


CCNE Accreditation: A Dialogue About Expectations for Clinical Practice Experiences

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Objectives

- To become knowledgeable about CCNE's requirements regarding clinical practice experiences
- To become familiar with and to identify appropriate clinical practice experiences for students in all programs and tracks, regardless of mode of educational delivery
- To enhance understanding of the roles of preceptors and faculty relative to clinical practice experiences

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

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

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CLINICAL PRACTICE EXPERIENCES

CCNE defines clinical practice experiences as:

“Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.” (CCNE *Standards*, 2013, page 21)

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CLINICAL PRACTICE EXPERIENCES

CCNE requires that baccalaureate, master’s, and Doctor of Nursing Practice (DNP) programs, as well as post-graduate APRN certificate programs, include appropriate clinical practice experiences, considering the roles/areas for which students are being prepared. This requirement extends not only to the overall degree or certificate program but to each track within the degree and/or post-graduate APRN certificate program.

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CLINICAL PRACTICE EXPERIENCES

For example:

A baccalaureate degree program that offers a

- traditional/pre-licensure track
- post-licensure/RN-BSN track
- accelerated/second degree track

must provide clinical practice experience opportunities for ALL 3 tracks.

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FRAMING THE DISCUSSION

1. Do students who are already licensed or certified nurses need to participate in clinical practice experiences?

Yes. All students must have the opportunity to integrate new knowledge at the appropriate degree/certificate level into practice.

2. Can prior and/or current work experience be used toward the clinical practice requirement?

While students can receive credit for previously earned **academically supervised** clinical hours, students must have the opportunity to practice and develop clinical/practice competencies that are appropriate for the program level and for the role, population focus, and/or area for which they are being prepared.

The onus is on the program to demonstrate that the credit students receive is appropriate based on a gap analysis and that a review of the clinical experiences is done by faculty.

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FRAMING THE DISCUSSION

3. Can simulation replace clinical practice experiences? How much simulation is acceptable?

No, simulation cannot replace clinical practice experiences. The CCNE standards and AACN *Essentials* documents are silent regarding an acceptable number of simulation hours, but the *Essentials* documents and the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016) do provide guidance regarding using simulation to *augment* clinical practice experiences. Programs should check with state regulatory agencies and the institutional accrediting agency to ensure there are no restrictions/limitations on simulation that might affect the nursing program.

4. Do online programs need to include/incorporate clinical practice experiences?

Yes. Nursing is a practice discipline; therefore, regardless of the mode of educational delivery, all students must have the opportunity to integrate new knowledge at the appropriate degree/certificate level into practice.

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FRAMING THE DISCUSSION

5. Does CCNE require the use of preceptors?

No, but if a preceptor is used he/she must be academically and experientially qualified for the role. The role of the preceptor must be clearly defined, congruent with the mission, goals, and expected student outcomes and congruent with relevant professional nursing standards and guidelines. (Key Element II-E)

6. In the clinical practice setting, our program uses mentors, facilitators, guides, etc. Does Key Element II-E (preceptors) apply to our program?

Yes. It is the *function* that the individual in that role plays in the student's educational experience in the clinical setting that is important; not the *name* of the role.

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FRAMING THE DISCUSSION

7. If a program uses a preceptor (or individual in a similar role) is it appropriate for the preceptor to evaluate the student?

No. A preceptor may provide feedback, but all clinical practice experiences must be evaluated by faculty.

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KEY ELEMENT III-E

What do the CCNE *Standards* specifically state in regards to clinical practice experiences?

III-E. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

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KEY ELEMENT III-E

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

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KEY ELEMENT III-E

Key Element III-E is related to Key Element III-B. Key Element III-B requires incorporation of specific professional nursing standards and guidelines.

In addressing this key element, please review the following documents, which articulate the requirements for clinical practice experiences:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), pp. 33-36;
- *The Essentials of Master's Education in Nursing* (AACN, 2011), pp. 29-31;
- *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006), pp. 19-20;
- *Criteria for Evaluation of Nurse Practitioner Programs** (National Task Force, 2012, pp. 8 and 19; or National Task Force, 2016, pp. 12, 19, and 20).

* NP programs may choose which edition of the NTF *Criteria* to use until the 2013 CCNE standards are revised.

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BACCALAUREATE ESSENTIALS (2008)

- “Clinical experiences are essential for baccalaureate nursing programs to prepare students to care for a variety of patients across the lifespan and across the continuum of care” (p. 33)
- “Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse” (p. 34)
- “Immersion experiences allow students to integrate previous learning and more fully develop the roles of the baccalaureate generalist nurse: provider of care, designer/manager/coordinator of care, and member of a profession” (pp. 34-35)

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COMMONLY ASKED QUESTION: BACCALAUREATE

What types of clinical practice experiences are appropriate for an RN-Baccalaureate (post-licensure/completion) program?

Examples (Acceptable):

- Working with patients concerning pain management
- Procuring input from patients and families on a policy
- Continuing care activities
- Public health activities in a health related setting

Examples (Not Acceptable):

- A poster presentation in a public library
- Skills lab
- Assessing virtual or simulated patients

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MASTER'S ESSENTIALS (2011)

- “All graduates of a master’s nursing program must have supervised clinical experiences, which are sufficient to demonstrate mastery of the Essentials” (p. 29)
- “These learning experiences also can occur using simulation designed as a mechanism for verifying early mastery of new levels of practice ... simulation is an adjunct to the learning that will occur with direct human interface or human experience learning” (p. 30)
- “Development of mastery also is facilitated through the use of focused and sustained clinical experiences, which provide the learner with the opportunity to master the patient care delivery skills as well as the system assessment and intervention skills ...” (p. 30)

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COMMONLY ASKED QUESTION: MASTER'S

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

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

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COMMONLY ASKED QUESTION: MASTER'S

Examples (Acceptable):

- Involvement that enhances well being - individual, community, or systems
- Contributes to expertise in an area of practice (e.g., med/surg, critical care, wound care, diabetes care) to develop advanced nursing knowledge, skills, and abilities
- Community outreach (e.g., health van on site at elderly clinic)
- Clinical projects related to patient care or system/ organization/unit level changes (quality, evidenced based applications)
- Patient projects that enhance the well being of individuals or groups (e.g., community based)
- Patient education
- Occurs within a healthcare setting (traditional or non-traditional)

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THE MOST COMMONLY ASKED QUESTION: MASTER'S

Examples (Not Acceptable):

- 100 % simulation - including standardized patient encounter
- Interaction with students or staff only
- Physical exam practice or lab
- Staff development
- Didactic content in the "3 P's"

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DNP ESSENTIALS (2006)

- “In order to achieve the DNP competencies, programs should provide a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program” (p. 19)
- “End-of-program practice immersion experiences should be required to provide an opportunity for further synthesis and expansion of the learning developed to that point” (p. 19)
- “Proficiency may be acquired through a variety of methods, such as attaining case requirements, patient or practice contact hours, completing specified procedures, demonstrating experiential competencies, or a combination of these elements” (p. 20)

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COMMONLY ASKED QUESTION: DNP

What types of clinical practice experiences are appropriate for an aggregate/systems/organizational focus DNP program?

Examples (Acceptable):

- Policy implementation and evaluation (traditional or non-traditional)
- Projects involving patients and staff

Examples (Not Acceptable):

- Library research for project
- Meeting with advisers
- Teaching staff or students

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NTF CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS (2012 V. 2016)

2012 NTF Criteria:

Criterion III.E: “The NP program/track has a minimum of 500 supervised *direct patient care clinical hours* overall. *Clinical hours* must be distributed in a way that represents the population needs served by the graduate.” (p. 8)

2016 NTF Criteria:

Criterion III.E: “The *NP program/track* has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development that represents the population needs.” (p. 12)

“Direct patient care: care that involves assessment, diagnosis, treatment, and evaluation of real clients or patients - not simulations or lab exercises with trained client/patient actors.” (p. 19)

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RESOURCES/LINKS

CCNE Resources:

- *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs:*
<http://www.aacnnursing.org/CCNE-Accreditation/Resource-Documents/CCNE-Standards-Professional-Nursing-Guidelines>
- *FAQs for Clinical Practice Experiences:*
<http://www.aacnnursing.org/CCNE-Accreditation/FAQs/Clinical-Practice>

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RESOURCES/LINKS

AACN Resources:

- *The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations* (AACN, 2015)
<http://www.aacnnursing.org/Portals/42/DNP/DNP-Implementation.pdf?ver=2017-08-01-105830-517>
- *Expectations for Practice Experiences in the RN to Baccalaureate Curriculum* (AACN, 2012)
<http://www.aacnnursing.org/Portals/42/News/White-Papers/RN-BSN-Expectations-White-Paper.pdf?ver=2017-08-07-094117-570>
- *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)
<http://www.aacnnursing.org/Portals/42/Publications/BaccEssentials08.pdf>
- *The Essentials of Master's Education in Nursing* (AACN, 2011)
<http://www.aacnnursing.org/Portals/42/Publications/MastersEssentials11.pdf>
- *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)
<http://www.aacnnursing.org/Portals/42/Publications/DNPEssentials.pdf>

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