

A Preferred Future for Prelicensure Program Approval: Part II. Strategies for Moving Forward

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NURSING EDUCATION COMMITTEE MEMBERS (2011-2012)

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INTRODUCTION

With the complexity of today's health care environment, the increasing acuity of patient care needs and a growing body of literature that links higher educated nurses with better patient outcomes, there has been a national call for increasing the education of the nursing workforce (Benner, Sutphen, Leonard, & Day, 2010; Committee, 2011; NCSBN, 2010). Concomitantly, there is a need to meet future workforce needs to prepare nurses for new practice models and to address the critical faculty shortage (NCSBN, 2010).

Yet, many nursing programs are not accredited by a national nursing accreditation agency; therefore, graduates have a very difficult time advancing their education. Accreditation, however, ensures that national standards are achieved at each level of education, thus promoting articulation to the next level. As of February 2012, 96 percent of all baccalaureate or master's entry programs and 80 percent of diploma programs were accredited by national nursing accrediting agencies. Only 52 percent of associate degree programs, however, were nationally nursing accredited. This percentage is particularly concerning because 57 percent of all first-time NCLEX-RN® test takers in 2011 graduated from associate degree programs (NCSBN, 2011b). Even more striking, only 10 percent of practical nursing programs were accredited by a national nursing accreditation agency during that time period. Without graduating from a program that has national nursing accreditation, it is very difficult for the nurses to further their education (see Appendices I, II and III for the numbers and percentages of approved and accredited programs).

Further, the approval process has presented some challenges to boards of nursing (BONs) (NCSBN, 2011a; Smyer & Colosimo, 2011). Part I of this report describes how new programs are increasing in many jurisdictions while resources are shrinking. Working more collaboratively with national nursing accreditors would be a win-win situation by fostering the advancement of education of the nursing workforce and decreasing the strain on the BONs.

In 2011 NCSBN's Nursing Education Committee made a bold recommendation to member boards. It recommended that BONs work toward requiring national nursing accreditation of all prelicensure programs (practical nursing, associate degree nursing, diploma, baccalaureate and master's entry programs) by the year 2020. This recommendation was based on evidence the committee reviewed (NCSBN, 2011a), specifically the Institute of Medicine's Future of Nursing report (Committee, 2011), the Carnegie study of nursing education (Benner, Sutphen, Leonard, & Day, 2010), and NCSBN's policy position statement on the advancement of nursing education (NCSBN, 2010).

In 2004 NCSBN published a white paper (NCSBN, 2004), approved by the BOD, which appraised the status of the prelicensure approval processes in BONs. This white paper explored the history of the approval process in BONs; reviewed earlier work by NCSBN on the approval process, including that of the Practice, Education and Regulation in Congruence Committee; analyzed the International Council of Nursing (ICN)'s perspective on approval; and identified five models that BONs were then using to approve nursing programs. The IOM competencies across health care professions (Greiner & Knebel, 2003) had just been released (patient-centered care, interdisciplinary teams, evidence-based practice, informatics and quality improvement), and one recommendation for the future was that approval processes should incorporate these in their program assessments. The paper also examined new education programs that were being developed at the time (clinical nurse leader, doctorate of nursing practice) and recommended moving toward evidence-based nursing education practices. Additionally, the paper addressed the possibility of program approval for APRN programs.

Nursing has made great strides since that paper was published. The clinical nurse leader and doctorate of nursing practice programs are flourishing, and the APRN Consensus Model (Chorniak, 2010) has recommended preapproval of programs by the national nursing accrediting bodies. The body of research supporting nursing education has grown (Adams & Valiga, 2009; Ard & Valiga, 2009; Benner et al., 2010; Halstead, 2007; Lasater & Nielsen, 2009; Oermann, M., 2007; Schultz, 2009), thus providing more foundation for nurse educators, though much more needs to be done to advance nursing education into the future (Benner et al., 2010; Committee, 2011). This updated report on approval processes makes some bold evidence-based recommendations for the future.

BACKGROUND

Because most BONs do not require national nursing accreditation, BONs will need support to implement this recommendation. The Minnesota Board of Nursing (Jones, Foote, & Ridgeway, 2012) moved toward requiring national nursing accreditation, and they report the following top barriers for programs not seeking or not maintaining accreditation status:

- Lack of master's prepared faculty;
- Cost of site visit;
- Cost of National League for Nursing Accreditation (NLNAC) annual membership fees;
- Cost of staff time to complete self study; and
- Limited experience with the accreditation process.

By working collaboratively with stakeholders in Minnesota, the BON was able to seamlessly implement the requirement, thus being a source of advice for other BONs who are beginning this process. Other BONs have been willing to share their expertise as well. The Texas Board of Nursing developed an excellent crosswalk, comparing its rules/regulations to the NLNAC and the Commission on Collegiate Nursing Education (CCNE) standards, and has generously been willing to share these comparisons with BONs.

BONs have also reported that they would like more information about, and collaboration with, national nursing accreditors. In a survey sent to the education consultants at BONs about their use of reports from national nursing accreditors, 14 of the 46 respondents said they did not know that BONs could receive the reports. BONs indicated they would like more information on national nursing accreditation. The following comment from the survey show how requiring national nursing accreditation not only would assist the BONs with reducing their workload, but it also would decrease the burden on programs: "I think that if we received the annual reports that are sent to CCNE or NLNAC, we would not need to have annual reports sent in specifically for the BON. This might be a good rule change."

To assist BONs with the recommendation to require national nursing accreditation, NCSBN's Board of Directors (BOD) charged the Nursing Education Committee with the following charges:

1. Facilitate a conversation with CCNE and NLNAC about a shared understanding of nursing program approval processes and accreditation;
2. Hold a collaborative nursing education program accreditation and approval summit by February 2012; and
3. Make recommendations to the Model Act & Rules Committee.

To accomplish these charges, the committee members held the following meetings and conference calls (other conference calls related to the 2011 World Café™ Education Meeting are not included):

- June 23, 2011 – Conference call
- July 6, 2011 – Conference call
- Sept. 27-28, 2011 – Meeting in Chicago
- Nov. 10-11, 2011 – Meeting in Chicago
- Dec. 8-9, 2011 – Hosted World Café meeting in Chicago
- Dec. 13, 2011 – Conference call
- Feb. 8-9, 2012 – Meeting in Chicago
- Feb. 15, 2012 – Conference call
- March 22-23, 2012 – Meeting in Chicago
- April 27, 2012 (Conference Call)
- May 4, 2012 (Conference Call)

The highlights of this year's work include:

- Reviewed relevant literature since last year's work.
- Held one face-to-face meeting and three conference calls with representatives from CCNE and NLNAC.
- Held two conference calls with BONs to learn about their thoughts on and/or issues with a national nursing accreditation requirement.
- Held conference call with educators to learn about issues with distance learning programs in order to make future recommendations.
- Hosted the 2011 World Café™ Education Meeting, Dec. 8-9, 2011, in Chicago, to begin a dialogue with nurse educators and regulators about aligning program approval and national nursing accreditation.
- Reviewed and revised the education section of the model rules and presented them to the Model Act & Rules Committee for incorporation.
- Continue to work with qualitative researchers, Joanne Disch, PhD, RN, FAAN, clinical professor & director, Densford International Center for Nursing Leadership, University of Minnesota School of Nursing, and committee members to publish a monograph of the World Café meeting.
- Sent out three surveys:
 - The Nursing Education Approval Processes Survey was sent to executive officers of BONs. The same survey was sent to education consultants at BONs last year.
 - A survey was sent to education consultants about how they use accreditor reports.
 - A survey was sent to all participants of the World Café meeting to learn of any action plans that have been taken based on discussions from that meeting.
- Developed resources for BONs to move forward with requiring national nursing accreditation, including:
 - Differences Between Board of Nursing Approval and Accreditation;
 - Requiring National Nursing Accreditation: Strategies for Boards of Nursing;
 - Overview of CCNE and NLNAC processes;
 - CCNE and NLNAC compliance with U.S. Department of Education Standards; and
 - Guidelines for Joint Prelicensure Nursing Program visits.
- Distributed to all member boards the committee's recommendations for model rule changes, solicited suggestions and responded to each comment. The model rules document was revised accordingly.
- Presented the committee's work, including the revisions to the model rules, at the NCSBN Midyear Meeting in March 2012.

CONTEXT OF THE BON PRELICENSURE PROGRAM APPROVAL PROCESS

In 2011, the Nursing Education Committee conducted an in-depth analysis of the context of the BON approval process (NCSBN, 2011a). Not a lot has changed since last year related to which process BONs are using to approve programs. This year the committee conducted two surveys to gain a more comprehensive understanding of the topic. It also had conversations with BONs and national nursing accreditors to understand their processes and concerns. Lastly, the committee began a collaborative dialogue with accreditors, nurse educators and regulators at the World Café meeting. It is anticipated that these meaningful conversations will continue.

2012 Surveys

The first survey conducted this year was sent to executive officers and was a repeat of last year's survey sent to education consultants. One BON requested this update since the executive officer sets policy at BONs and, therefore, the responses to the survey could be different from those who work directly with education programs. This survey, titled "Nursing Education Approval Survey," asked about current processes in BONs. There were 36 responses to the survey; 51 education consultants responded to the 2011 survey. Since there were fewer respondents for the executive officer survey, direct comparisons were difficult. Generally, the surveys were quite similar and the responses did not indicate that executive officers hold different views on national nursing accreditation than do the specialists at BONs who are responsible for program approval and other education issues. Many of the same comments arose about unintended consequences of requiring national nursing accreditation, including worries about how programs (particularly practical nursing programs) will be able to fund this and meet the faculty qualifications requirements of NLNAC. The executive officers particularly pointed out the political environment that they are struggling with, where it is difficult to implement their requirements. Other references were made to the burgeoning numbers of programs in their jurisdictions. One executive officer said, "We need a better way to manage the growth of nursing programs."

A second survey was sent to education consultants at BONs who approve nursing programs; 46 individuals responded to this survey. Of those who responded, 65 percent indicated that they receive accreditation reports, while 35 percent said they do not. As noted above, 14 of the 16 who do not receive reports did not know that they could. Further, of the 65 percent who do receive reports, many did not realize the extent of the reports they could require or what they entailed. Of those who did receive accreditation reports, the majority used them for ensuring compliance with BON rules/regulations or enhancing their site visits. One BON said that it requires nursing programs to send them their accreditation reports, but the programs do not remember to send them. This omission was also brought up on the conference calls with BONs. While the BONs would prefer receiving the reports from the accreditors, according to the accreditors, the programs own their reports. One comment on this survey that supported the work of the Nursing Education Committee was, "I think collaboration between regulatory and accreditation agencies is very good for nursing."

Meetings with Accreditors and BONs

During meetings with representatives from CCNE and NLNAC, the Nursing Education Committee developed a collaborative relationship with them; the accreditors and the committee learned a lot from each other. It was clear that accreditors and regulators have the same goal: to graduate competent and safe nurses who are prepared to enter practice. Two issues arose that the committee has begun to address, though more work needs to be done. One is that BONs would like to receive accreditation reports from the accreditors if they are going to use national accreditation for their continued approval process. Representatives from NLNAC and CCNE described their reports, pointing out which would be most beneficial, have not been verified and may not be of as much value to BONs. This information was excellent and has been incorporated into a report for the BONs (see Appendices VII and VIII). Both NLNAC and CCNE representatives noted that while all BONs receive accreditation decisions about programs and communication on adverse actions taken, the other reports are owned by the nursing programs. The Nursing Education Committee has written into the Model Rules that BONs will require nursing programs to send them accreditation reports, as identified by the BON. This requirement may be an issue that we could revisit in the future.

Secondly, faculty qualifications came up, particularly with NLNAC requirements. Many practical nurse programs do not have faculty who meet NLNAC qualifications. It was recommended that NCSBN host (along with NLNAC), some regional meetings to discuss the accreditation process with practical nursing programs and how to meet the requirements. This collaboration will be a step forward for meeting this challenge.

Both NLNAC and CCNE representatives support BONs making joint visits on continued approval (if necessary) with them. The committee developed guidelines for BONs, accreditors and educators to use when joint visits are made (Appendix VI) based on input from the accreditors and BONs.

Other concerns expressed by accreditors were that sometimes, BONs do not share their adverse actions with accreditors. Working collaboratively in the future will benefit BONs, national nursing accreditors and the nursing programs.

Conference calls with BONs were also very informative to the committee. BONs expressed concerns with programs meeting faculty qualifications of NLNAC. Other BONs that do require national nursing accreditation were on the call, and they spoke of their positive experiences with it and made suggestions that BONs should meet with the programs to be sure they understand

the requirements and the accreditation process. A few BONs expressed challenges with holding joint visits with national nursing accreditors, though most BONs on the calls said these were very positive. One BON discussed how joint visits “expand the expertise” during a site visit. Many BONs talked about the influx of new programs being a challenge for them now. Another concern BONs had is that sometimes the accreditors have lower standards than BONs do with NCLEX® pass rates. This issue was considered when developing the model rule language for BONs.

World Café™ Meeting Discussions

The 2011 World Café™ Education Meeting was held Dec. 8-9, 2012, in Chicago. It was an excellent venue for BONs, national nursing accreditors and nurse educators to have an open and honest dialogue. The objectives of this meeting were intentionally broad to stimulate conversation. They included:

1. To learn from national thought leaders, both on the stage and among us;
2. To engage in meaningful conversations about the important issues; and
3. To help shape the future of nursing education.

During the World Café meeting, people rotated to tables of four, three different times. The participants were encouraged to listen to each other and to create a story on butcher paper with markers, pens and crayons. These stories were cross-pollinated by each group, thus connecting diverse perspectives. At each table a host stayed behind to greet the three new discussants and to review what the last table had discussed. The goal was to co-create a collective knowledge. Approximately 46 butcher paper stories were created during these discussions, and qualitative researchers from the University of Nevada, Las Vegas analyzed the illustrative themes from the discussions about what nursing could be if education, approval and accreditation were aligned. The six themes developed from this analysis are:

- Mutual goals for nursing education, practice and regulation;
- Power and influence for the profession;
- Unity and collaboration;
- Economy of time and money;
- Transparent communication; and
- Safety and protection of patients and students.

Attendees also discussed indicators of successful prelicensure nursing education programs, which included the following questions:

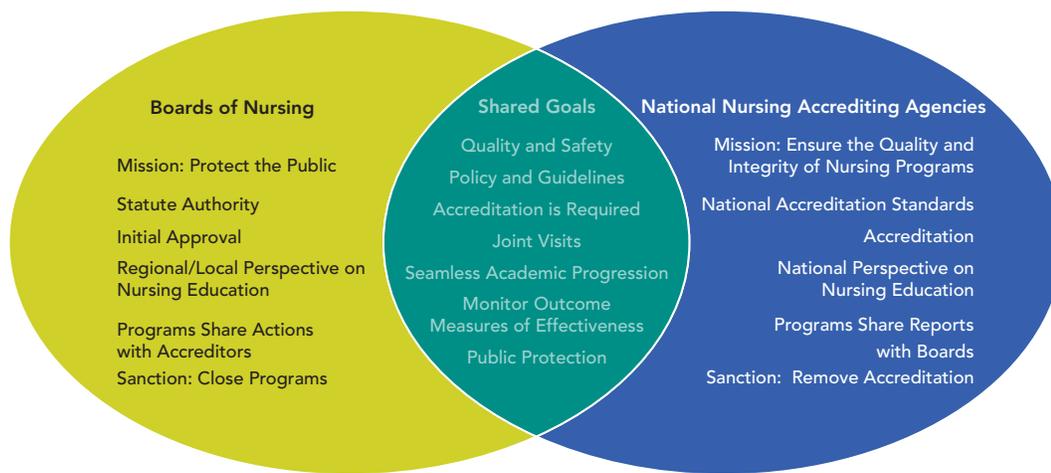
- What would be desirable student outcomes?
- How would the faculty role be different?
- Who would be the faculty?
- What implications are there for how nursing programs are structured?
- What constitutes clinical experiences?
- Who would be the new partners?

Currently qualitative researchers are analyzing the themes from this discussion. These themes will be an excellent starting point for future discussions of quality prelicensure nursing program indicators for BONs to consider as they make approval decisions.

NCSBN sent a survey to learn whether there have been any action plans developed after participants attended the World Café meeting. These themes clearly support the work of the Nursing Education Committee over the past two years and the requirement for national nursing accreditation.

THE FUTURE OF APPROVAL

In 2011, the Nursing Education Committee developed a diagrammatic model to represent its recommendations for moving forward with requiring accreditation. This year the committee slightly revised the model based on feedback from accreditors and member boards. On the right and left sides are the uniqueness of BONs and national nursing accreditors, each with its own perspectives. The center, or the overlap of the two outside ovals, represents the shared responsibilities and accountabilities of BONs and accreditors. By working collaboratively and developing shared goals, educators, national nursing accreditors and BONs will be able to move to the preferred future.



NEXT STEPS

Based on conference calls with BONs and their responses to the surveys conducted, it was decided that BONs would benefit from some written resources as they move forward with requiring national nursing accreditation. The committee recommended that NCSBN develop an online, easy-to-use, engaging toolkit for BONs. The first group of resources will provide BONs with a description of strategies for moving ahead:

- Appendix IV describes the differences between approval and accreditation. This comparison can be used for legislators, policymakers, educators or other stakeholders who want to know the difference between approval and accreditation, and why BONs should be approving programs.
- Appendix V describes some strategies for BONs as they move ahead with requiring national nursing accreditation.
- Appendix VI describes guidelines for BONs, educators and national nursing accreditors when making joint site visits of nursing programs.

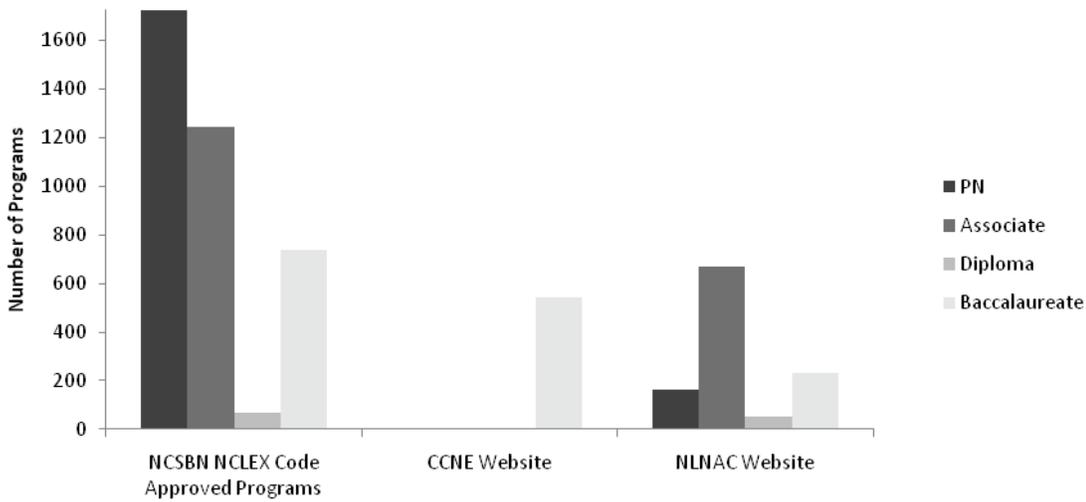
The second group of resources will provide BONs with information about national nursing accreditation.

- Appendices VII and VIII present an overview of the CCNE and NLNAC processes for accreditation. Included in these two documents is a summary of the CCNE and NLNAC accreditation reports.
- Appendices IX and X provide BONs with a brief summary of the elements of the nursing programs that accreditors evaluate, along with the accreditors' websites for further information.

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APPENDIX I: 2011 COMPARISON OF PRELICENSURE APPROVED AND ACCREDITED PROGRAMS



NCSBN NCLEX® Code Approved Programs

PN: 1722
 Associate: 1246
 Diploma: 68
 Baccalaureate: 740

CCNE Website (2/2012)

PN: 0
 Associate: 0
 Diploma: 0
 Baccalaureate: 540

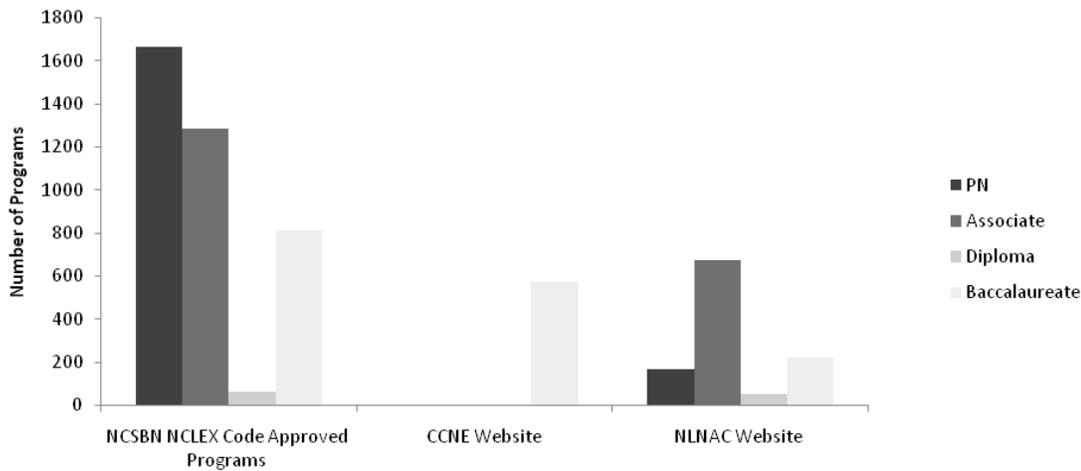
Total Programs:

NCSBN: 3,776
 CCNE: 540
 NLNAC: 1,117

NLNAC Website (2/2012)

PN: 163
 Associate: 671
 Diploma: 53
 Baccalaureate: 230

APPENDIX II: 2012 COMPARISON OF PRELICENSURE APPROVED AND ACCREDITED PROGRAMS



NCSBN NCLEX® Code Approved Programs

PN: 1665
 Associate: 1285
 Diploma: 63
 Baccalaureate: 811

CCNE Website (2/2012)

PN: 0
 Associate: 0
 Diploma: 0
 Baccalaureate: 574

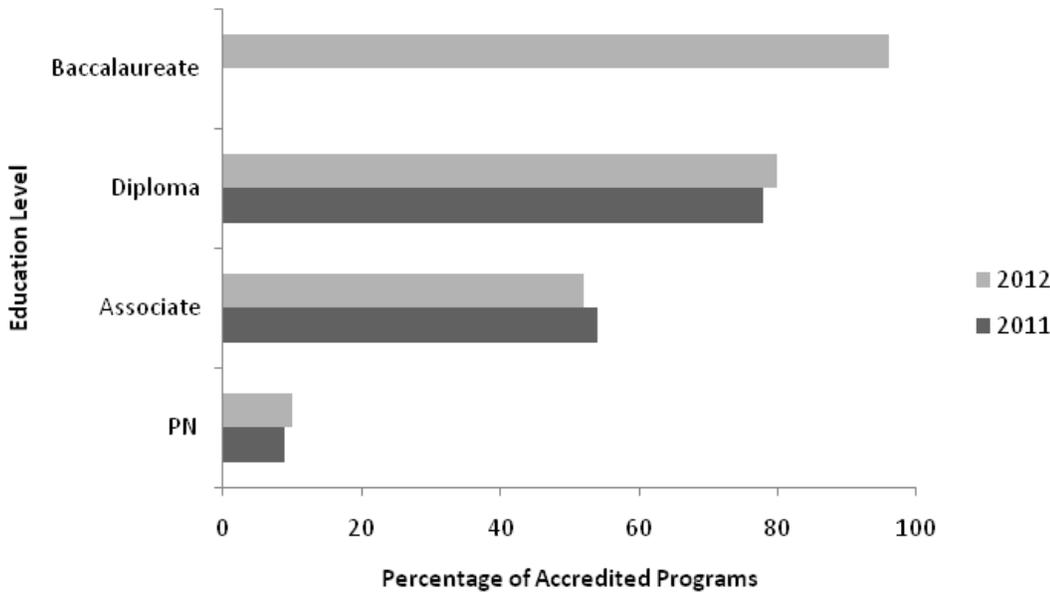
Total Programs:

NCSBN: 3,824
 CCNE: 574
 NLNAC: 1,114

NLNAC Website (2/2012)

PN: 166
 Associate: 673
 Diploma: 51
 Baccalaureate: 224

APPENDIX III: 2011-2012 PERCENTAGE OF ACCREDITED PROGRAMS



Total Percentage Accredited

2011	2012
PN: 9%	PN: 10%
Associate: 54%	Associate: 52%
Diploma: 78%	Diploma: 80%
Baccalaureate: N/A	Baccalaureate: 96%

*There are 16 programs that are accredited by both accrediting bodies.

APPENDIX IV: DIFFERENCES BETWEEN BON APPROVAL AND ACCREDITATION

As background, licensure in nursing is a two-pronged system. In order for nursing graduates to be eligible to take the NCLEX, the U.S. nursing regulatory model dictates that the new nurse must show evidence of graduating from a BON-approved nursing program. By making students eligible to take the NCLEX, nursing faculty verify that nursing students are competent to practice. Therefore, nurse educators have enormous power in the licensure model in the U.S. BONs rely on each other to make sound program approval decisions so that mobility across jurisdictions can be as seamless as possible. There is no doubt that redundancy currently exists between program approval by BONs and national nursing accreditation. However, there are some important differences in BON approval and national nursing accreditation:

1. The missions of national nursing accreditations and BONs approval differ. Accreditors assess quality and continuous quality improvement and program effectiveness while BONs, with their mission of public protection, evaluate and enforce standards.
2. BONs are strategically positioned to assure that all of these programs meet standards. BONs are particularly in close touch with developing programs.
3. BONs, by virtue of being state/jurisdiction-based, have the unique opportunity of being able to understand the nursing education issues in that specific jurisdiction, as compared to national accreditors.
4. National nursing accreditors do not have statutory authority to close nursing programs that don't meet standards, while BONs have this legal authority over nursing programs.
5. BONs are seeing increased numbers of new programs and routinely investigate fraudulent nursing programs, working closely with state agencies to issue cease and desist orders.
6. A BON's oversight of nursing education programs serves the public's best interest by curtailing programs that are shown to have high attrition and/or licensure exam failure rates.
7. BONs may share information about fraudulent programs through conference calls and webinars, and are able to communicate with each other about questionable programs through NCSBN's members-only, Web-based program, the Falsified Identity Tracking System (FITS).

8. If there are sufficient grounds, BONs can act right away when there are problems with nursing programs. The national nursing accrediting agencies are reliant on their boards' of directors meeting twice a year to take action and therefore cannot act as quickly.

APPENDIX V: REQUIRING NATIONAL NURSING ACCREDITATION: STRATEGIES FOR BONs

Given recent calls for innovations in nursing education and for nurses to advance their level of education (Benner et al., 2010, Committee, 2011, NCSBN, 2009, NCSBN, 2010), the BONs' desires to consider a new model for the future (NCSBN, 2011), and the dialogue that took place at NCSBN's 2011 World Café meeting (NCSBN, 2012b), the time is ripe for BONs to work toward harmonizing their approval processes with national nursing accreditors.

Based on the evidence reviewed, NCSBN has recommended requiring national accreditation by 2020 (NCSBN, 2012a). This date is in line with the Institute of Medicine's Future of Nursing report, which recommends increasing the proportion of nurses with a baccalaureate degree to 80 percent by 2020 (Committee, 2011). If nurses from practical, associate degree or diploma programs graduate from nonaccredited programs, it will be more difficult, and sometimes impossible, for them to further their education.

In order for BONs to begin the process of requiring accreditation, below are the recommendations from NCSBN's Nursing Education Committee and suggestions for moving forward:

1. All BONs will have statutory authority over nursing programs.
2. All prelicensure nursing programs will be accredited by a national nursing accreditation agency recognized by the U.S. Department of Education by 2020.
3. It is helpful for each BON to crosswalk their rules/regulations with NLNAC's and CCNE's standards. NCSBN has some example crosswalks from other jurisdictions that can be shared.
4. BONs will still conduct initial approval of visits. Initial approval will include a feasibility study. The latter is specified in NCSBN's Model Education Rules.
5. BONs may accept national nursing accreditation for continued approval and would use accreditation self studies to decrease redundancy, though BONs may require additional data. BONs might make site visits for continued approval, when deemed necessary.
6. For continued approval BONs will require the programs to share specified documents/reports with them. Suggested reports to require include:
 - a. From CCNE: Program self studies, program annual reports, continuous improvement progress reports (CIPR), substantive change notification and the action letter. If a BON decides to require team reports, it should also require program responses. See Overview of the CCNE Accreditation Process (Appendix VII) for a description of these reports.
 - b. From NLNAC: Program self studies, program annual reports, accreditation team letter, and substantive change reports. See Overview of the NLNAC Accreditation Processes (Appendix VIII) for a description of these reports.
7. If site visits are made for continued approval, it is recommended that they be made jointly with national nursing accreditors. BONs and accreditors making joint visits should refer to the Guidelines for Joint Prelicensure Nursing Program Visits (Appendix VI).
8. To reduce redundancy, it is recommended that BONs use program annual reports, though BONs may require additional data.

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APPENDIX VI: GUIDELINES FOR JOINT PRELICENSURE NURSING PROGRAM VISITS

Introduction:

In order to provide a seamless prelicensure BON approval and national nursing accreditation process, it is recommended that nursing program site visits be made jointly by the BON and national nursing accreditation agency. The goal of joint visits is to use resources more prudently, decrease duplication of effort and increase the diversity of expertise. Advantages of joint visits include:

- Provides a learning opportunity for both parties as there is quite a variation of nurse practice acts, expands the expertise and allows for input from different perspectives;
- Offers an opportunity for additional input from both parties, which is valuable for clarity and accuracy;
- Addresses overlap of both entities in ensuring quality nursing programs that are preparing nursing graduates for employment;
- Facilitates communication and dialogue among educators, national nursing accreditors, and BONs; and
- Enhances mutual understanding between BONs and national nursing accreditors.

Background

The mission of the BON, a governmental agency, is to protect the public through the regulation of nursing licensees and nursing education programs. Nursing education programs are regulated because nurse licensure is a two-pronged process. First, nursing faculty has the responsibility of ensuring that students graduate from a BON-approved nursing program and are clinically competent to practice entry-level nursing at the level of licensure being sought. Second, the student must pass the NCLEX examination. Program approval is an integral part of the licensure process because it assures that the program is in compliance with the BON's rules/regulations. BONs in most states/jurisdictions have statutory authority and responsibility to set regulatory standards for nursing education.

The mission of national nursing accrediting agencies, which are private, nonprofit organizations, is to promote quality education practices. While BONs evaluate whether the nursing program conforms to regulatory standards, as required in the nurse practice act and the administrative rules in the jurisdiction, national nursing accrediting agencies evaluate the program's adherence to quality and effectiveness standards set by the nursing profession.

Roles During Joint Site Visits for Approval and Accreditation

The following are recommended roles in this collaborative process:

Role of the program dean/director:

- Initiates the request, and communicates to each for a joint visit between national nursing accreditors and BONs;
- Establishes one agenda, in collaboration with the accreditors and BON;
- Facilitates and promotes a collegial interaction;
- Prepares and distributes to both the BON and the national nursing accrediting agency the self-study report; and
- Coordinate collaborative visits with faculty, students, administration, clinical agencies and the public; observational clinical experiences; curricular activities; classroom activities; and review student records, faculty records, facilities and resources.

Role of the national nursing accreditation agency site visitors:

- Review self-study report before the visit and note areas requiring clarification, amplification, verification and validation;
- Attend meetings set up by the dean/director and collect data/observe;
- Facilitate and promote a collegial interaction;
- Review program for meeting national nursing accreditation standards; and
- Meet with dean/director and BON visitor to provide exit report.

Role of BON site visitors:

- Review self-study report before the visit and note areas requiring clarification, amplification, verification and validation;
- Attend meetings set up by the dean/director;
- Facilitate and promote a collegial interaction;
- Review program for compliance with education administrative rules;
- Meet with dean/director to provide exit report (accreditor site visitors will be included); and
- Identify additional information that is not available in self study, as needed.

It is also recommended that BONs use the same self-study provided to the accrediting agency as the basis for the visit.

Joint site visits can be valuable experiences for the national nursing accrediting agencies, BONs and nursing programs when they are collaboratively planned and executed.

APPENDIX VII: OVERVIEW OF THE CCNE ACCREDITATION PROCESS

Scope: CCNE accredits bachelor of science in nursing (BSN) and graduate nursing programs that are located in institutions of higher education accredited by an accrediting agency recognized by the U.S. Department of Education (DOE).

Purpose: The purpose is to accredit BSN and graduate nursing programs that are in compliance with standards and to monitor programs' continuous quality improvement (CQI) efforts.

General Process: A self-study addressing compliance with CCNE's standards is written, which for BSN programs includes compliance with the American Association of Colleges of Nursing (AACN) baccalaureate standards.

- An evaluation team visits the program.
- The team prepares a report.
- The program responds to the team report and can include additional information.
- These three documents are reviewed by the Accreditation Review Committee (ARC), which makes a recommendation regarding accreditation to the board.
- The CCNE's Board of Directors grants, denies, reaffirms or withdraws accreditation, or issues a show cause directive.
- This process is reinitiated every 10 years or sooner.

Monitoring Process: CCNE periodically reviews accredited programs between onsite evaluations in order to monitor continued compliance with CCNE standards, as well as progress in improving the quality of the educational program (midpoint of term: 2.5 years for five-year term and five years for 10-year term).

Reports: CCNE will always share with BONs program accreditation decisions and any adverse actions taken.

Action Letter: This letter indicates the final accreditation action taken by the CCNE Board of Directors. Actions could include accreditation, accreditation denied, accreditation withdrawn, show cause, termination of accreditation, closed programs, voluntary withdrawal from accreditation or adverse actions. Specifics of these actions can be found at www.aacn.nche.edu/ccne-accreditation/Procedures.pdf.

Annual Reports: Includes statistical data and other information about the parent institution, program(s), faculty and students that is reported annually to AACN. These data are evaluated and referred as needed. This information would be beneficial for BONs to use if they require annual reports, though they might ask for additional information.

Continuous Improvement Progress Reports (CIPR): Includes evidence of CQI and is submitted in year five of a 10-year accreditation period or at the midpoint of any other designated accreditation period. The program should also provide information on its progress in correcting any areas of concern that were specifically identified by the BON in the accreditation action letter. The report contains documentation and statistical data about policy revisions; new or revised planning documents; significant increase or decrease in resources available to the program; significant increase or decrease in enrollment or student achievement; addition or deletion of any tracks within the program(s); and the decision to cease offering a school nurse option at the master's level. CIPRs are reviewed by the Report Review Committee (RRC) and makes recommendations to the BON.

Self-study: This report would be beneficial for BONs to use as they make continued approval decisions, though they may require additional information. See general process.

Special Reports: Required for programs that did not meet one or more of the standards. Program must satisfactorily address the area(s) of concern and demonstrate compliance with the standard(s) within two years. If a program fails to do so, the BON will take adverse action. The report will be reviewed by the RRC, which will make a recommendation to the BON.

Substantive Change Notification: Includes usual program changes but also includes an explanation and action plan for any of the following: degree completion less than 80 percent; annual NCLEX-RN® pass rates for all test takers (first time and repeat) over a three-year period that are less than 80 percent; job placement rates within 12 months following degree completion that are less than 80 percent; and certification pass rates for all test takers (first time and repeat) for any specialty area over a three-year period are less than 80 percent.

Team Reports: Includes the findings from CCNE's visit. This report has not been verified and some information could be inaccurate, so this is a poor report for BONs to rely on. There is also a program's response to team report, which would clarify any mistakes that had been reported in the Team Report. See general process.

Other Reports: As needed, may be submitted to provide additional information, clarification, or an update regarding any matter about which the BON has concerns or questions.

Initial Accreditation: Institutions that seek initial accreditation, and institutions that have had accreditation withdrawn and desire to regain accreditation must first submit an application for accreditation. New applicants are eligible for a maximum term of five years. New applicant status signifies an affiliation with CCNE, not a status of accreditation. Accreditation decisions are retroactive to the first day of the program's most recent onsite evaluation.

Communication: CCNE shares information regarding accreditation actions, including decisions to award or reaffirm accreditation and adverse actions with other appropriate accrediting agencies, appropriate state and territorial agencies, and the U.S. Department of Education. CCNE also, upon request, shares with other appropriate recognized accrediting agencies, and recognized state licensing and approval agencies information about the accreditation status of a program and any adverse actions it has taken against a program.

Systematic Review of Standards: CCNE has in place a systematic, planned and ongoing program of review to determine the effectiveness of the standards used in the accreditation process. The standards are reviewed every five years or sooner, if needed. The Standards Committee assists in coordinating the review of the standards. The systematic review of the standards incorporates notification about the opportunity for CCNE constituents and other interested parties to validate the current standards, and provide input about any problems in the interpretation or application of the standards or any gaps that might exist. It also incorporates broad-based surveys about the standards that solicit input by relevant constituencies to include academics (faculty and administrators), practicing nurses, students, graduates, leaders of nursing organizations, employers of nurses, and representatives of licensing and accrediting agencies.

References

CCNE. (2011). *Procedures for accreditation of baccalaureate and graduate degree nursing programs*. Retrieved from, <http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf>

Personal Communication with Jennifer Butlin, executive director, CCNE.

APPENDIX VIII: OVERVIEW OF THE NLNAC ACCREDITATION PROCESS

Scope: Initial accreditation and continuing accreditation of practical nursing programs, diploma programs, associate programs, master's programs, postmaster's certificate programs and clinical doctorate programs. NLNAC is a gatekeeper for Title IV funds.

Purpose: The purpose of the NLNAC is to provide specialized accreditation for programs of nursing education, both postsecondary and higher degree, which offer either a certificate, a diploma or a recognized professional degree (e.g., clinical doctorate, master's, baccalaureate, associate, diploma and practical degrees).

General Process: The NLNAC accreditation process includes the following:

- Candidacy (for programs seeking initial accreditation);
- Program preparation of the Self-study Report;
- Team site visit for program evaluation by program specific site visitors;
- Site Visitors' Report;
- Staff review;
- Evaluation Review Panel with program specific expertise;
- Staff review and referral to the NLNAC;
- Commission accreditation decision; and
- Appeal panel (when appropriate).

The NLNAC process for the evaluation of nursing education programs is a comprehensive four-step process with the program self-review and Self-study Report as the first step. The second step is the site visit conducted by peer evaluators resulting in the Site Visitors' Report. In the third step, a peer Evaluation Review Panel examines the reports written by and about the program (Self-study Report and Site Visitors' Report). The final step is a review of the process and the decision on accreditation status by the NLNAC Board of Commissioners.

NLNAC has a candidacy process where all programs seeking initial accreditation must apply for candidacy. Candidacy is granted after a successful professional staff review of a program's potential to meet NLNAC accreditation. A program that has achieved candidate status must complete the accreditation process within two years.

Monitoring Process: All accredited programs are required to submit an annual report. The annual report will request the following information (at a minimum):

- Enrollment figures;
- Graduation figures;
- Faculty numbers and credentials;
- Substantive change information; and
- Complaints against the program.

Reports: NLNAC will always share with the BONs program accreditation decisions and any adverse actions taken.

Accreditation Team Letter: This is the decision letter from accreditation team members.

Follow-up Report: May be required by NLNAC when nursing programs are out of compliance with one or two of the NLNAC Accreditation Standards. Based on the Follow-up Report and the recommendation of the Evaluation Review Panel, the decision regarding the accreditation status of the nursing program is made by the NLNAC.

Decision Options

- Affirm continuing accreditation as the program is in compliance with all NLNAC standards.
- For initial accreditation the next visit will be in five years, if the standards are met. For continuing accreditation, the next visit will be in eight years, if the standards are met.
- If the program is noncompliant with one or two standards, the next visit will be in two years for all programs, except practical nurse programs. For the latter, the next visit will be in 18 months. See the NLNAC website for other variations.
- Deny continuing accreditation and remove the nursing program from the listings of accredited programs. The program is not in compliance with NLNAC standard(s).

Self-study Report: Any program applying for accreditation must prepare a Self-study Report to demonstrate the extent to which the program meets the NLNAC Accreditation Standards and Criteria. The process of self-study represents the combined effort of the governing organization administrators, nursing education unit administrators, faculty, staff, students and other individuals concerned with the nursing program. All those associated with the program should participate in the self-study process. Broad participation leads to an understanding of the total program.

Team Report: The visit team chairperson is responsible for presenting an accurate, complete and well-organized report to the NLNAC one week after the conclusion of the site visit. Team members will provide the chairperson with comments and draft sections of the report. This report may be 20-40 pages long, and the evidence must be verified and clarified.

Substantive Change Report: Any program proposing a substantive change in the ownership or form of control, mission, program offerings, curriculum, credentials conferred, length of program, method of delivery, relocation or establishment of an additional location must report it to the NLNAC and obtain prior approval. The process must be followed immediately after the proposed change has been approved internally by the governing organization, but no later than four months before the planned implementation date. Accompanying this notification, the program must include a detailed report for review that identifies the change, provides rationale for the change, and addresses each of the NLNAC Standards and Criteria that are or may be impacted by this change.

Substantive changes requiring immediate notification of NLNAC include change in BON's approval status; change in accreditation status of the governing organization; decline in program outcomes, including licensure or certification examination pass rates, job placement rates, job satisfaction, or program completion rates; a default rate in student loan program that exceeds the regulation; identified fraud in the program; or any communication related to an adverse federal action.

Initial Accreditation: Initial accreditation of a nursing program is granted when the program demonstrates compliance with all NLNAC Accreditation Standards. The next review is in five years.

Communication: Communication is promoted by:

- Solicitation of comments on proposed new or revised policies from all interested parties;
- Report to constituents of the annual report findings (Report to Constituents and website) as aggregate data trended over time; and
- Broad consultation across constituencies.

Systematic Review of Standards

Data analysis is used to:

- Maintain validity and relevance of the NLNAC Standards and Criteria;
- Maintain reliability of the NLNAC accreditation processes and practices;
- Continue to identify and disseminate information in appropriate arenas regarding specific education needs of programs and program evaluators as groups;
- Continue to identify and disseminate information in appropriate arenas regarding specific developmental needs for individual programs and program evaluators; and
- Continue to identify and disseminate information in appropriate arenas regarding areas in which change needs to be facilitated.

References

NLNAC. (2012). 2008 edition: NLNAC accreditation manual. Atlanta, GA: Author. Retrieved from, <http://www.nlnac.org/manuals/nlnacmanual2008.pdf>

Personal Communication with Sharon Tanner, executive director, NLNAC.

APPENDIX IX: CCNE COMPLIANCE WITH U.S. DEPARTMENT OF EDUCATION STANDARDS

This is a brief summary of the elements of nursing education that CCNE reviews when accrediting programs.

Student achievement must:

- Be congruent with those of the parent institution;
- Reflect professional nursing standards and guidelines;
- Provide graduation rates within the expected time rate;
- Provide NCLEX-RN® Examination pass rates;
- Consider the needs and expectations of the community of interest; and
- Provide employment rates and employer satisfaction.

Curriculum is developed, implemented and revised to:

- Include a foundation of the arts, sciences and humanities;
- Incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice;
- Contain relevant professional nursing standards and guidelines; and
- Reflect ongoing efforts to improve program quality.

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;
- Experientially prepared for the areas in which they teach;
- Participate in program and in the ongoing efforts to improve program quality; and
- Supported in teaching, scholarship, service and practice in keeping with the mission, goals and expected faculty outcomes

Facilities: Physical resources are sufficient to enable the program to fulfill its expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.

Fiscal and Administrative Capacity: Periodic review and subsequent support ensures fiscal resources available to program to fulfill its mission, goals and expected outcomes.

The chief nurse administrator:

- Is a registered nurse (RN);
- Holds a graduate degree in nursing; and
- Is academically and experientially qualified, is vested with the administrative authority, and provides effective leadership to accomplish the mission, goals and expected student and faculty outcomes.

Student Support: Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Recruiting/Admissions/Grading: Institutional documents and publications accurately describe the nursing program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and that fees are accurate.

Program Length: Length is sufficient for the students to meet the nine Essentials of Baccalaureate Education for Professional Nursing Practice.

Student Complaints: There are established policies by which the nursing unit defines and reviews formal complaints. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Compliance with Title IV: Institution must be accredited by an approved program of the Department of Education and maintain Title IV eligibility. CCNE is not a gatekeeper for Title IV.

References

CCNE. (n.d.). CCNE standards & professional nursing guidelines. Retrieved from, <http://www.aacn.nche.edu/ccne-accreditation/standards-procedures-resources/baccalaureate-graduate/standards>

Personal Communication with Jennifer Butlin, executive director, CCNE.

APPENDIX X: NLNAC COMPLIANCE WITH U.S. DEPARTMENT OF EDUCATION STANDARDS FOR PRELICENSURE NURSING EDUCATION

This is a brief summary of the elements of nursing education that NLNAC reviews when accrediting programs.

Student Achievement: Must address attainment of student learning outcomes. Program outcomes are focused on first time passing of NCLEX[®], placement, employee and graduate satisfaction.

Curriculum: Must incorporate professional standards, clear student learning outcomes and program outcomes. Evaluation methodologies may be varied. There must be appropriate practice learning environments.

Faculty: Baccalaureate, associate degree and diploma program faculty members (full time and part time) are academically and experientially qualified with expertise in their areas of responsibility; and must be credentialed with a minimum of a master's degree with a major in nursing. Rationale for acceptance of other than the minimum required graduate credential is considered.

Practical nursing faculty members (full time and part time) are academically and experientially qualified with expertise in their areas of responsibility. Majority (at least 50 percent) of full-time nursing faculty engaged in didactic teaching are credentialed with a minimum of a master's degree in nursing. Other faculty must have a baccalaureate in nursing degree with current evidence of progress toward a master's degree in nursing, evidence of course work, continuing education or certification relevant to the teaching role.

Facilities: Must be adequate to ensure achievement of program outcomes.

Fiscal and Administrative Capacity: Baccalaureate program administrator must have a graduate degree with a major in nursing and an earned doctorate. Program administrators of associate degree, diploma and practical/vocational nurse programs must have a minimum of a graduate degree in nursing. There must be sufficient time and authority to administer, and the communities of interest must have input.

Student Support: There must be clear information regarding policies and they are congruent with governing organization. There must also be an orientation to technology. Any changes must be clearly communicated.

Recruiting/Admissions/Grading: Evaluation methodologies are key and must reflect achievement of student learning outcomes and program outcomes. All admission, recruiting and grading policies must be clear, consistent and represent integrity of information.

Program Length: Length must be congruent with outcomes and consistent with policies of organization, standards and best practices.

Student Complaints: Must have records documenting due process and resolution.

Compliance with Title IV: Must clearly address Title IV eligibility with written, comprehensive student loan repayment program. Maintain compliance with Title IV. They are the gatekeepers for Title IV.

References

NLNAC (n.d.). *NLNAC 2008 standards and criteria*. Retrieved from, <http://www.nlnac.org/manuals/SC2008.htm>

Personal Communication with Sharon Tanner, executive director, NLNAC.

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