

UNDERSTANDING THE COMMISSION ON COLLEGIATE NURSING EDUCATION ACCREDITATION PROCESS AND THE ROLE OF THE CONTINUOUS IMPROVEMENT PROGRESS REPORT

PEGGY ELLIS, PhD, RN, BC, FNP, ANP* AND JUDITH HALSTEAD, DNS, RN, ANEF†

Continuous quality improvement is an essential element of the accreditation process. This article describes the content and process for writing the Continuous Improvement Progress Report (CIPR) required by the Commission on Collegiate Nursing Education (CCNE) at the midpoint of the accreditation cycle. The rationale for writing the report and the purpose for the contents of the report are reviewed. The content of the CIPR addresses all standards and key elements of the CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs, amended April 2009. Many program administrators and faculty lack an understanding of the significance of the report, how to write the report, or what should be included. This article is designed to help guide the writers of the report through the process. (Index words: Accreditation; Continuous quality) J Prof Nurs 28:18–26, 2012. © 2012 Elsevier Inc. All rights reserved.

ACCREDITATION IS A process that many nursing programs voluntarily undertake to assure ongoing quality of the program (Adams, 2012). Faculty and program administrators, especially those who are new in their roles, may not have a full understanding of what is required of programs to achieve and maintain accreditation. Although most are aware of the periodic requirement for a fairly extensive written self-assessment (commonly referred to as “self-study”) and then the site visit by the evaluation team that occurs, the interim reporting that is required in between the comprehensive site visits may be less understood.

The Commission on Collegiate Nursing Education (CCNE) has been accrediting nursing education programs at baccalaureate and graduate degree levels since

1998. To date, 977 baccalaureate, master's, and doctor of nursing practice (DNP) programs (C. Pool, CCNE Staff communication, February 2011) have been accredited by CCNE. As part of the accreditation process, program administrators and faculty are expected to prepare an interim report, the Continuous Improvement Progress Report (CIPR), approximately midway through the accreditation cycle, documenting continued program improvement activities and demonstrating continued compliance with the CCNE accreditation standards and key elements.

The purpose of this article is to describe why accreditation is best viewed as an ongoing process of continuous quality improvement (CQI) and the role of the CIPR within this process. When program administrators and faculty view accreditation as ongoing, they can more effectively engage in the process and create an environment that truly contributes to the quality improvement of the program over time. Strategies are offered that can be used when writing the CIPR to address the four CCNE accreditation standards and their respective key elements as outlined in the CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs (2009). The accreditation

*Associate Professor and Associate Dean, Saint Louis University School of Nursing, St. Louis, MO.

†Professor and Executive Associate Dean for Academic Affairs, Indiana University School of Nursing, IN.

Address correspondence to Dr. Ellis: Saint Louis University School of Nursing, 3525 Caroline Mall, St. Louis, MO 63104. E-mail: pellis2@slu.edu
8755-7223/11/\$ - see front matter

standards and key elements address Program Quality: Mission and Governance; Program Quality: Institutional Commitment and Resources; Program Quality: Curriculum and Teaching–Learning Practices; and Program Effectiveness: Aggregate Student and Faculty Outcomes.

The Accreditation Process

Accreditation is a process most nursing programs choose to participate in as a way of publicly demonstrating to the stakeholders the quality of the nursing program and its graduates. Accreditation serves to hold nursing programs accountable to the public and assesses programs against their own stated missions and goals and the nationally established accreditation standards. Considered to be a voluntary activity, in reality, achieving and maintaining program accreditation has significant implications for the faculty and students of the program in terms of program reputation and resources.

Although administrators and faculty understand the implications and importance of achieving accreditation, the self-assessment and evaluation elements of the process itself are frequently less understood. With increasing numbers of novice nursing faculty and administrators providing leadership to the accreditation activities within nursing education programs, there is a need for an increased emphasis upon developing an understanding of program evaluation and the means by which to most effectively establish program evaluation activities that will facilitate the ongoing self-assessment that is key to effective participation in the accreditation process.

Continuous Quality Improvement

Simply stated, CCNE accreditation is based upon a philosophy of continuous self-assessment and quality improvement within the program (www.aacn.nche.edu/Accreditation/index.htm). CQI involves systematically gathering a variety of evaluative data about program elements and analyzing the data to make evidence-based improvements in the program. According to Arbrusse (1978), the purpose of total program evaluation is to determine the extent to which all activities for an entire program meet or exceed established goals or outcomes. It is a process that should be a routine part of operation for the nursing program just like planning classes. In order for program evaluation to be effective, faculty and administrators must believe that there are opportunities for improvement, establish goals that address these opportunities, and develop a plan to evaluate the achievement of these goals.

Deming (1986) described the CQI process as involving four phases: plan, do, study, and act, thus representing a continuous cycle of activities. There should be a statement of desired goals and objectives for the program to define quality and identify the desired outcomes. Data should be collected and analyzed to determine if the agreed upon goals and objectives have been met and to use as the basis for program decision making for quality improvement. The analyzed data are used to determine

where program improvement or change needs to occur, as well as how the change should occur. Because the individuals involved in the educational process know it best, they should be involved in the evaluation. These include students, faculty, staff, employers, and other communities of interest. Following data analysis, a plan is developed for maintaining or achieving excellence, addressing any concerns, and reaching the agreed upon expected outcomes or benchmark goals. Progress is monitored; an evaluation of new data occurs and is compared with the original data to identify the success of the changes implemented. Improved quality leads to increased productivity and satisfaction of the people involved in the process (Brown & Marshall, 2008; Dickerson, 2000; Yearwood, Singleton, Feldman, & Colombraro, 2001).

The CQI process described above is clearly evidenced in the CCNE accreditation process. The CCNE accreditation standards and key elements provide a systematic framework by which to examine and report data related to the mission and governance structure; institutional resources, including physical, technological, human, and fiscal resources; curriculum and teaching–learning practices and outcomes; and overall program effectiveness. Whereas nursing programs have the autonomy to determine what data they should collect to demonstrate program quality, there are certain specified data that programs must collect and analyze that are required by the United States Department of Education in its role as the agency that nationally recognizes accrediting bodies. These include the National Council Licensure Examination (NCLEX-RN) pass rates, certification pass rates, graduation rates, and employment rates. All data collected are used by nursing program faculty and administrators to analyze where the program is in relation to the expected outcomes that were set and to develop a plan to reach those goals.

When setting goals, the nursing faculty should define outcomes that will be reflective of the quality desired within the program. The Institute of Medicine report states that “all nursing students should demonstrate a comprehensive set of clinical performance competencies that encompass the knowledge and skills needed to provide care across setting and the lifespan” (Institute of Medicine of the National Academies, 2011, p. 14). Posing specific questions will help the faculty examine program strengths and identify the areas where improvement is needed. Examples of questions to be considered when setting program goals can be found in Table 1.

As described in the preceding paragraphs, it is clear that the accreditation process sets up a framework for ensuring CQI of the nursing program. The CIPR is an important step in that process.

The Role and Purpose of the CIPR

The CIPR provides the faculty with an opportunity to demonstrate that the nursing program is engaged in CQI as a part of the overall accreditation process.

Table 1. Examples of Questions to be Considered During Evaluation

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1. In what direction do the mission and goals of the university and nursing program lead us?
 2. Is our organizational structure and curriculum consistent with the mission and goals of the parent institution and the nursing program?
 3. What level of performance are we seeking to achieve within that direction?
 4. What resources do we need to meet our desired outcomes?
 5. What performance benchmarks are we seeking to achieve and how will we know whether we have achieved them?
 6. If we are achieving our desired outcomes, what can we most effectively sustain that success?
 7. If we are not achieving our desired outcomes, what can we do to achieve those outcomes?
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Understanding the role and purpose of the CIPR within the accreditation process helps faculty and administrators recognize the value and importance of preparing a CIPR that is a thorough and accurate reflection of the current state of affairs within the nursing program.

At the onset of the accreditation process, the program prepares a comprehensive self-study that is subsequently validated by a team of on-site evaluators. The evaluation team's report and the institution's response to that report are reviewed by the CCNE Accreditation Review Committee (ARC). The ARC makes a recommendation about accreditation to the CCNE Board of Commissioners, which in turn makes a determination as to whether the program meets the overall accreditation standards and is in compliance with the key elements within each standard. Accreditation may be granted for up to 5 years for programs seeking initial CCNE accreditation and up to 10 years for programs seeking continuing CCNE accreditation.

Midway through the approved accreditation cycle, the nursing program is required to complete the CIPR, which is submitted to CCNE for review by the CCNE Report Review Committee (RRC). The CIPR is the opportunity for the program to demonstrate continued compliance with all CCNE standards and their respective key elements. It allows the program to highlight strengths, identify areas for improvement, and communicate any CQI plans. The CIPR is a means by which the nursing program can report any program improvements that have been made since the last on-site evaluation and any challenges currently facing the program.

The CIPR is not a response to the previous team report prepared at the time the program was last reviewed for accreditation. Instead, it is an update on the program's current status. It must be treated as a "stand-alone" document in that the RRC does not receive a copy of the previously written self-study document, the team report, or the program's response to the team report. However, the RRC is provided with documentation regarding any areas in which the program previously received a compliance concern at the standard or key element level

based on the last accreditation review. The program must address in the CIPR how the areas involved in the compliance concern were resolved. The RRC reviews the CIPR that is submitted by the program and, based solely upon the CIPR, makes a recommendation to the CCNE Board of Commissioners as to whether the program has adequately demonstrated continued compliance with the standards and key elements. The final determination of the program's continued compliance with the standards and key elements is made by the CCNE Board of Commissioners. One can see the importance of preparing a concise, clearly written report that integrates examples of current evidence supporting that the program remains in compliance with the CCNE standards and key elements. An unclearly written report that lacks specificity and analysis can result in a recommendation that the program has failed to demonstrate compliance with the CCNE standards and key elements, thus requiring additional effort on the part of the program to demonstrate otherwise (e.g., through additional reporting and/or hosting a focused on-site evaluation).

Preparing the CIPR

Preparations for writing the CIPR start before it is time to actually write the report. The program's self-assessment of continued compliance with the four CCNE standards and their respective key elements and response to the outcomes of that assessment are the key information components that are documented in the CIPR. As such, the program needs to make decisions about the systematic collection of assessment data that will support documentation of compliance, so that such data can be easily compiled and reported in the CIPR. Ideally, the nursing program will use multiple means of data collection to evaluate program outcomes and quality and identify areas of needed improvement. The program's systematic evaluation plan should be designed so that it includes outcome indicators that will guide the process of data collection on a regular basis and help in the decision-making process.

The program's self-assessment, at a minimum, should include information about congruency in mission, goals, and outcomes expected at the university and nursing program level; adequacy of fiscal, human, technological, student support, and physical resources; constituent (community of interest) satisfaction with the program; integrity of curriculum and teaching/learning strategies; faculty quality indicators; and learning outcomes of the students achieved through implementation of the curriculum. Ideally, all collected data are analyzed and used as a means to evaluate the success of the program and make changes, if necessary, to improve the program. Selected examples of data-based decisions should be included in the CIPR to demonstrate that decisions made about the program are data driven.

Addressing the Standards in the CIPR

A template for writing the CIPR is provided by CCNE. Each CCNE standard and key element is individually

addressed in the CIPR with a special emphasis placed on any areas that were identified as concerns in the most recent accreditation action letter. CCNE provides the program with a CIPR template to guide the writing and organization of the report. If no changes have been made since the visit and no concerns were stated in the accreditation action letter, the program may state “no change” in response to each individual key element, as long as such a statement is substantiated by brief examples of how the program continues to meet the key element. Suggestions on how to address each standard and key element follow.

Standard I: Program Quality: Mission and Governance

Standard I and its key elements can be found in [Table 2](#). The CIPR for Standard I and its respective key elements requires documentation that verifies that congruency exists between the parent institution's mission and goals and the nursing program's mission and goals. Professional nursing standards and guidelines must be reflected

Table 2. 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.
- I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised as appropriate, to reflect the following:
 - Professional nursing standards and guidelines.
 - The needs and expectations of the community of interest.
- I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.
- I-D. Faculty and students participate in program governance.
- I-E. Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment, and admission policies, grading policies, degree completion requirements, tuition, and fees are 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 improvements. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.
- I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

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in the program's mission, goals, and expected student outcomes; and there must be evidence that the expectations of the communities of interest (as defined by the program) continue to be considered by the program when making program decisions. It is important to provide examples of how faculty and students remain or have become involved in the governance of the nursing program. A description of how faculty expectations are communicated to faculty members and whether they are consistent with those of other academic units within the institution is also warranted.

The report should briefly describe the mission congruency that exists between the parent institution and the program even if there have been no changes since the last comprehensive on-site evaluation review. If institutional and/or programmatic changes have occurred, a description of those changes and how the institution/program continues to meet the standard is appropriate. For example, if the institution or the program has revised the mission statement or a new organizational structure has been implemented, a statement that includes the new mission statement or describes the organizational structure changes would be appropriate, including how faculty and student input was involved in the change and how congruency between the parent institution and nursing program has been maintained. In some cases, a brief table may be the most effective means by which to demonstrate the congruence between the university mission, goals, and outcomes and those of the nursing program. Brief examples that illustrate how faculty and students participate in program governance are beneficial to include in the report. Include not only a description of what is happening but also an analysis of how well it is working.

Providing evidence that demonstrates continued accuracy of publications and documents is important. The process and frequency of reviewing documents for accuracy may be delineated with any examples of significant changes or updates to the documents being briefly described along with the process used to make changes. The review of academic policies related to students and whether they are considered to be fair, equitable, accurately published, and reviewed and revised as necessary should be addressed, again, with a few specific examples cited.

[Table 3](#) provides examples related to Standard I: Key Element I-B. In the example of a well-developed response, the program explains how the information is gathered and how often. Suggestions from the communities of interest for program improvement are included. In the example of an insufficient response, the report states there is no significant change and defines the communities of interest but does not address how the program meets the needs and expectations of the communities of interest. In this instance, examples of how the needs and expectations of the communities of interest were met would have been helpful.

Table 3. Examples for Standard I

Example of a well-developed response to key element I-B:

The nursing programs annually consider the needs and expectations of the COI when evaluating the mission, goals, and expected outcomes of the program. Expectations of the COI continue to be assessed by a variety of methods, as specified in the evaluation plan. The BSN program obtains feedback through annual meetings, e-mail's, personal calls, direct contact with clinical administrators and staff, and a site provided on the BSN program web page for input from COI's. The MSN program obtains feedback from the graduate employer evaluations, alumni evaluations, and feedback from organizations such as the state nurse's association special interest groups. The data gathered from COI continue to provide information used for the enhancement and revision of the mission, goals, and expected outcomes of the nursing programs. For example, in academic year 2006–2007, content on health care delivery systems was added to the undergraduate curriculum in response to requests from the COI.

Example of an insufficient response to key element I-B:

There is no significant change in this key element. The internal community of interest includes students, faculty, college administrators, and the university board of trustees. The external community of interest consists of accrediting bodies and regulating bodies, preceptors, alumni, clinical agencies, and employers. The mission statement, philosophy, objectives, and student outcomes reflect the interest of these communities.

Note. COI = communities of interest; BSN = bachelor of science in nursing; MSN = master of science in nursing.

Standard II: Program Quality: Institutional Commitment and Resources

Standard II focuses on the institutional commitment and resources necessary to sustain a quality nursing program. This standard and its key elements can be found in [Table 4](#). The CIPR is expected to document the adequacy of existing resources and address whether those resources continue to be adequate. Resources include fiscal, physical facilities, human resources, and academic support. For example, information on changes in the budget for the nursing program should be included. Given the economic climate currently existing in many institutions of higher education, it is to be expected that more programs than normal may be reporting budgetary reductions that could affect program quality. Examples of how budgetary cuts have impacted the program and strategies being used by the program to offset the cuts would be particularly appropriate. Examples of fiscal and physical support may include growth in the library and additions or renovations to the physical environment. Anything that demonstrates that fiscal and physical resources are adequate to support the program can be used as an example.

The number and qualifications of the faculty are essential components of adequate resources. This information demonstrates that faculty members are sufficient in number and expertise to support the program; therefore, the CIPR should make some reference to these data even if it remains unchanged. An example of

Table 4. 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.

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

II-C. The chief nurse administrator

- Is an 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.

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.

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

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.

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how resources are being provided to continue to support faculty development as well as the academic support services provided to students are other ways to demonstrate continued compliance with the standard.

[Table 5](#) provides examples related to Standard II: Key Element II-A. Note that in the well-developed response, there is a description of how the budget is derived with examples of increases in fiscal support. The insufficient response does not provide examples of continued fiscal support nor does it explain how the university is “highly supportive” of the nursing program.

Standard III: Program Quality: Curriculum and Teaching–Learning Practices

Standard III and its key elements can be found in [Table 6](#). When addressing Standard III, the program should include in the CIPR documentation of any curriculum changes that have occurred since the accreditation visit. Any substantive curriculum change (e.g., the addition of

Table 5. Examples for Standard II

Example of a well-developed response to key element II-A:

Nursing is fortunate to be a unit within a fiscally sound, well-managed university with a strong and growing endowment. Nursing's fiscal resources for faculty, staff, operating, and capital equipment are derived from the university annual budget, grants and contracts, and donor gifts. The university and nursing provide a supportive environment. Examples to support this statement include increased overall budget allocations for the last 3 years with the addition of three new faculty lines and additional operating funds supporting faculty travel. Graduate faculty members who hold advanced practice recognition are given 1 day per week for faculty practice to maintain their credentials.

Example of an insufficient response to key element II-A:

There has been no significant change. In response to the undergraduate student's need for support in the development of writing skills, the Academic Resource Center piloted a dedicated writing professional to support nursing students' writing needs. This person's dedicated support continues this year. The university fully supports the Department of Nursing's budget indicating that it is highly supportive of the nursing department.

a new track or program area) should have already been reported to CCNE, in accordance with its substantive change notification policy; however, it may be appropriate to summarize these substantive changes in the CIPR because the RRC is not charged with reviewing substantive change notifications. Information related to any programs that are offered via distance education technology should also be provided, including specific examples demonstrating that resources, expectations, and student outcomes in the distance education programs are the same as those in on-campus programs are helpful.

The program must demonstrate that the outcomes are congruent with the program's mission, and goals, and with professional nursing standards and guidelines. The baccalaureate curriculum must be guided by *The Essentials of Baccalaureate Education for Professional Nursing* (American Association of Colleges of Nursing [AACN], 2008). The master's curriculum must be guided by *The Essentials for Master's Education of Advanced Practice Nursing* (American Association of Colleges of Nursing, 1996) The DNP curriculum must

Table 6. 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 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 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 the *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).

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.

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

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

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.

III-G. Curriculum and teaching–learning practices are evaluated at regularly scheduled intervals to foster ongoing improvements.

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Table 7. Examples for Standard III

Example: of a well-developed response to key element III-G:

Multiple methods are used in evaluating the curriculum and teaching–learning practices. The curriculum committee and the evaluation committee both have prescribed annual intervals for examining and evaluating components of the curriculum. Each faculty conducts end of the course evaluations as well as student and faculty evaluation. For example, course evaluations for the pediatric course revealed that there was a need for expansion of clinical sites to be congruent with the mission. This is being reviewed for the expansion of clinical experiences into community agencies.

Example of an insufficient response to key element III-G:

The Department of Nursing remains in compliance with key element III-G. Faculty evaluation includes teaching strategies used and comments from student evaluations. No changes have been made in the teaching–learning practices used in either the BSN or MSN program

Note. BSN = bachelor of science in nursing; MSN = master of science in nursing.

be guided by The Essentials of Doctoral Education for Advanced Nursing Practice ([American Association of Colleges of Nursing, 2006](#)). Nurse practitioner programs, whether at the master's or DNP level, are required to incorporate the Criteria for Evaluation of Nurse Practitioner Programs ([National Task Force on Quality Nurse Practitioner Education, 2008](#)). Any additional professional standards and guidelines that are used by the program should be included in this portion of the CIPR as well.

Examples of how the curriculum is logically structured so that it builds on previous learning can be used to provide documentation of how the curriculum supports achievement of student outcomes. Providing examples of the types of teaching–learning practices used by faculty in both the didactic and clinical settings is also helpful. Examples of the methods used to measure achievement of learning outcomes would also be beneficial. Because Standard III also requires that the needs and expectations of the communities of interest be met when the curriculum is developed and revised, providing a definition of the program's communities of interest and then any brief examples of how such input is being obtained and used, would also strengthen the report.

Table 7 provides examples related to Standard III: Key Element III-G. In the example of a well-developed response note that an overview of the process of curricular evaluation is provided along with examples of a change made related to that evaluation. The insufficient response provides no data to support the statement that the program remains in compliance.

Standard IV: Program Effectiveness: Aggregate Student and Faculty Outcomes

Standard IV, with its emphasis on the gathering, analysis, and use of aggregate data, seems to cause nursing programs the most reporting difficulty when writing the CIPR. Standard IV and its key elements can be found

Table 8. 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.

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

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

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

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

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

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in Table 8. The intent of this standard is to demonstrate that the program's effectiveness in meeting its established goals is measured and that the information gained from that measurement is used to make improvements in the program. The key elements for Standard IV collectively demonstrate the steps of the evaluation process (Table 9). The data collected must include graduation rates, NCLEX-RN pass rates if the program has a generic baccalaureate program, graduate certification pass rates for applicable graduate programs, and employment rates. Other data measured by the program may be included as determined by the faculty. If any of those aforementioned rates are low, have substantially decreased from previous levels, or do not move toward meeting expected student outcomes, the faculty should analyze why and report on changes made or plans to address the problems. The collection of information related to student, alumni, and employer satisfaction is one measure that can help the faculty determine if program outcomes are being met. Faculty outcomes should also be addressed. Those outcomes should be consistent with the program's mission, goals, and expected faculty and student outcomes.

The CIPR should describe the process and frequency of the collection of evaluation data. This is an ongoing process; therefore, even if the process of collecting the data is unchanged from the last CCNE review, there should be new data that have been collected, and

Table 9. The Relationship of the Key Elements in Standard IV

Key element IV-A	Key element IV-B	Key element IV-C	Key element IV-D
“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 employer rates, as appropriate.”*	“Aggregate student outcome data are analyzed and compared with expected student outcomes.”*	“Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes.”*	“Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.”
Step 1—The collection of evaluation data. It must include the types of data mentioned but can include other information. What data is collected and how is it collected?	Step 2—Data are analyzed and examined to see if goals and benchmarks were met. Who examines the data and what processes are used to review the data?	Step 3—Provides an explanation of what the data demonstrates related to the program's goals and benchmarks. What is the difference between what was expected and what the data actually demonstrates?	Step 4—What changes were made related to the findings from collection of the data? The data may have shown that no change is needed. However, if goals and benchmarks were not met, what changes were made to address the problems? Examples help to illustrate that the process occurred.

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analyzed, and have influenced the actions of the program faculty. Be sure to present how the data were collected and analyzed and any changes that might have been made related to the data collected. If the data analysis was positive or demonstrated improvement in the program, it may be unnecessary to make any program changes; however, a statement should still be made about the continued collection, review, and monitoring of the data.

It is sometimes difficult to get an adequate response rate to surveys, especially from alumni and employers. In

that case, the faculty may want to report on their efforts to obtain a higher number of responses. It is insufficient to say the data cannot be collected or mechanisms are not in place. A statement about the plan and timeline to begin collecting data is helpful. The faculty may choose to obtain the data in an innovative way without the use of surveys. There may be informal mechanisms for collecting these data. However, the report should state what methods were used to collect the data or what data were collected, report significant findings, and give examples

Table 10. Examples for Standard IV

Example of a well-developed response to key element IV-D:

The Program Evaluation Committee meets monthly, reviews aggregated program evaluation data, and makes recommendations to standing committees. The committee reviews data and makes recommendations related to program satisfaction and demonstrated achievements of students, as well as student outcomes and expected results. For example, the data on oral critical thinking obtained from the MSN Students' Grand Rounds revealed that there were some deficiencies in NP students' abilities to keep a nursing perspective in their clinical reasoning. This issue was referred to the Curriculum Committee for discussion. NP faculty agreed to add case study presentations in the NP clinical courses that require inclusion of a nursing theoretical perspective in clinical reasoning about the client/family situation. A second example concerns the writing skills of both BSN and MSN students. The students demonstrate improved performance is a result of several recommendations from the Program Evaluation Committee that have been addressed by the Curriculum Committee. BSN students are now required to take a writing course as a prerequisite to the program. We have also instituted an assignment to answer students' questions about APA format and help them organize their style manuals using tabs for key information. MSN students are encouraged to enroll in a writing course if their writing skills are judged to be deficient based on their admissions goals statement. In the scholarly paper seminar course, faculty work closely with students, provide feedback on their papers, and refer students to the Writing Center for additional assistance.

Example of an insufficient response to key element IV-D:

The nursing program is in compliance with this standard. The nursing faculty attend an annual School of Nursing faculty meeting in May of each year. During this meeting there is an assessment of each program that examines all available aggregate data. Discussions and recommendations are made to improve the program. This information along with any revisions and plans for the next year are recorded and implemented.

Note. BSN = bachelor of science in nursing; MSN = master of science in nursing.

of any changes that may have been made to improve the program based on that data.

The most common CIPR reporting problem associated with Standard IV is that there is no evidence reported related to student, alumni, or employer satisfaction, or aggregate faculty outcomes or to demonstrate that data results and analysis are discussed within the program. It is not acceptable for no data to have been collected. It may be that the program is in the process of determining how data will be collected or changing data collection methods, and if that is the case, the situation needs to be explained with future data collection plans described in the report.

Aggregate student outcomes related to licensure or certification requirements, graduation rates, and student, alumni, and employer satisfaction should be compared with the benchmark indicators established for expected student outcomes. What has the faculty defined as the desired expected outcomes (desired benchmarks) for student outcomes? Were those expectations met? The assessment of the program should be ongoing so that these data are routinely and consistently collected and analyzed. Even if a CCNE on-site evaluation occurred 5 years ago and no problems were identified, new data should be available to substantiate continued program compliance with the standards.

Table 10 provides examples related to Standard IV: Key Element IV-D. In the example of a well-developed response, the process of analyzing the data is discussed and examples are given of changes made based on the data. The insufficient response provides a brief description of the process but does not provide examples of any changes made related to the analysis of the data.

Summary

When collectively reviewed, the standards produce an overall report illustrating the program's commitment to CQI and compliance with all CCNE accreditation standards. Although the CIPR is one component of the accreditation process, it really is a reflection of the process of maintaining excellence in the educational program. The CIPR should be based on the most current CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs* (2009) and the

CCNE Guidelines for Preparing the CIPR. These documents provide detailed guidance for the preparation of the CIPR. Although following the suggestions written in this article does not guarantee CCNE acceptance of the CIPR, a well-written report will help demonstrate that program quality is being maintained and a process of CQI is being used. Assessment and quality improvement are valued processes for improvement in nursing education.

References

- Adams, M. (2012). Accreditation of nursing programs. In D. M. Billings, & J. A. Halstead (Eds.). *Teaching in nursing: A guide for faculty*, 4th ed. St. Louis: Elsevier.
- American Association of Colleges of Nursing. (2008). *Essentials of Baccalaureate Education for Professional Nursing Practice*.
- American Association of Colleges of Nursing. (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*.
- American Association of Colleges of Nursing. (1996). *The Essentials for Master's Education of Advanced Practice Nursing*.
- Arbrusse, R. S. (1978). Evaluation in nursing staff development. *Nursing staff development: Strategies for success*. St. Louis: Mosby-Year Book.
- Brown, J. F., & Marshall, B. L. (2008). Continuous quality improvement: An effective strategy for improvement of program outcomes in a higher education setting. *Nursing Education Perspectives*, 29, 205–211.
- Commission on Collegiate Nursing Education. (2009). *CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, amended April 2009.
- Deming, W. E. (1986). *Out of crisis*. Cambridge, MA: Massachusetts Institute of Technology. Center for Advanced Engineering Study.
- Dickerson, P. S. (2000). A CQI approach evaluating continuing education: Processes and outcomes. *Journal for Nurses in Staff Development*, 16, 34–40.
- Institute of Medicine of the National Academies. (2011). *The future of nursing leading change, Advancing health*. Washington, DC: The National Academies Press.
- National Task Force on Quality Nurse Practitioner Education. (2008). *Criteria for evaluation of nurse practitioner programs*. Washington, DC: Author.
- Yearwood, E., Singleton, J., Feldman, H. R., & Colombraro, G. (2001). A case study in implementing CQI in a nursing education program. *Journal of Professional Nursing*, 17, 297–304.