

Frequently Asked Questions Clinical Practice Experiences

1. How does CCNE define 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 ([Standards for Accreditation of Baccalaureate and Graduate Nursing Programs](#), 2013, p. 21).

Clinical practice experiences are not limited to clinical patient care settings. Clinical practice experience also refers to any nursing intervention that influences health care outcomes.

2. Does CCNE require all degree programs and post-graduate APRN certificate programs to include clinical practice experiences?

Yes, 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/program offering within the degree and/or post-graduate APRN certificate program. For instance, a post-licensure baccalaureate (RN-BSN) program must include appropriate degree level clinical practice experiences. The same is true for master's, DNP, and post-graduate APRN certificate programs. The fact that a student is already a licensed or credentialed nurse does not negate this requirement.

3. Where can I find out more information about CCNE's clinical practice experience requirements?

Key Element III-E of the CCNE [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs](#) (2013) states:

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.

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.

Additionally, Key Element III-B of the [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs](#) requires incorporation (as appropriate) of the following documents, which describe the clinical practice experience requirement:

- [The Essentials of Baccalaureate Education for Professional Nursing Practice](#) [American Association of Colleges of Nursing (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 on Quality Nurse Practitioner Education, 2012) (*NTF Criteria*), pp. 8 and 19

Additionally, AACN has published a white paper, [Expectations for Practice Experiences in the RN to Baccalaureate Curriculum](#), which was approved by the AACN Board of Directors in October 2012. This paper is publicly accessible on the AACN website. CCNE recommends the white paper as a useful resource to programs.

4. Do “online programs” or programs with distance education offerings require inclusion of clinical practice experiences?

Yes. The [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs](#) (2013) and the clinical practice experience requirements therein are applicable to all programs that are CCNE-accredited or seeking CCNE accreditation, regardless of the mode of educational delivery.

5. Does CCNE have a list of “approved” clinical practice experiences?

No. CCNE does not have a list of “approved” clinical practice experiences and does not prescribe the specific clinical practice experiences a program must offer. What is important is that the program includes experiences that provide students with the opportunity to integrate new knowledge into practice at the appropriate degree and/or certificate level and to attain the identified professional competencies. Additionally, the program must be able to provide evidence that the experiences enable students to integrate new knowledge and demonstrate attainment of program outcomes, and that the experiences are evaluated by faculty.

6. What is meant by “faculty supervised and evaluated?” Must faculty be physically present at the clinical location to evaluate and supervise students?

All clinical practice experiences must be supervised and evaluated by faculty, according to Key Element III-E of the [Standards for Accreditation of Baccalaureate and Graduate Nursing Education](#) (2013). This can be accomplished through face-to-face meetings at the clinical site, employing the use of technology for the purpose of “visiting” the site, meeting (using various modalities) with the student and preceptor to determine how the student is progressing toward attaining identified student and program outcomes, etc. Additionally, student performance in all clinical practice experiences, at all educational levels, must be evaluated by faculty, although preceptors may offer input.

7. Can simulation replace “traditional” clinical practice experiences? How much simulation is acceptable?

The CCNE [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs](#), [The Essentials of Baccalaureate Education for Professional Nursing Practice](#) (*Baccalaureate Essentials*), [The Essentials of Master's Education in Nursing](#) (*Master's Essentials*), [The Essentials of Doctoral Education for Advanced Nursing](#)

[Practice \(Doctoral Essentials\)](#), and [Criteria for Evaluation of Nurse Practitioner Programs \(NTF Criteria\)](#) do not specify or limit the number of hours of simulation that are acceptable. However, the *Essentials* documents and the *NTF Criteria* do offer the following guidance:

“Simulation experiences augment clinical learning and are complementary to direct care opportunities essential to assuming the role of the professional nurse” (*Baccalaureate Essentials*, p. 34).

“Learning experiences also can occur using simulation designed as a mechanism for verifying early mastery of new levels of practice or designed to create access to data or healthcare situations that are not readily accessible to the student. These experiences may include simulated mass casualty events, simulated database problems, simulated interpersonal communication scenarios, and other new emerging learning technologies. The simulation is an adjunct to the learning that will occur with direct human interface or human learning experience” (*Master’s Essentials*, p. 30).

“Experiences include in-depth work with experts from nursing as well as other disciplines and provide opportunities for meaningful student engagement within practice environments. Given the intense practice focus of DNP programs, practice experiences are designed to help students build and assimilate knowledge for advanced specialty practice at a high level of complexity. Therefore, 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” (*Doctoral Essentials*, p. 19).

“There is an expectation that a minimum of 500 direct patient care clinical hours is needed specifically to address NP competencies in the preparation of the NP role and population-focused area” (*NTF Criteria*, p. 8).

“Direct patient care involves assessment, diagnosis, treatment, and evaluation of a real client/patient- not simulations or lab exercises with trained patient actors” (*NTF Criteria*, p. 19).

Importantly, CCNE advises programs to check with the appropriate state regulatory agencies and the institution’s accrediting agency to ensure that there are not restrictions/limitations about simulation that might impact the nursing programs.

8. If a program only admits and enrolls licensed nurses, do the licensed nurses need to have clinical practice experiences as part of the completion program?

Yes. All students, regardless of licensure status, must complete clinical practice experiences that provide them the opportunity to integrate new knowledge into practice at the appropriate educational level. For each degree and/or post-graduate APRN certificate, students are developing new, higher level skills and competencies that are reflective of that educational level, and students must be provided the opportunity to practice and develop these skills and competencies. Students should not be engaged in clinical practice experiences devoted to skills they have already attained; rather, they should be engaged in clinical practice experiences enabling them to attain new skills and knowledge at a higher level. For example, RN-BSN programs should build on those clinical practice experiences that the students had previously as part of their pre-licensure program.

9. Can students be awarded clinical practice experience credit based on their licensure and/or certification status?

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 degree level and for the role, population focus, and/or area for which they are being prepared.

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

For a student to receive credit for prior clinical hours, the experiences must have been academically supervised. The program decides whether to allow students to engage in clinical practice experiences at their place of work. CCNE does not prohibit students from completing clinical practice experiences at their place of work. However, if the students do engage in clinical practice experiences at their workplace, such experiences cannot be “business as usual.” Rather, the experiences must provide the opportunity for students to integrate new knowledge into practice and the experiences must be appropriate to the expected student learning and program outcomes.

11. Are clinical practice experiences required for indirect care roles?

Yes, clinical practice experiences are required whether the program is preparing students for a direct or indirect care role. However, it is expected that clinical practice experiences will be different for a direct versus an indirect care role. For instance, a DNP program that has an aggregate/systems/organizational focus might have students designing, implementing, and evaluating a quality improvement project; developing and implementing a practice guideline; developing and presenting a proposal to the executive leadership or Board; working with the information technology team to revise or implement the electronic health records system; or working with a legislative committee to write or implement a bill.

12. What types of clinical practice experiences are required for master’s degree students enrolled in nurse educator programs?

Students enrolled in a master’s degree program with a nurse educator track should have an identified area of advanced nursing practice. Nurse educator tracks should 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, then 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.”

13. Can students identify their own clinical practice experiences?

Neither the CCNE [*Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*](#) (2013) nor the CCNE [*Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs*](#) (2014) prohibits programs from allowing students to identify their own clinical practice experiences. Regardless of who identifies the clinical practice experience (student or faculty), the clinical practice experience must provide students the opportunity to integrate new knowledge into practice, and be supervised and evaluated by faculty. Additionally, faculty are responsible for assessing the appropriateness of the clinical practice experience, including preceptor qualifications, types and number of patients, setting/resources, etc.

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