positioned on the left side of the page.

Amended April 2009

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Introduction

Accreditation Overview

Accreditation is a nongovernmental process conducted by representatives of postsecondary institutions and professional groups. As conducted in the United States, accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within institutions. Two forms of accreditation are recognized: one is institutional accreditation and the other is professional or specialized accreditation. Institutional accreditation concerns itself with 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. In addition, consideration of the program's mission, goals, and expected outcomes is of importance 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. A specialized/professional accrediting agency, CCNE ensures the quality and integrity of baccalaureate and graduate degree nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, and clinical nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP). CCNE also accredits post-baccalaureate nurse residency programs (using a separate set of accreditation standards).

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuing self-assessment by nursing programs and supports continuing growth and improvement of collegiate professional education and post-baccalaureate nurse residency programs. Because the accreditation process is a voluntary enterprise, institutions that seek CCNE accreditation of their baccalaureate and/or graduate degree nursing education programs or post-baccalaureate nurse residency programs are viewed to have a cooperative relationship with CCNE in seeking ways to improve and enhance the educational programs for professional nursing students.

CCNE has established a peer review process in accordance with nationally recognized standards established for the practice of accreditation in the United States 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 institution.

The CCNE accreditation evaluation consists of a review of the program's mission, goals, and expected outcomes; and an assessment of the performance of the program in achieving the mission and goals through the most effective utilization of available resources, programs, and administration. The evaluation process also calls for a review of evidence concerning the application of these resources in assisting the students in attaining their educational goals.

In evaluating a baccalaureate, master's and/or DNP program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the 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 post-baccalaureate nurse residency programs and the accreditation procedures for baccalaureate and graduate degree nursing programs may be obtained by contacting CCNE offices.

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, higher education, students and their families, nurse residents – 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 expected 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.

CCNE Accreditation: A Value-Based Initiative

CCNE accreditation activities are premised on a statement of principles or 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 an openness to the *diverse institutional and individual issues and opinions* of the interested community.
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. Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.

Goals for Accrediting Nursing Education Programs

In developing the educational standards for determining accreditation of baccalaureate, master's, and DNP programs, CCNE has formulated specific premises or goals on which the standards are to be based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuing improvement within nursing education 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 institution and student.
4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.
7. Ensuring that nursing education 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 of institutions and the diversity of programs involved in nursing education.
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 nursing education accreditation.
11. Providing to the public an accounting of nursing education programs that are accredited and merit public approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

Curricular Innovation

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. Without experimentation for the sake of experimentation and without adversely affecting the educational outcomes, curricular innovations should ultimately serve the needs of the student, the profession, and the public. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods. CCNE encourages the introduction and use of innovative teaching and learning strategies in the curriculum and looks to the programs that it accredits to make available this technology for the improvement and enhancement of student learning.

About this Document

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, and DNP programs. The standards and key elements, along with the accreditation procedures, serve as the basis to evaluate the quality of the educational program offered and to hold the nursing program(s) accountable to the educational community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the standards presented in this document. Program compliance with the key elements promotes good educational practice in the field of nursing and thus enables CCNE to grant or confirm accreditation.

The standards are written as broad statements that embrace several areas of expected institutional 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 will be considered by the evaluation team, the Accreditation Review Committee, and the Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable the broadest possible interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which provides an interpretation of the key element. The elaboration is provided to assist program representatives in addressing the key elements and to enhance understanding of CCNE's expectations. Following each standard is a list of supporting documentation that assists program representatives in developing self-study materials and in preparing for the on-site evaluation. Supporting documentation is included in the self-study document or made available for review by the evaluation team on site. Supporting documentation may be provided in paper or electronic form. The Commission recognizes that reasonable alternatives exist when providing documentation to address the key elements.

Throughout this document, the need for programs to demonstrate the incorporation of professional nursing standards and guidelines is emphasized. CCNE requires, as appropriate, the following professional nursing standards and guidelines: 1) *The Essentials of Baccalaureate Education for Professional Nursing Practice* [American Association of Colleges of Nursing (AACN), 2008]; 2) *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996); 3) *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2008]; and 4) *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). Programs identify additional nursing standards and guidelines selected as the basis for specialty programs, as appropriate.

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: Mission and Governance

The **mission, goals, and expected aggregate student and faculty outcomes** are congruent with those of the **parent institution**, reflect **professional nursing standards and guidelines**, and consider the needs and expectations of the **community of interest**. Policies of the **parent institution** and **nursing program** clearly support the program's **mission, goals, and expected outcomes**. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

Key Elements

I-A. The **mission, goals, and expected student outcomes** are congruent with those of the **parent institution** and consistent with relevant **professional nursing standards and guidelines** for the preparation of nursing professionals.

Elaboration: The program's **mission** statement, **goals**, and expected student **outcomes** are written and accessible to current and prospective students. A **mission** statement may relate to all **nursing programs** offered by the **nursing unit** or specific programs may have separate **mission** statements. Program **goals** are clearly differentiated by level when multiple degree programs exist. Expected student **outcomes** are clear and may be expressed as competencies, objectives, benchmarks, or other language congruent with institutional and program norms.

The program identifies the **professional nursing standards and guidelines** it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected **professional nursing standards and guidelines** is clearly evident in the program.

I-B. The **mission, goals, and expected student outcomes** are reviewed periodically and revised, as appropriate, to reflect:

- **professional nursing standards and guidelines; and**
- **the needs and expectations of the community of interest.**

Elaboration: There is a defined process for periodic review and revision of program **mission, goals, and expected student outcomes**. The review process has been implemented and resultant action reflects **professional nursing standards and guidelines**. The **community of interest** is defined by the **nursing unit**. The needs and expectations of the **community of interest** are reflected in the **mission, goals, and expected student outcomes**. Input from the **community of interest** is used to

foster **program improvement**. The program afforded the **community of interest** the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.

I-C. Expected faculty **outcomes in teaching, scholarship, service, and practice are congruent with the **mission, goals, and expected student outcomes**.**

Elaboration: Expected faculty **outcomes** are clearly identified by the **nursing unit**, are written, and are communicated to the faculty. Expected faculty **outcomes** are congruent with those of the **parent institution**.

I-D. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in **distance education**, are clearly defined and promote participation.

I-E. Documents and publications are accurate. References to the program's offerings, **outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.**

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.

I-F. **Academic policies of the **parent institution** and the **nursing program** are congruent. These policies support achievement of the **mission, goals, and expected student outcomes**. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster **program improvement**. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.**

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the **nursing program** policies and those of the **parent institution** are identified and are in support of achievement of the program's **mission, goals, and expected student outcomes**. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.

I-G. There are established policies by which the **nursing unit defines and reviews **formal complaints**.**

Elaboration: The program's definition of a **formal complaint** and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for **formal complaints**.

Supporting Documentation for Standard I.

1. **Mission, goals**, and expected student and faculty **outcomes**.
2. Copies of all **professional nursing standards and guidelines** used by the program. CCNE requires the following **professional nursing standards and guidelines**:
 - **Baccalaureate programs**: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
 - **All master's programs**: Graduate Core Curriculum Content from *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996).
 - **Master's programs with an advanced practice focus**: Graduate Core and Advanced Practice Core of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996).
 - **DNP programs**: *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
 - **Graduate programs preparing nurse practitioners**: *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
 - **Post-baccalaureate entry programs**: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and other *relevant* standards based on the degree outcome (e.g., *The Essentials of Master's Education for Advanced Practice Nursing* for master's programs, *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs, and *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs).
 - **All programs**: Any additional relevant **professional nursing standards and guidelines** used by the program.
3. Appointment, promotion, and tenure policies or other documents defining faculty expectations.
4. Major institutional and **nursing unit** reports and records for the past 3 years, such as strategic planning documents and annual reports.
5. Documentation that the program has afforded the **community of interest** the opportunity to submit written third-party comments to CCNE, in accordance with accreditation procedures.
6. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the **nursing program**.
7. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including, among other things, academic calendar, recruitment and admission policies, grading policies, and degree completion requirements.
8. A copy of the institution's policies on transfer of credit, including the criteria used to determine whether credit will be awarded and evidence that the policies are publicly disclosed.
9. If applicable, a description of the processes through which the institution verifies that the student who registers in a **distance education** course is the same student who participates in and completes the course and receives academic credit.
10. Program advertising and promotional materials directed at prospective students.
11. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
12. Program policies related to **formal complaints**.

STANDARD II

Program Quality: Institutional Commitment and Resources

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

Key Elements

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

Elaboration: The budget enables achievement of the program's **mission, goals,** and expected student and faculty **outcomes**. The budget also supports the development, implementation, and evaluation of the program. Compensation of **nursing unit** personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its **mission, goals,** and expected student and faculty **outcomes**. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the **mission, goals,** and expected student and faculty **outcomes**. There is a defined process for regular review of the adequacy of the program's fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

II-B. **Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.**

Elaboration: **Academic support services** (e.g., library, technology, **distance education** support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the **mission, goals,** and expected student and faculty **outcomes**. There is a defined process for regular review of the adequacy of the program's **academic support services**. Review of **academic support services** occurs and improvements are made as appropriate.

II-C. The **chief nurse administrator:**

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- is academically and experientially qualified to accomplish the **mission, goals,** and expected student and faculty **outcomes**;

- is vested with the administrative authority to accomplish the **mission, goals, and expected student and faculty outcomes**; and
- provides effective leadership to the **nursing unit** in achieving its **mission, goals, and expected student and faculty outcomes**.

Elaboration: The **chief nurse administrator** has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other **communities of interest**, to make decisions to accomplish the **mission, goals, and expected student and faculty outcomes**. The **chief nurse administrator** is perceived by the **communities of interest** to be an effective leader of the **nursing unit**. The program provides a rationale if the **chief nurse administrator** does not hold a graduate degree in nursing.

II-D. Faculty members are:

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

Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the **mission, goals, and expected student and faculty outcomes**. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and **professional nursing standards and guidelines**.

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 in the **nursing program** have a graduate degree. The program provides a rationale for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks have lead faculty who are nationally certified in that specialty.

- #### II-E. When used by the program, **preceptors**, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the **mission, goals, and expected student outcomes**.

Elaboration: The roles of **preceptors** with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the **mission, goals**, and expected student **outcomes**; and congruent with relevant **professional nursing standards and guidelines**. **Preceptors** have the expertise to support student achievement of expected learning **outcomes**. **Preceptor** performance expectations are clearly communicated to **preceptors**.

II-F. 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 and in support of the **mission, goals**, and expected student **outcomes**. For example:

- Faculty have opportunities for ongoing development in pedagogy.
- If research is an expected faculty **outcome**, the institution provides resources to support faculty research.
- If practice is an expected faculty **outcome**, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.
- If service is an expected faculty **outcome**, expected service is clearly defined and supported.

Supporting Documentation for Standard II.

1. **Nursing unit** budget for the current and previous 2 fiscal years.
2. 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**.
3. Curricula vitae of the **chief nurse administrator** and faculty.
4. Policies regarding **preceptor** selection and evaluation and documentation of **preceptor** qualifications.
5. Current collective bargaining agreement, if applicable.
6. Policies regarding workload or teaching assignments, if applicable.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).

STANDARD III

Program Quality: Curriculum and Teaching-Learning Practices

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

Key Elements

III-A. The **curriculum** is developed, implemented, and revised to reflect clear statements of expected **individual student learning outcomes** that are congruent with the program's **mission, goals**, and expected **aggregate student outcomes**.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected **individual student learning outcomes**. Expected **individual student learning outcomes** contribute to achievement of the **mission, goals**, and expected **aggregate student outcomes**.

III-B. Expected **individual student learning outcomes** are consistent with the roles for which the program is preparing its graduates. **Curricula** are developed, implemented, and revised to reflect relevant **professional nursing standards and guidelines**, which are clearly evident within the **curriculum**, expected **individual student learning outcomes**, and expected **aggregate student outcomes**.

- Baccalaureate program **curricula** incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master's program **curricula** incorporate professional standards and guidelines as appropriate.
 - a. All master's programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's-level advanced practice **nursing programs** incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).
- Graduate-entry program **curricula** incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

- DNP program **curricula** incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.
 - b. All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).

Elaboration: Each degree program and specialty area incorporates **professional nursing standards and guidelines** relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the **curriculum**. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

III-C. The **curriculum** is logically structured to achieve expected individual and **aggregate student outcomes**.

- The baccalaureate **curriculum** builds upon 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.

Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) as well as advanced course work.

Graduate **curricula** 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. Accelerated 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 delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), 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 competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the **curriculum** for each program.

III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.

Elaboration: **Teaching-learning practices** and environments (classroom, clinical, laboratory, simulation, **distance education**) support achievement of expected **individual student learning outcomes** identified in course, unit, and/or level objectives.

III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Elaboration: **Teaching-learning practices** are appropriate to the student population and build on prior learning. **Teaching-learning practices** consider the needs of the program-identified **community of interest** (e.g., use of distance technology, simulation, adult learner needs, second language students).

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

Elaboration: Evaluation of student performance is consistent with expected **individual student learning outcomes**. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. 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 learning outcomes**. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals 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 **individual student learning outcomes**. Such evaluation activities may be formal or informal, formative or summative. **Curriculum** is regularly evaluated by faculty and other **communities of interest** as appropriate. Data from the evaluation of **curriculum** and **teaching-learning practices** are used to foster **program improvement**.

Supporting Documentation for Standard III.

1. Course syllabi.
2. Examples of student work.
3. Student performance evaluations.
4. Current affiliation agreements with institutions at which student instruction occurs.
5. Student and faculty evaluations of clinical sites.
6. Course/faculty evaluations.
7. Documents that reflect decision-making (e.g., minutes, memoranda, reports).

STANDARD IV

Program Effectiveness: Aggregate Student and Faculty Outcomes

The program is effective in fulfilling its **mission, goals, and expected aggregate student and faculty outcomes**. **Actual aggregate student outcomes** are consistent with the **mission, goals, and expected student outcomes**. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. **Actual aggregate faculty outcomes** are consistent with the **mission, goals, and expected faculty outcomes**. Data on program effectiveness are used to foster ongoing **program improvement**.

Key Elements

IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of **aggregate student outcome** data. For entry-level programs, the program indicates whether NCLEX-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the **expected outcomes** of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate **outcome** data related to other aspects of their **mission, goals, and expected student outcomes** (e.g., enrollment in further graduate education).

IV-B. Aggregate student outcome data are analyzed and compared with expected student outcomes.

Elaboration: Actual student **outcomes** data are analyzed in relation to expected student **outcomes** to identify areas of discrepancies. Discrepancies may indicate areas for **program improvement**.

IV-C. Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.

Elaboration: The program reports aggregate data related to its **expected outcomes**. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates;

certification examination pass rates; employment rates; as well as data related to other program-identified **expected outcomes**.

IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: The program demonstrates use of **aggregate student outcome** data for **program improvement** when **actual outcomes** are not consistent with **expected outcomes**. Adjustments to foster ongoing **program improvement** are deliberate and congruent with the **mission, goals**, and expected student **outcomes**.

IV-E. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.

Elaboration: **Aggregate faculty outcomes** reflect the program's **mission, goals**, and expected student **outcomes**. For example, if research is an identified element of the program's **mission**, faculty research productivity should be assessed as an expected faculty **outcome**. If research is not part of the identified **mission**, it would not be expected as a faculty **outcome**. Evaluation of faculty **outcomes** is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If **formal complaints** indicate a need for **program improvement**, there is evidence that action has been taken to address that need.

Supporting Documentation for Standard IV.

1. **Aggregate student outcomes** data (not applicable to new programs without graduates), including:
 - Student, alumni, and employer satisfaction for each program
 - Graduation rates for each program
 - NCLEX-RN® pass rates
 - Certification examination pass rates by specialty
 - Employment rates for each program
 - Other aggregate data, as appropriate
2. Summary of **aggregate faculty outcomes** for the past 3 years with an analysis of **aggregate faculty outcomes'** relationship to **expected outcomes**.
3. Record of **formal complaints**, if any, for the past 3 years, and any action(s) taken to foster **program improvement**.
4. Documents that reflect decision-making (e.g., minutes, memoranda, reports).
5. Examples of use of aggregate data to foster **program improvement** when indicated.

Glossary

Academic Policies

Published rules that govern the implementation of the academic program including, but not limited to, policies related to admission, retention, progression, graduation, grievance, and grading.

Academic Support Services

Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program. These may include, but are not limited to, library, computer and technology resources, advising, counseling, and placement services.

Advanced Nursing

Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's and/or doctoral level.

Chief Nurse Administrator

A registered nurse with a graduate degree in nursing who serves as the administrative head of the nursing unit.

Community of Interest

Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum

All planned educational experiences under the direction of the program that facilitate students in achieving expected outcomes. Nursing curricula include supervised clinical learning experiences.

Distance Education

Teaching-learning activities characterized by the separation, in time or place, between instructor and student. Courses may be offered through the use of print, electronic, or other media. Distance education methodologies may be used for a portion of or for an entire nursing degree program.

Formal Complaint

A statement of dissatisfaction that is presented according to a nursing unit's established procedure.

Goals

General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission

A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program

A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master's, doctorate).

Nursing Unit

The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Outcomes

Individual Student Learning Outcomes: Learner-focused statements explicitly describing the characteristics or attributes to be attained by students as a result of program activities. At the curricular level these outcomes may be reflected in course, unit, and/or level objectives.

Expected Outcomes: Statements of predetermined levels of aggregate achievement expected of students who complete the program and of faculty. Expected outcomes are established by the faculty and are consistent with professional nursing standards and guidelines and reflect the needs of the community of interest.

Aggregate Student Outcomes: Statements of the level of attainment of designated outcomes expected of a group or cohort of students as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, and employer satisfaction with graduates. Programs may identify other expected student outcomes, such as percentage of alumni pursuing further education or actively involved in professional organizations.

Aggregate Faculty Outcomes: Statements of expected collective faculty accomplishments that support the program's mission and goals. Expected aggregate faculty accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role, as defined by the program and its parent institution.

Actual Outcomes: Aggregate results describing student and faculty accomplishments. Actual outcomes are analyzed in relation to expected outcomes to demonstrate program effectiveness.

Aggregate Student Outcomes: A description of the level of students' actual collective attainment of designated outcomes as a result of completing the nursing program. Aggregate student outcomes include graduation rates, NCLEX-RN® pass rates, certification rates, employment rates, employer satisfaction with graduates, and program-identified outcomes.

Aggregate Faculty Outcomes: Collective accomplishments of faculty that support the program's mission and goals. Actual accomplishments may reflect teaching, scholarship, practice, and/or service components of the faculty role.

Parent Institution

The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Preceptor

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

Professional Nursing Standards and Guidelines

Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, and professional doctoral programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

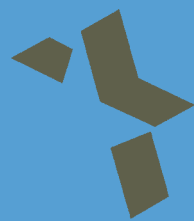
CCNE requires that baccalaureate or graduate pre-licensure programs in nursing use *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); that master's degree programs use *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996); that DNP programs use *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); and that nurse practitioner programs use *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008). Programs incorporate additional professional nursing standards and guidelines, as appropriate, consistent with the mission, goals, and expected outcomes of the program.

Program Improvement

The process of utilizing results of assessments and analyses of actual student and faculty outcomes in relation to expected outcomes to validate and revise policies, practices, and curricula as appropriate.

Teaching-Learning Practices

Strategies that guide the instructional process toward achieving individual student learning outcomes and expected student outcomes.



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APPENDIX B
NLNAC 2008 STANDARDS AND CRITERIA
(March 2008)

STANDARD 1

Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

- 1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.
- 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.
- 1.3 Communities of interest have input into program processes and decision making.
- 1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.
- 1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.
- 1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.
- 1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.
- 1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.
- 1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

STANDARD 2

Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

- 2.1** Full-time faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.
 - 2.1.1** The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.
 - 2.1.2** Rationale is provided for utilization of faculty who do not meet the minimum credential.
- 2.2** Faculty (full- and part-time) credentials meet governing organization and state requirements.
- 2.3** Credentials of practice laboratory personnel are commensurate with their level of responsibilities.
- 2.4** The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.
- 2.5** Faculty (full- and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.
- 2.6** The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.
- 2.7** Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.
- 2.8** Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.
- 2.9** Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 2.10** Faculty (full- and part-time) engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.

STANDARD 3

Students

Student policies, development, and services support the goals and outcomes of the nursing education unit.

- 3.1** Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.
- 3.2** Student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.
- 3.3** Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.4** Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.
 - 3.4.1** A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
 - 3.4.2** Students are informed of their ethical responsibilities regarding financial assistance.
- 3.5** Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.
- 3.6** Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.7** Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 3.8** Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.

STANDARD 4

Curriculum

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

- 4.1** The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.
- 4.2** The curriculum is developed by the faculty and regularly reviewed for rigor and currency.
- 4.3** The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.
- 4.4** The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.
- 4.5** Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.
- 4.6** The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.
- 4.7** Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.
- 4.8** Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.
 - 4.8.1** Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 4.9** Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.

STANDARD 5

Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

- 5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.
- 5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.
- 5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.

STANDARD 6

Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

- 6.1** The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.
- 6.2** Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.
- 6.3** Evaluation findings are shared with communities of interest.
- 6.4** Graduates demonstrate achievement of competencies appropriate to role preparation.
- 6.5** The program demonstrates evidence of achievement in meeting the following program outcomes:
 - Performance on licensure exam
 - Program completion
 - Program satisfaction
 - Job placement
- 6.5.1** The licensure exam pass rates will be at or above the national mean.
- 6.5.2** Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.
- 6.5.3** Program satisfaction measures (qualitative and quantitative) address graduates and their employers.
- 6.5.4** Job placement rates are addressed through quantified measures that reflect program demographics and history.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 6.6** The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.

STANDARD 1

Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

- 1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.
- 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.
- 1.3 Communities of interest have input into program processes and decision making.
- 1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.
- 1.5 The nursing education unit is administered by a doctorally prepared nurse.
- 1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.
- 1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity among the units of the governing organization.
- 1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.
- 1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

STANDARD 2

Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

- 2.1** Faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.
 - 2.1.1** A minimum of 25% of the full-time faculty hold earned doctorates.
 - 2.1.2** Rationale is provided for utilization of faculty who do not meet the minimum credential.
- 2.2** Faculty (full- and part-time) credentials meet governing organization and state requirements.
- 2.3** Credentials of practice laboratory personnel are commensurate with their level of responsibilities.
- 2.4** The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.
- 2.5** Faculty (full- and part-time) performance reflects scholarship and evidence-based practice.
- 2.6** The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.
- 2.7** Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.
- 2.8** Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.
- 2.9** Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 2.10** Faculty (full- and part-time) engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.

STANDARD 3

Students

Student policies, development, and services support the goals and outcomes of the nursing education unit.

- 3.1** Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.
- 3.2** Student services are commensurate with the needs of students pursuing or completing the baccalaureate program, including those receiving instruction using alternative methods of delivery.
- 3.3** Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.4** Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.
 - 3.4.1** A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.
 - 3.4.2** Students are informed of their ethical responsibilities regarding financial assistance.
- 3.5** Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.
- 3.6** Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.7** Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 3.8** Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.

STANDARD 4

Curriculum

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

- 4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.
- 4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.
- 4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.
- 4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.
- 4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.
- 4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.
- 4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.
- 4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.
 - 4.8.1 Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 4.9 Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.

STANDARD 5

Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

- 5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.
- 5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.
- 5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.

STANDARD 6

Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

- 6.1** The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.
- 6.2** Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.
- 6.3** Evaluation findings are shared with communities of interest.
- 6.4** Graduates demonstrate achievement of competencies appropriate to role preparation.
- 6.5** The program demonstrates evidence of achievement in meeting the following program outcomes:
 - Performance on licensure exam
 - Program completion
 - Program satisfaction
 - Job placement
- 6.5.1** The licensure exam pass rates will be at or above the national mean.
- 6.5.2** Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.
- 6.5.3** Program satisfaction measures (qualitative and quantitative) address graduates and their employers.
- 6.5.4** Job placement rates are addressed through quantified measures that reflect program demographics and history.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 6.6** The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.

STANDARD 1

Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

- 1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.
- 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.
- 1.3 Communities of interest have input into program processes and decision making.
- 1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.
- 1.5 The nursing education unit is administered by a doctorally prepared nurse who has authority and responsibility over the unit and advocates for equity between the unit and other institutional units.
- 1.6 Nursing program coordinators and lead faculty for program tracks are academically qualified, meet national guideline criteria, and have authority and responsibility over the program/track.
- 1.7 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.
- 1.8 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 1.9 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

STANDARD 2

Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

- 2.1 Faculty are academically and experientially qualified; the majority of faculty hold earned doctorates.
- 2.2 Faculty credentials reflect appropriate advanced practice certifications and expertise in their area(s) of teaching.
- 2.3 The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.
- 2.4 Faculty (full- and part-time) performance reflects scholarship and evidence-based practice.
- 2.5 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.
- 2.6 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.
- 2.7 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 2.8 Faculty (full- and part-time) engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.

STANDARD 3

Students

Student policies, development, and services support the goals and outcomes of the nursing education unit.

- 3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.
- 3.2 Student services are commensurate with the needs of students pursuing or completing the master's program or post-master's certificates, including those receiving instruction using alternative methods of delivery.
- 3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.
- 3.5 Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.
- 3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 3.8 Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.

STANDARD 4

Curriculum

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

- 4.1 Program outcomes are congruent with established professional standards, curriculum guidelines, and advanced nursing practice competencies as applicable.
- 4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.
- 4.3 The curriculum is designed to prepare graduates to be information literate and to practice from an evidence-based approach in their advanced practice role.
- 4.4 The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society.
- 4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.
- 4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.
- 4.7 Program length is congruent with the attainment of outcomes.
- 4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.
 - 4.8.1 Student clinical experiences are evidence based and reflect contemporary practice.
- 4.9 Post-Master's certificate programs follow national standards and guidelines and demonstrate that students have sufficient didactic and clinical experiences to meet role expectations and certification requirements.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 4.10 Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.

STANDARD 5

Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

- 5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.
- 5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.
- 5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.

STANDARD 6

Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

- 6.1** Program assessment is ongoing and findings demonstrate the achievement of the student learning and program outcomes of the nursing education unit and NLNAC standards.
- 6.2** Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.
- 6.3** Evaluation findings are shared with communities of interest.
- 6.4** The program demonstrates evidence of achievement in meeting the following program outcomes:
 - Performance on licensure exam
 - Performance on certification exams
 - Program completion
 - Program satisfaction
 - Professional/Job placement
- 6.4.1** For entry-level master's programs, the program licensure exam pass rates will be at or above the national mean.
- 6.4.2** Eighty percent of first-time candidates for certification exams will pass the exams.
- 6.4.3** Eighty percent of students will graduate from their program within 1½ times the length of the program.
- 6.4.4** Eighty percent of graduates and their employers will express satisfaction with the program.
- 6.4.5** Eighty percent of those seeking employment will be involved in role-related professional practice at one year post-graduation.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 6.5** The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.

STANDARD 1

Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

- 1.1 The mission includes philosophical underpinnings of the advanced practice doctoral program that result in measurable student learning and program outcomes.
- 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.
- 1.3 Communities of interest have input into program processes and decision making.
- 1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.
- 1.5 Program outcomes for the Advanced Practice Doctorate result from the effective management and leadership of an academically and experientially qualified nurse administrator.
- 1.6 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.
- 1.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 1.8 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

STANDARD 2

Faculty and Staff

Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

- 2.1 Qualified faculty and staff are sufficient in number to support program goals and outcomes.
- 2.2 The collective credentials reflect academic and experiential preparation of faculty teaching in the practice doctorate program.
- 2.3 Faculty performance reflects scholarship and evidence-based practice.
- 2.4 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.
- 2.5 Systematic assessment of faculty and staff performance demonstrates competencies that are consistent with program goals and outcomes.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 2.6 Faculty engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.

STANDARD 3

Students

Student policies, development, and services support the goals and outcomes of the nursing education unit.

- 3.1** Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.
- 3.2** Student services are commensurate with the needs of students pursuing or completing the practice doctorate program, including those receiving instruction using alternative methods of delivery.
- 3.3** Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.
- 3.4** Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.
- 3.5** Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.
- 3.6** Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.
- 3.7** Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 3.8** Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.

STANDARD 4

Curriculum

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

- 4.1 Program outcomes are congruent with established professional standards, curriculum guidelines, advanced nursing practice competencies, and requirements of certifying agencies.
- 4.2 The curriculum is designed to prepare graduates to practice from an evidence-based research perspective in their advanced practice role through effective use and collaborative production of clinically based research.
- 4.3 The curriculum is designed so that graduates of the program are able to practice in a culturally and ethnically diverse global society.
- 4.4 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements are appropriate to the setting and ensure the protection of students.
 - 4.4.1 Practice experiences reflect contemporary roles and nationally established patient health and safety goals.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 4.5 Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.

STANDARD 5

Resources

Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

- 5.1** Evidence supports that resources are commensurate with the achievement of program outcomes:
- Sufficiency of physical resources
 - Accessibility of learning resources
 - Allocation of budget to support program delivery

For nursing education units engaged in distance education, the additional criterion is applicable:

- 5.2** Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.

STANDARD 6

Outcomes

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

- 6.1** Program assessment measures validate achievement of the student learning and program outcomes of the nursing education unit and NLNAC standards; assessment is conducted on an ongoing basis.
- 6.2** Program outcomes of the Advanced Practice Doctorate are justified.
- 6.3** Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.
- 6.4** Evaluation findings are shared with communities of interest.
- 6.5** Graduates demonstrate achievement of the competencies identified in established professional standards.
 - 6.5.1** Graduates demonstrate achievement of the specialty role competencies appropriate to selected areas of practice through advanced specialty certification or other comparable measures.

For nursing education units engaged in distance education, the additional criterion is applicable:

- 6.6** The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.