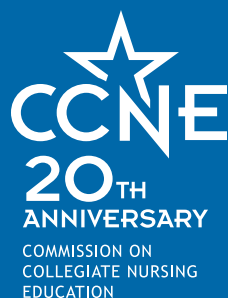


LIVING THE CCNE VALUES:
20TH ANNIVERSARY
EDITORIAL SERIES

2018



LIVING THE CCNE VALUES: 20TH ANNIVERSARY EDITORIAL SERIES



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FOREWORD

CCNE Accreditation: A Value-Based Initiative



Jennifer Butlin, EdD
Executive Director
Commission on Collegiate Nursing Education

Values reflect what is important to an organization and how its priorities align. Upon its founding, the Commission on Collegiate Nursing Education (CCNE) Steering Committee developed a set of 12 values to guide CCNE's work and accreditation process. These values support our mission to improve the public's health and ensure the quality and integrity of baccalaureate, graduate, and residency programs in nursing. Whether developing volunteer on-site evaluators for their roles, offering workshops or webinars, revising accreditation standards or procedures, or engaging in the accreditation decision-making process, CCNE's activities are premised on these statements of principle.

As part of CCNE's 20th anniversary celebration, 12 distinguished leaders were commissioned to reflect on their experiences with CCNE and the impact of the organization's success, considering one of the CCNE values. This editorial series was shared electronically with a vast and diverse audience over the past year and is now presented in this commemorative compilation.

The CCNE Board of Commissioners joins me in expressing our appreciation for your support of CCNE's commitment to serving the public interest by assessing and identifying programs that engage in effective educational practices. Thank you for the important role that you have played in promoting excellence through nursing accreditation. We look forward to continuing to work together as we develop a nursing workforce to meet the healthcare needs of today and tomorrow.



VALUE 1:

Foster *trust* in the process, in CCNE, and in the professional community.



Mary S. Collins, PhD, RN, FAAN
Member, CCNE Accreditation Review Committee (1999-2004)
Glover-Crask Professor of Nursing (Retired)
Wegmans School of Nursing, St. John Fisher College

September 20, 2018 – As CCNE began, its first goal was to develop a mission-driven, values-based, and constituent-responsive organization (Steering Committee 1997). From the beginning it was clear that a set of values was needed to inform and guide the work of the organization, including the development of the organizational structure and the accreditation standards. This commitment to build a mission-driven, values-based, and constituent-responsive accrediting agency contributed to CCNE being accepted by the professional community and being viewed as relevant.

The Merriam-Webster dictionary defines trust as the assured reliance on the character, ability, strength, or truth of someone or something. The founders of CCNE identified trust as the foundation upon which the values should be built. As the original CCNE Steering Committee embarked on its work, it focused on the development of a completely new type of organization that was heavily focused on social and professional responsibility and supported by a strong value system where collegiality and trust encourage quality.

It is curious that the first word in this first values statement is “foster.” Foster reflects an ongoing effort to achieve, rather than a finite achievement. Every time I represent CCNE I am reminded that I must strive to foster ongoing trust in CCNE and in the accreditation process. As a CCNE on-site evaluator and former member of several CCNE committees, I recognize that most of the faculty, students, staff, and administrators of the nursing program under review primarily interact with CCNE and the accreditation process through their interactions with the evaluation team. I am reminded with each interaction throughout the on-site evaluation that the team represents the larger organization. Those faculty, students, staff, and administrators may not see or interact

with other CCNE volunteers, such as committee and Board members or perhaps even the CCNE staff. However, it is important that all of the constituents engaged in the CCNE accreditation process know that the process is based on peer review and continuous quality improvement. Everyone who represents CCNE throughout the accreditation process, whether the volunteer team, committee, or Board members, exercise the value of trust as assessments are performed, reports are written, and recommendations and decisions are made.

When CCNE began its accreditation review activities in 1998, its focus was on baccalaureate- and master's-level nursing education. Since that time CCNE's scope has expanded to include not only the Doctor of Nursing Practice and certificate programs, but also entry-to-practice nurse residency programs. When CCNE embarked on the accreditation of doctoral, certificate, and residency programs, the same guiding principles and values that were in place at the time of CCNE's founding were applied to this work. All aspects of CCNE's work are guided by its values, and as a result they continue to positively impact the practice of nursing and nursing education.

It is enlightening and heartwarming that after 20 years, the values identified by CCNE, particularly trust, have served with such fervor to strengthen CCNE and advance its mission.



VALUE 2:

Focus on stimulating and supporting continuous quality improvement in nursing programs and their outcomes.



Kathleen G. Burke, PhD, RN, CENP, FAAN
Member, CCNE Board of Commissioners (2017-2019)
Corporate Director, Nursing Professional Development and Innovation
Penn Medicine
Advanced Senior Lecturer, School of Nursing
University of Pennsylvania

January 31, 2018 — As I begin my second year representing professional consumers on the Commission on Collegiate Nursing Education (CCNE) Board of Commissioners, and my first year as Chair of the CCNE Residency Accreditation Committee, I continue to be impressed with the quality and growth of the nursing education and nurse residency programs accredited by CCNE, including baccalaureate, master's, post-graduate APRN certificate, Doctor of Nursing Practice (DNP), and entry-to-practice nurse residency programs nationally. The structures and processes that CCNE has created to ensure that these programs continue to strive for excellence have led to significant improvements in program outcomes and, therefore, professional practice.

As part of CCNE's commitment to its own continuous quality improvement, CCNE reviews its accreditation standards every five years, or sooner if needed, to ensure that the standards appropriately reflect current educational and professional expectations. For example, as part of CCNE's last review of its nurse residency program standards, Standard IV (Program Effectiveness: Assessment and Achievement of Program Outcomes) was revised to clarify CCNE's expectations. Residency programs present program effectiveness data related to program completion, resident alumni retention, and program satisfaction of residents and other stakeholders. In addition, programs present and analyze program effectiveness data in other areas that are selected by the program. Similarly, the CCNE standards for baccalaureate and graduate nursing programs provide opportunities for development as data related to program

completion rates, licensure and certification pass rates, and employment rates are presented and analyzed, and other program-selected outcomes are analyzed and compared with expected levels of achievement.

In 2015, my organization, Penn Medicine, sought and received CCNE accreditation for our entry-to-practice nurse residency program, which is offered in collaboration with the School of Nursing at the University of Pennsylvania. It was through the CCNE accreditation process, which encourages self-reflection and evaluation of outcomes, that Penn Medicine made program improvements to meet the needs of new-to-practice nurses in a growing, complex, and changing health care environment. For example, during our self-study process, particularly related to Standard III (Program Quality: Curriculum), we identified gaps and implemented curricular improvements. We now include curricular sections regarding the application of informatics and technology, which is a key competency for patient care, and the business of healthcare, addressing the vital role that nurses play and the value that nurses add in ensuring efficient and effective care. We also integrated stress management techniques throughout the curriculum to support and promote clinician wellbeing. For us at Penn Medicine, the value of participating in self-assessment through the CCNE accreditation process cannot be overstated!

CCNE's commitment to stimulate and support continuous quality improvement is also accomplished through the continuous improvement progress reports submitted by accredited programs. These reports, submitted at the midpoint of the accreditation term, provide an impetus and platform for programs to review their mission and goals and ensure that they continue to meet CCNE's nationally recognized standards and expected outcomes. Throughout the accreditation process, CCNE additionally supports programs with resources, such as workshops, webinars, and guidelines, to aid in the ongoing assessment of outcomes.

My experience on the "receiving end" of accreditation, as well as through my leadership roles at CCNE, is that CCNE recognizes that the application of a continuous quality improvement process is essential to its own practices and the nursing education and nurse residency programs it accredits. As the healthcare environment continues to evolve and grow in complexity, CCNE accreditation presents a unique opportunity for programs to focus on continuous quality improvement and their outcomes to promote excellence in patient care.

I look forward to my continued service on the Board and the Residency Accreditation Committee. It is truly an honor to volunteer in such a way that impacts and advances the quality of nursing. I am confident that great things lie ahead in the future of nursing!



VALUE 3:

Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the community of interest.



Nancy O. DeBasio, PhD, RN, FAAN
Member, CCNE Standards Committee - Education (2017-2018)
President Emerita
Research College of Nursing

August 31, 2018 – As I reflect on CCNE’s commitment to inclusion and diversity as CCNE celebrates its 20th anniversary, I am reminded that this month marks the 55th anniversary of Dr. Martin Luther King Jr.’s “I Have a Dream” speech delivered on the National Mall at the 1963 March on Washington. It was not just a speech. It was a call to the American people that resonates with and informs us still.

Today diversity, inclusion, and equity are part of the fabric of our nursing culture, whether we are clinicians, faculty or students; nursing education or nurse residency program leaders; or members of regulatory agencies or higher education organizations. In its 2017 position statement “Diversity, Inclusion, and Equity in Academic Nursing,” the American Association of Colleges of Nursing (AACN) references diversity as a broad range of individual, population, and social characteristics. It describes inclusion as representing organizational and environmental cultures where individuals with diverse characteristics thrive. And it describes equity as the ability to recognize differences in resources or knowledge which impact full participation in society.

Research shows that “exposure to diverse backgrounds and perspectives improves academic achievement for students of all backgrounds, including critical thinking skills and academic self-confidence” (<https://www.ecampusnews.com/campus-administration/4-best-practices-around-diversity-and-inclusion>). We are preparing for the next generation of nurses to be more diverse than ever before, and this has implications for education and practice. Additionally, by 2044, over 50% of the U.S. population will be from groups other than non-Hispanic White (Colby & Ortman,

2015). As a result, the curricula of nursing education and nurse residency programs must reflect a commitment to diversity and inclusion not just in words in a mission statement but in actions in the classroom, clinical settings, and community at large. Prioritizing diversity, inclusion, and equity/social justice is essential for our students, residents, and graduates to provide culturally sensitive care and address those social determinants of health that lead to disparities among vulnerable groups. Uncovering unconscious or implicit bias is critical. For instance, statements such as “She’s a boomer---works all the time; this must be the source of her stress!” or “That’s a for-profit nursing program; all they’re interested in is the bottom line” are presumptuous and reflect that decisions have already been made and opinions formed without any evidence to support those statements. As a dean of a nursing program that had been not-for-profit but transitioned to for-profit status as a result of a merger, I can personally say our priority in both scenarios was to provide excellent nursing education. To do that, I needed to be fiscally responsible, as we all are expected to be regardless of Federal tax designation!

CCNE operationalizes diversity and inclusion in its values, standards, and processes. One example is the process recently used by the Standards Committee to review and revise the 2013 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs, which brought together individuals representing diversity of thought, institutional classification, practice background, race, ethnicity, and geographic location. As a member of that committee, it became clear to me that one of the primary foci was to ensure that the CCNE standards and key elements continue to reflect the core values of inclusion and diversity. Committee members were called upon to examine our conscious and unconscious biases, which were sometimes unintentionally reflected in our choice of words. I believe that by broadening our perspectives through discussion of each committee member’s assumptions and the challenges they presented led to an improved document that recognizes innovation and creativity as well as the uniqueness of institutions and their faculty, students, and communities of interest.

CCNE’s commitment to diversity and inclusion is further exemplified in the committee’s recommendation (and the Board of Commissioners’ subsequent approval) to emphasize that teaching-learning practices should “expose students to individuals with diverse life experiences, perspectives, and backgrounds” (CCNE Standards, 2018, Key Element III-G). As a result of this strengthened language in the standards, graduates of CCNE-accredited programs will continue to be clinicians, scholars, educators, and leaders who value the principles of diversity and inclusion to reduce health disparities and promote global wellness.

It is an honor to be a member of the CCNE community, participating in the standards revision process; co-chairing the Substantive Change Review Committee; and serving as a team leader for on-site evaluations. I applaud CCNE’s 20 years of commitment to excellence in nursing education. And I wish the organization many more!



VALUE 4:

Rely on review and oversight by peers from the community of interest.



Daniel J. O'Neal, III, MA, GCNS-BC, CNL
Member, CCNE Board of Commissioners (2009, 2013, 2015)
Co-PI, Heart Failure Coordination Project
James A. Haley Veterans' Hospital

October 12, 2018 – Clearly mirrored within CCNE's operational and governance structures is the CCNE value: "(The Commission will) rely on review and oversight by peers from the community of interest." Here, the term "peer" includes the diverse community of nurses who implement nursing knowledge, those who employ nurses, and representatives of the public who ultimately receive nursing knowledge and skills. The CCNE Board of Commissioners and its committees and task forces include elected and appointed representatives of these peers.

The perspectives and experiences of peers enrich the work of CCNE. For example, let me focus on peers from the practice community of nurses and employers of nurses. These peers implement change to serve and protect the public. They are affected by many forces: dramatic change in financing of services (from volume of services to value of services), accusations of anti-competitiveness, privatization, automation, acquisitions and mergers, federal and state efforts to de-regulate, competence models of institutional training, health reform measures that stem from the public's disappointment with healthcare, and not the least, the internet of things.

Accreditation of healthcare service institutions, health professions education programs, and residency programs began as a nongovernmental voluntary peer review process to measure how institutions met threshold tests of academic quality and whether they had rigorous performance improvement processes. Accreditation in the present era has morphed into the role of gatekeeper for federal money and serves to assure policy makers and payers that institutions and programs within them are accountable. Accreditation also is now charged by the public to affirm that educational programs provide short-term and long-term value to students. The more recent expansion of the

role of accreditation requires the skill and experience of all committed peers to attain and maintain the public's trust and confidence in accreditation.

A series of scandals in law and in medicine within the United Kingdom in the mid-1990s ended the collegial models of self-regulation that were more than 100 years old. The end of self-regulation in law and medicine in the United Kingdom, as well as the present vigorous de-regulatory environment from federal and state governments in the United States, reminds us that the public has abiding interest and the ultimate power in determining to what extent a given profession can self-regulate. A diverse group of peers serves to mitigate tensions between those who value self-regulation for the public's interest and those who believe that self-regulation serves only educators' self-interest.

By including practicing nurses, employers of nurses, and public consumers on its Board, CCNE ensures that its peer review process is responsive to the real-world needs of today's healthcare environment and is not focused on protection of the educational and residency programs. That the governance of CCNE includes peers dilutes any appearance of self-interest in CCNE's accreditation processes. Representation by peers such as practicing nurses and employers of nurses also helps CCNE identify members of diverse public groups not immediately known to educators, so that public information about CCNE accreditation can be crafted and disseminated to those audiences. The outcome is the widest possible public recognition of CCNE accreditation as a credible process that sustains the public's interest and enhances CCNE's ongoing commitment to superb quality.



VALUE 5:

Maintain *integrity* through a consistent, fair, and honest accreditation process.



Judith H. Lewis, EdD, RN
Chair, CCNE Board of Commissioners (2018)
Dean Emeritus, School of Nursing
D'Youville College

October 25, 2018 – As I reflect on the Commission on Collegiate Nursing Education's (CCNE) 20th anniversary of conducting on-site evaluations and accrediting nursing programs, CCNE's continued success and reputation for excellence are not surprising because, from its inception, the foundation for the Commission's activities has rested on 12 values. CCNE's reputation for quality stems from the assurance that all involved are committed to and guided by integrity. The following passage is found in the CCNE publication, *Achieving Excellence in Accreditation: The First 10 Years of CCNE*:

The first goal for the Steering Committee was the development of an organization that was mission-driven, values-based and responsive to its constituencies. Among the most important actions taken by the CCNE Board, based on the work of the Steering Committee was the adoption of a set of values to guide the Commission in its deliberations. (p.31)

The work of CCNE is conducted by staff and volunteers. As I engage with the staff and the volunteer-led committees and Board, a true picture of integrity emerges as these individuals are guided by the CCNE values. It is evident that each volunteer and staff member is committed to developing and implementing processes that ensure excellence is maintained. CCNE's communities of interest can be assured that because of integrity, the CCNE accreditation process is fair and equitable as are the resulting Board decisions.

The nursing profession is one of the most highly respected professions in the United States. This is primarily because nursing education is focused on preparing knowledgeable nurses to care for human beings when they are most vulnerable.

Interventions are based on an integration of theory and evidence provided by nursing research from nursing leaders who have focused their practice on individuals and their reactions to and accommodation of assaults to their health. Early on, the nursing profession knew that it had to ensure that the preparation of its practitioners was of the highest level and that they would provide the best care possible. Nurse educators also recognized that educational programs had to be current, innovative, and support a wide variety of learners preparing to care for those with health needs. Students must have the assurance and confidence that when they receive their baccalaureate, master's, and DNP degrees or post-graduate certificates, they have the knowledge they need to practice, lead, and move the profession to the next level. This same commitment to excellence extends to transition-to-practice programs for new nurses. Within the framework of continuous quality improvement, academic programs and healthcare organizations are collaborating to establish residency programs to support new nurses entering practice and to improve the quality of patient care.

Excellence in nursing education and nurse residency programs is assured by the CCNE accreditation process and offers graduates external validation of the quality of the programs they are entering and completing. CCNE's emphasis on integrity validates both the education and residency accreditation processes.

Thomas Leonard, a founding father in the professional life coaching arena, said that "integrity reveals beauty," an appropriate description for the efforts of the members of the CCNE Board, evaluation teams, committees, task forces, and staff.

I am proud to say that I was among the first volunteers to be trained as a CCNE on-site evaluator in 1998. As I leave the Board at the end of 2018, I am humbled and grateful that I have been allowed to be a part of something that contributes to the quality of my profession. I am first a nurse, then an educator and a chief nurse administrator; but I am always a nurse. CCNE, through its value of integrity, has allowed me to be true to that commitment to care.

Best Wishes.



VALUE 6:

Value and foster *innovation* in both the accreditation process and the programs to be accredited.



Susan D. Ruppert, PhD, FNP-C, FAANP, FAAN
Chair, CCNE Board of Commissioners (2016-2017)
Professor, Cizik School of Nursing
University of Texas Health Science Center at Houston

December 21, 2017 – The Commission on Collegiate Nursing Education (CCNE) was founded in the 1990s as a non-prescriptive alternative to the sole accreditation process available to baccalaureate and graduate nursing programs at that time. With the adoption of the CCNE values, the CCNE Steering Committee established an early commitment to “Value and foster innovation in both the accreditation process and programs to be accredited.” This promise by CCNE was a game changer for nursing, giving programs across the country the confidence and ability to transition to a new accreditation process that would better align with the profession’s values and programs’ missions and goals.

As nursing students are taught, there are many ways to accomplish nursing care as long as core principles related to safety and quality are intact. The same philosophy can be applied to baccalaureate and graduate nursing programs and nurse residency programs. These programs are designed to meet the needs of their communities of interest and, in the process, often develop innovative ways to deliver education and transition experiences while producing positive outcomes. CCNE fosters continuous program improvement by establishing accreditation standards that enable programs to develop and deliver such innovative programming.

“Cookie cutter” programming hampers the ability of nursing programs to meet the expectations of their diverse communities of interest, including but not limited to current and prospective students, patients, and regional healthcare organizations. CCNE recognizes that nursing programs’ missions and offerings differ across the country. Programs also have regional differences and serve different communities of interest.

Indeed, programs are not expected to be the same in terms of their structure, delivery, or other attributes as they pursue and maintain CCNE accreditation, so long as they are able to demonstrate that they meet the accreditation standards. Indeed, the CCNE accreditation process welcomes differences and innovative approaches by assessing each program based on its own merits and without preconceived bias.

As the nursing profession advances and the health care environment evolves, CCNE recognizes that nurses will need to be prepared in new and creative ways in order to develop the workforce of the future. CCNE accreditation encourages programs to critically assess the best ways to prepare their students and residents so as to develop the competencies needed to meet the health care needs of the communities and populations they serve.

As part of its commitment to continuous quality improvement, CCNE reviews its accreditation standards every five years or sooner to ensure that CCNE's standards reflect advances in healthcare, nursing education, nurse residency programs, and the higher education environment. During this review and revision process, CCNE is reminded of its commitment to fostering innovation and affording programs the flexibility to develop new and meaningful ways to prepare students and residents to meet defined outcomes. Innovation is a hallmark of nursing and speaks to the very creative thinking that drives quality improvement...and that is the essence of CCNE accreditation.

It has been both an honor and a privilege to serve as the Chair of the CCNE Board of Commissioners during 2016 and 2017. As the year draws to a close, I reflect on the great work we have achieved together and look forward to advancements to come, all in the spirit of promoting excellence in nursing.

Happy holidays and best wishes for the New Year.



VALUE 7:

Facilitate and engage in *self-assessment*.



Cecilia McVey, MHA, RN, FAAN
Member, CCNE Standards Committee - Residency (2014-2015)
Associate Director for Nursing/Patient Care Services
VA Boston Healthcare System

May 31, 2018 – The Commission on Collegiate Nursing Education (CCNE) values the self-assessment process as it provides the opportunity for baccalaureate and graduate nursing education programs and nurse residency programs to engage in an in-depth reflective process leading to continuous quality improvement. This core value enables nursing education and nurse residency programs to reflect on outcomes and evaluate their current “State of the Union.” Of all of the CCNE values, self-assessment was the most valuable to the VA Boston Healthcare System nursing leadership team as we prepared for our nurse residency program accreditation, as this value promotes reflective practice within an organization.

Florence Nightingale (someone I love to quote) is a quintessential example of someone who engaged in self-assessment, as she always looked for opportunities to improve herself, which led to better care for those she graciously served. Florence was appointed as Superintendent of Nurses at the Institution for the Care of Sick Gentlewomen in Distressed Circumstances in London. She agreed to take this position on the condition that ALL patients be accepted, not only members of the Church of England. She took this position at no pay because she believed in improving the standard of care for all patients while simultaneously cutting costs and improving outcomes. There are lessons to be learned from her.

Throughout our educational journeys, we are evaluated by others in one form or another. We can be our harshest critics, so when the opportunity to conduct a self-assessment arises, the value of such cannot be underscored. Through self-assessment, we have the opportunity to review a set of standards and reflect on our own ability and the ability of our organization to meet such standards. The onus is on each of us to document how we actually meet those standards. When preparing for the VA Boston Healthcare System nurse residency program’s accreditation review activities, our nursing leadership

team convenes as a group, with the CCNE standards in hand, to review our progress in attaining our goals. Conducting such a review is valuable, as each member of the team has to consider the how, what, when, and why for each question, and reflect on the metrics that would best demonstrate compliance. In preparing our future graduates and residents for challenges in the nursing workforce, the CCNE standards set the structure for a process that focuses on continuous quality improvement. Initially, I thought demonstrating compliance would be easy, but when writing the self-study document for peer reviewers who do not know our organization, I recognized the importance of carefully articulating how best to present not only the core values of the program, but its efficiency, efficacy, and, most importantly, its outcomes.

When serving as a member of the CCNE Standards Committee tasked with revising the residency accreditation standards, the committee members collectively looked at contemporary preparation for nurses in residency programs and whether the standards are congruent with CCNE's desire to encourage programs to "develop effective professionals and socially responsible citizens" -- another CCNE guiding value. We surveyed CCNE's community of interest and had challenging discussions on what to eliminate, streamline, or add to make the standards relevant to current nursing practice, all while anticipating the needs of the future workforce. We reflected on our own preparation and on our own organization's communities of interest, and when the standards review process was completed, we were confident that we had a product that would meet the needs of nursing graduates now and in the foreseeable future.

In order to continue to move the profession forward, we must seek answers and opportunities in the present and provide serious reflection on "the work of nursing." We must anticipate and be flexible to changes in nursing education and practice, allowing for innovation in programming to occur. We are inundated with increasing regulations, public perceptions, evolving professional standards, and requests from our peers and regulatory bodies. It is up to us as members of the profession to define and meet our own standards. This is a difficult task, as the true work of nursing is both an art and a science. If we wait for others to judge or rank us, then we are mere pawns in the hands of our harshest critics. While review by others is important, assessing our own programs and their efficacy is one of the most important opportunities we have to shape the future for nursing. As the saying goes, "If you're not at the table, you may be on the menu!" I encourage all nursing leaders to fully embrace self-assessment so our organizations and educational programs can continue to thrive.



VALUE 8:

Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.



Julie Sanford, DNS, RN, FAAN

Member, CCNE Report Review Committee (2018-2020)

Director and Professor, School of Nursing

James Madison University

February 28, 2018 – Throughout Notes on Nursing, Florence Nightingale (1859) voiced the importance of nurses to learn continuously, through experience, education, and reviewing evidence. In the early years of the Commission on Collegiate Nursing Education (CCNE), the Steering Committee identified promoting a culture of support for life-long learning as one of the core values for the new nursing accrediting body (CCNE, 2009). Professional nursing organizations identify life-long learning as a critical component of professional nursing practice. New nurses are competing for placements in the highest quality nurse residency programs that value professional development and life-long learning. Nurses across the nation are seeking professional development at rates never greater. The American Association of Colleges of Nursing (AACN) reported a 3.6% enrollment increase in entry-level baccalaureate nursing programs in 2016 (AACN, 2017b), and significant growth is occurring in graduate programs. Whether in my role as CCNE team leader, member of the CCNE Report Review Committee, or leading CCNE accreditation activities at my own school of nursing, I have great appreciation for this particular CCNE value and seek to facilitate development through the continuous learning process.

CCNE ensures the “quality and integrity” of nursing education and nurse residency programs. Programs need CCNE to support, encourage, and hold us accountable in our efforts to self-assess and to grow and improve nursing education and nurse residency programs. CCNE lives this value of support and growth through numerous strategies, such as providing frequent webinars and hosting workshops. During the self-study and accreditation process, programs have the opportunity to reflect, analyze, respond, and

put forth a plan for success for each key element and standard. CCNE maintains the careful balance of ensuring quality nursing education and nurse residency programs, while also supporting continuous quality improvement and life-long learning.

Critical to promoting a culture of support is the reflection and examination of what resources are necessary to facilitate life-long learning. For example, when addressing the accreditation standards, programs speak to the sufficiency of resources and identify how resources are used to support student and resident learning and faculty development. In the current environment of dramatic changes in higher education, academic nursing leaders must be creative and innovative to support novice faculty and financially strained nursing students. With a nationwide shortage of over 1,500 nursing faculty (AACN, 2017a), programs need to mirror CCNE's values and create cultures within our schools of nursing that support new faculty and assist with the transition to academic nursing.

In our School of Nursing at James Madison University (JMU), we have intentionally focused on organizational culture in our desire to support faculty and students. Faculty and staff developed a Healthy Workplace Environment Relational Agreement that states our support of a mentoring culture and identifies behaviors that model civility and reflect our values. Challenged by growing numbers of retiring faculty and subsequent newly hired replacements, we developed the role of Faculty Success Coordinator to provide tangible support for mentoring, orientation, scholarship, research, and teaching excellence. Our faculty governance structure includes committees focused on faculty development and celebration of successes. Within the Center for Faculty Innovation, JMU provides comprehensive professional development opportunities for instructional faculty at all levels and stages of their careers and also offers a New Faculty Academy.

As actress Lily Tomlin stated so succinctly, “The road to success is always under construction.” The Commission on Collegiate Nursing Education does not expect perfection, but excellence, quality, integrity, and continuous improvement. We should expect nothing less of ourselves and our programs.

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VALUE 9:

Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.



Jane C. Voglewede, JD
Member, CCNE Board of Commissioners (2006-2011)
Legal Counsel (retired), Sanford Health

July 31, 2018 – It is easy to wonder whether the founders of CCNE knew just how strong and durable a structure they were building. Like a bridge with its beams and arches, trusses and suspensions, CCNE was created with values that connected, one to the next, to strengthen the whole. That structure, now 20 years later, appears remarkably sturdy and valuable.

One of the strongest and longest “beams” in the CCNE structure is the value of accountability to the public. It is long because it spans so many constituencies. I am struck by how many individuals benefit from CCNE’s work even if they aren’t aware of its existence. I was one of those people. However, after election to the CCNE Board of Commissioners as a public member, I came to know that CCNE is a specialized accreditor with a specific focus: baccalaureate and graduate nursing programs and nurse residency programs. I discovered how CCNE accomplishes its work using a peer review process that is objective, incredibly thorough, and nationally recognized. While serving on the Board and two of CCNE’s committees over a period of nine years, I observed the rigor and integrity of the review process. I am convinced now that service to the public is at the crux of what CCNE does. All members of the public - consumers of health care - want good quality nursing care delivered by individuals who are competent and skilled. Every program that seeks and obtains CCNE accreditation produces graduates who have been prepared to be effective professionals. Think of the impact: 1,715 nursing education programs and 38 nurse residency programs affiliated with CCNE, educating new and more professionals every year.

Let me describe two of my experiences that illustrate CCNE's benefit to the public. The first occurred early in my involvement with CCNE's Board. I was fascinated by the variety of programs seeking accreditation. One very small and new nursing program at an institution in an underserved area of the country seemed different in almost every way from an established nursing program at a large teaching institution; different in every way except one: its commitment to providing the components of quality nursing education identified in CCNE's standards. I learned that CCNE's commitment is to serve all segments of the public, from the underserved to the richly served, as long as those programs seeking accreditation meet CCNE's standards of quality and effectiveness. The second experience happened more recently, when an extended family member told me about his daughter's acceptance just the day before into her college's nursing program. When he learned about my association with CCNE, he checked online out of curiosity to see whether his daughter's program was accredited by CCNE. It was, and his pleasure was palpable. The primary benefit to him was the knowledge that the program had met carefully developed standards to achieve that recognition.

The public that CCNE serves is broad and ranges from students who seek programs of quality, to their parents who want their children's educations to be worthy, to faculty members who look for positions in programs with accredited status, to employers who want more assurance about graduates they've hired, to individuals seeking quality care from competent nursing professionals. Not all of these individuals know specifically about CCNE, but all of them care about the quality and effectiveness of nursing education and practice.

This goes further, though, than simply benefiting the public. CCNE's value is to be accountable to the public. This means that CCNE is responsible for its accreditation decisions and answerable for them, and that its accreditation process is explainable. During my service to CCNE, I saw this accountability reflected on multiple levels as CCNE uses a consistent, fair, and methodical process, proceeding with great care during its accreditation reviews and decision-making process.

CCNE has earned trust from the publics that it serves. Its impact, on this 20th anniversary, is well worth celebrating!



VALUE 10:

Maintain a process that is both *cost-effective and cost-accountable.*



David R. Marshall, JD, DNP, RN, NEA-BC, CENP
Member, CCNE Board of Commissioners (2012-2017)
Chief Nursing and Patient Care Services Officer
The University of Texas Medical Branch at Galveston

June 29, 2018 – In December 2017, I completed the second of two 3-year terms representing professional consumers on the Commission on Collegiate Nursing Education (CCNE) Board of Commissioners. To say that I was fortunate to have served in this capacity would be an understatement. In addition to serving on the Board of Commissioners, I also had the distinct honor of being selected by the other members of the Board to serve two terms as the CCNE Treasurer. One of the first things I learned as a new Board member was that every accreditation activity is premised on a set of enduring values - in fact, CCNE's values are reviewed at the beginning of each meeting of the Board and its committees.

CCNE is committed to providing accreditation that is of the greatest value for the investment of money, time, and effort. As I reflect on my service on the Board and as the Treasurer, I am reminded of the stewardship of the CCNE staff and strong fiscal oversight provided by the Board. In developing the annual operating budget, I saw staff examining every proposed expense to ensure that it advanced the value of the accreditation offered and did not unduly influence the costs assessed to programs. During each of the six years I served on the Board, CCNE performed better than expected and spent less than projected. In addition, as CCNE Treasurer I was a close observer of the annual audit of CCNE's financial statements by an independent external auditor. The opinions were perpetually unqualified - the best possible audit outcome. In addition, I observed CCNE's commitment to investing well for the future, guided by highly capable professional advisors.

One of the linchpins of CCNE's accreditation process are the skilled, volunteer on-site evaluators. Training and retraining the on-site evaluators is one of CCNE's major expenses, yet one of its greatest investments. The on-site evaluators are program

administrators, faculty members, or employees of programs that are affiliated with CCNE, or practicing nurses at healthcare organizations, so CCNE offers training and retraining opportunities at no cost to its on-site evaluators. This training provides value to the on-site evaluators, their employers, the programs seeking or maintaining accreditation, and CCNE.

In fact, most of CCNE's educational offerings and programming are provided at little or no cost to constituents - ensuring the accreditation process is robust and, at the same time, cost-effective.

A broad community of interest, including students, boards of nursing, employers, and certification bodies, among others, rely on CCNE accreditation as their assurance that educational programs meet rigorous standards, are continuously seeking ways to improve and innovate, and produce acceptable outcomes. Accreditation, including its inherent peer review process, creates significant value to institutions by facilitating an internal study and review with expert colleagues, identifying and addressing blind spots, and planning for the future. Just as baccalaureate and graduate nursing programs and entry-to-practice nurse residency programs seek accreditation from CCNE to show the value and quality of their programs, CCNE seeks recognition from the U.S. Department of Education (USDE) to show that it has processes and outcomes in place to protect students and the public. CCNE periodically undergoes an external review by the USDE to ensure that it continues to meet national standards for accrediting agencies. Following a multi-step process, in September 2017, the USDE renewed its recognition of CCNE as a national nursing accrediting agency, finding that CCNE is a reliable authority to determine the quality of nursing education programs at the baccalaureate, master's, and doctoral levels, including programs offering distance education. In addition, the Department granted CCNE's request for an expansion of its scope of recognition to include nursing education programs at the certificate level. The USDE's continued recognition is one highlight of the value of CCNE accreditation.

In addition to wishing CCNE a happy 20th anniversary, I congratulate the staff and volunteers who have been keepers of CCNE's enduring values and processes, thanking them for their commitment and tireless efforts to ensure that the values are upheld and the processes are continuously examined for opportunities to improve.



VALUE 11:

Encourage programs to develop graduates who are *effective professionals and socially responsible citizens.*



Mary Margaret Mooney, pbvm, PhD, RN, FAAN
Chair, CCNE Board of Commissioners (2004-2005)
Professor Emeritus, School of Nursing
North Dakota State University

April 30, 2018 – If one had to collapse all 12 of CCNE’s foundational values into one statement, the promise which is the subject of this editorial would be a good choice. The overriding goal of nursing education—undergraduate, graduate, nurse residency— is to develop caring persons “who are effective professionals and socially responsible citizens.” Each of these words, which often roll readily off our tongues, is packed with implications for the health and welfare not only of those for whom nurses care but also for the nurses themselves.

By adherence to the principle that a baccalaureate degree is essential basic preparation for providing skilled nursing care, CCNE embraces the concept that nursing is a professional enterprise. In my experience, nurses who are and who view themselves as professionals are more likely to find satisfaction in their work and success in their careers. Research indicates that hospitalized patients generally do better, i.e., recover more completely and quickly from illness and surgical interventions, when their caregivers are baccalaureate prepared nurses.

The high rating nurses receive year after year in research aimed at identifying “most trusted” groups indicates that social responsibility is alive and well among nursing program graduates. The integrity demonstrated by CCNE in its accreditation processes as well as the integrity it expects from the programs it accredits strengthens the ethical framework of social responsibility. I do not know if the definition of nursing as “an ethical activity with a technical aspect” was considered in the dialogue which formulated this particular foundational value. Nevertheless, the recognition that a central feature of nursing is relationships is apparent in the CCNE accreditation

standards that are applied to nursing education and nurse residency programs nationally. I would suggest that recognition of the centrality of relationships in nursing education and practice is a reason for the wide acceptance of CCNE as the premier accrediting body for nursing.

Today, as always, a central ethical question for individuals and groups is how to remain whole and true to oneself in the midst of the distractions of life and business; how to remain balanced, no matter what centrifugal forces tend to pull us off center. An answer to that question for students, clinicians, faculty, and organizations is found in the courage to be professionally effective and socially responsible.

Congratulations to CCNE for having had the wisdom of constructing a values-based foundation and the courage and stamina to adhere to the foundational values these 20 years. Rejoice and carry on!



VALUE 12:

Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.



Deborah Trautman, PhD, RN, FAAN
President and Chief Executive Officer
American Association of Colleges of Nursing

March 31, 2018 – Since its earliest days as a specialized accrediting organization, the Commission on Collegiate Nursing Education (CCNE) has been committed to ensuring “autonomy and procedural fairness in its deliberations and decision-making processes” as one of its 12 core values. Nursing schools and healthcare organizations seeking CCNE accreditation for their baccalaureate, master’s, Doctor of Nursing Practice, certificate, and residency programs have benefitted from this respect for autonomy, which welcomes multiple approaches to demonstrating excellence. CCNE uses well-defined, nationally accepted standards to measure quality and compliance with professional expectations, yet accredited programs enjoy a high degree of freedom in how they meet these standards given the specific needs of their communities of interest.

At the organizational level, the American Association of Colleges of Nursing (AACN) and CCNE are connected, yet separate entities. CCNE is the autonomous accrediting arm of AACN that was founded by a vote of the AACN membership in 1996. Although CCNE is co-located with AACN and shares some administrative support functions such as information technology support and human resources, systematic attention is given to ensure CCNE’s autonomy in accreditation activities. Nearly 90% of the AACN members are CCNE accredited, yet CCNE does not require accredited programs to be members of AACN, and AACN does not require its members to be accredited by CCNE.

Though the two organizations are related, AACN recognizes and fully supports CCNE’s autonomy, role, and authority in accreditation activities and actions taken by CCNE, which is the purview of its governing body. CCNE is governed separately by a 13-member Board of Commissioners, which reviews nursing programs for accreditation and takes action as needed. The CCNE Board is responsible for

approving accreditation policies, procedures, and standards, considering its accreditation purposes, values, and the needs of its communities of interest. To ensure the integrity of the accreditation review process, AACN respects the role of its autonomous arm by not influencing or intervening in the accreditation process or accrediting decisions rendered by CCNE. In fact, the AACN Board learns about the decisions made by the CCNE Board at the same time as the public.

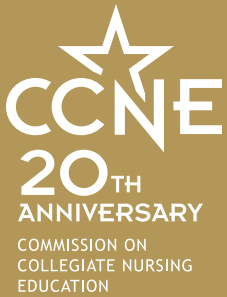
CCNE's autonomy is essential to maintaining sound accreditation practices. CCNE enjoys positive relationships with regulators, certifiers, accreditors, and other constituencies and stakeholders, yet has mechanisms in place to assure that its accreditation decisions are in keeping with CCNE policies, procedures, and standards, and not unduly influenced by the agenda or expectations of external organizations, individuals, or groups. Further, CCNE fosters integrity in its review of programs undergoing or maintaining accreditation by adopting and adhering to processes that assure procedural fairness.

AACN is proud of the incredible success CCNE has achieved over the last 20 years and for its enduring commitment to protecting the public's health. Using its signature peer-review process, CCNE accreditation ensures that the quality of teaching, student and resident achievement, curricula, academic support, and other criteria meet a high standard of excellence. With more than 80% of all eligible nursing education programs now holding CCNE accreditation, the nation clearly recognizes CCNE as the gold standard in nursing program accreditation.

Happy 20th Anniversary!



On behalf of the CCNE Board of Commissioners and staff, thank you for partnering with CCNE over the past 20 years. The CCNE values have been an inestimable resource for the nursing education and nurse residency programs pursuing and maintaining accreditation; and for the CCNE Board of Commissioners, committees and task forces, on-site evaluators, and staff. For two decades, the values have been the foundation of our success.



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