



Frequently Asked Questions - Virtual Evaluations Nurse Residency Programs

Updated November 8, 2021

1. What is the duration of the virtual evaluation?

As with a CCNE evaluation that occurs on site at the institution, the program should plan for the virtual evaluation to occur over a 2.5- to 3-day period, with the exit interview occurring on the third day as usual.

2. Should any modifications be made to the self-study document because of COVID-19?

The self-study document should reflect the typical operations of the nurse residency program(s) under review. It is not necessary for the program to complete a full revision of its self-study document to address temporary changes made as a result of the COVID-19 pandemic. However, if the program has made any permanent or “long-term” changes, those should be addressed relative to the program’s compliance with a particular standard or key element, and, if appropriate, reported to CCNE through the [substantive change notification process](#). See [Information Regarding COVID-19 Impact on CCNE-Accredited Entry-to-Practice Nurse Residency Programs](#) for more information.

Additionally, to provide the CCNE evaluation team with up-to-date information and context about current program operations, the program should additionally include in the self-study document a brief overview summarizing any temporary changes made due to the pandemic that are in effect during the program’s accreditation review. This information should be included in the self-study document (e.g., as an introduction or an appendix).

3. Does the program need to send hard copies of the self-study document to CCNE and/or the evaluation team?

As usual, the program should not send hard copies of the self-study document to the CCNE offices. The program uploads the self-study document as a single PDF document to the CCNE Online Community (www.ccnecommunity.org). CCNE advises the chief nursing officer/chief nurse executive to contact the team leader *before* the self-study submission deadline (or as soon as is practicable once the team has been assigned) to determine whether any members of the evaluation team would like to receive hard copies of the self-study document. The program is to mail, by the deadline, a hard copy of the self-study document (including appendices) to members of the evaluation team who request it. CCNE advises the program to confirm each team member’s preferred address before mailing the self-study document.

4. What technological considerations or requirements should the program keep in mind?

Evaluation team members may be accessing the institution’s materials and videoconferencing platform from a variety of locations and using a variety of operating systems (e.g., PC, Mac). The program should save its materials in formats that are easy to access on any operating system (e.g., PDF). Regarding the videoconferencing platform utilized by the program, consider whether special downloads or applications are required to access the platform. While many individuals have used common programs and applications in recent months, care should be taken to not require burdensome technology or special software. The program is responsible for providing instructions and orientation to the CCNE evaluation team to ensure

that they have access to and know how to use the technology. Additionally, the program is responsible for providing instructions and orientation to all administrators, educators/faculty, residents, and other constituents (e.g., alumni, preceptors, managers) the program has arranged to meet with the team.

5. How will the agenda for a virtual evaluation be different from that for an on-site evaluation?

As usual, the chief nursing officer/chief nurse executive is responsible for developing the agenda and consulting with the team leader *before* it is finalized. The agenda for a virtual evaluation should include the same major elements as an agenda for an on-site evaluation: meetings with various program constituents (residents, educators/faculty, administrators, preceptors, alumni, etc.), opportunities for the evaluation team to observe learning sessions and clinical experiences, time for the evaluation team to meet in executive session and review materials in the virtual resource room, breaks, etc. Program administrators and educators/faculty may not observe or participate in sessions with residents, alumni, preceptors, and other such constituent groups, consistent with CCNE's expectations for confidentiality during on-site evaluations.

The program should be mindful of time zones when developing and finalizing the agenda. For example, if there is a team member or constituent on the West Coast and the program is on the East Coast, a 10:00 a.m. Eastern Time start time may be appropriate. Matters related to timing and scheduling (including whether the team will remain together or "split up" to participate in different interviews/meetings and observations) should be discussed with the team leader in advance and, ultimately, reflected on the agenda. The program should plan to schedule a lunch break for the evaluation team as well as a short break of at least 10 minutes between each meeting/interview.

In addition, the agenda for the virtual evaluation should include all links, passwords, and instructions needed for the team to access the videoconferencing platform that is being used for meetings/interviews, the virtual resource room, and any other platforms (e.g., the learning management system). The agenda should include the name, title, and contact information for the dedicated IT staff member(s) who will provide technical support during the evaluation. Additionally, the agenda should include the name, title, and contact information for the program representative the team should contact to request any needed data, evidence, or other materials that are not provided in the virtual resource room.

6. When should the program provide the agenda to the evaluation team and upload it to the CCNE Online Community?

The agenda for the virtual evaluation should be uploaded to the CCNE Online Community at the same time the self-study document is due. The specific date is provided to the program in the CCNE Online Community. The chief nursing officer/chief nurse executive should begin working on the agenda at least 2-3 months prior to the virtual evaluation. Once the program has incorporated the team leader's feedback and made any needed changes or adjustments to the draft agenda, the final version should be uploaded to the CCNE Online Community. If modifications are made to the agenda after it is uploaded to the CCNE Online Community, the program should ensure that the final agenda is sent directly to the evaluation team (e.g., via email), as it may not be uploaded again to the CCNE Online Community.

7. Should the program provide the evaluation team with a list of all individuals who will be meeting with the team?

Yes. For each meeting identified on the agenda, the program should provide the evaluation team with a list of the individuals scheduled to participate in that session, including their full name, title or role, and the program/track with which they are affiliated (e.g., current employee-based NRP resident, federally funded traineeship nurse residency alumnus, ethics content expert, ICU nurse manager, research librarian, nurse

recruiter, academic partner liaison, medical-surgical preceptor). It is up to the program to develop, update, and format the list, but individuals should be identified and grouped according to the particular session they are attending so the team knows who to expect for each meeting/interview. The participant list should be provided to the team (e.g., via email or in the virtual resource room) prior to the start of the virtual evaluation.

8. Can any meetings/interviews with the evaluation team be recorded?

No. This is prohibited by CCNE policies. Per CCNE's *Procedures for Accreditation of Entry-to-Practice Nurse Residency Programs (Procedures)* (2021, p. 8), "The chief nursing officer/chief nurse executive must ensure that sessions with the team, including all interviews and the exit interview, are not recorded and that only members of the designated constituent group participate in the meeting" [emphasis added]. This applies to any meetings/interviews occurring during the virtual evaluation as well as any interactions between the program and the team before, during, or after the evaluation. Administrators must ensure that the settings for the institution's videoconferencing platform or other technology/systems used to facilitate the virtual evaluation are set so that the system does not default to record the sessions with the CCNE evaluation team or any members of the team. There is only one exception: If the institution's policy is to record all class sessions and one or more team members are "observing" a class, then the class session may be recorded, and the team member(s) must be informed that it is being recorded before that session begins. Administrators must ensure that IT and other staff, as well as all constituents who will be meeting with the team, are aware of CCNE's policy prohibiting the recording of meetings/interviews. If any part of the evaluation is recorded (with the exception of a class session, as noted above), the CCNE team leader may end the evaluation early, and the program will no longer be eligible for virtual evaluation.

9. How might the program organize and label the materials in the virtual resource room?

The program should organize its virtual resource room materials in a thoughtful and systematic way, such that the evaluation team will be able to easily find what is needed during the evaluation. Evaluators have indicated that it is particularly helpful when programs organize their materials according to standard and key element and by program type, with clear document titles and labels to indicate what the document is and to which key element(s) and/or program(s) it corresponds. If a particular document is provided as evidence of program compliance with multiple key elements, the program may consider referencing the location or cross-referencing the document so the team is clear where to locate and access the information. The program should consult the "Examples of Evidence" sections at the end of each standard in CCNE's *Standards for Accreditation of Entry-to-Practice Nurse Residency Programs* (2015) for guidance on what documentation should be provided in the self-study document or virtual resource room. It is suggested that the program develop a table of contents or "key" to assist the team in understanding how the materials are labeled and organized in the virtual resource room. Programs might consider the following:

- constructing a "shell" in the learning management system to organize and outline accreditation materials;
- if a program does not use a learning management system, creating electronic folders on a shared drive or in the cloud and granting the team temporary access to it; and/or
- granting the team access to the virtual resource room by using specialized software.

Providing the evaluation team with access to classes at each program under review for accreditation is addressed under question #16.

Importantly, programs are advised not to provide links in the self-study document to materials/documents in the virtual resource room or elsewhere if the links to those materials/documents will become inaccessible/non-functional following the evaluation. It is essential that any links to materials/documents

that are provided in the self-study document remain active throughout the period of accreditation, so that the full record of review is maintained.

10. How will the program support the evaluation team’s access to materials in the virtual resource room?

It is the program’s responsibility to determine which platform will be used to house the virtual resource room and how the evaluation team will be granted access. Weeks prior to the virtual evaluation, the program should test the virtual resource room and ensure that the materials can be accessed by individuals who are not connected to the institution’s intranet/internal network. The program should be prepared to provide the team members with access to the virtual resource room, including any necessary links, usernames, and passwords, no later than 7 days before the start of the evaluation. The program should provide instructions to the team about how to access the virtual resource room. Proactive communication in advance of the virtual evaluation will help avoid glitches and access problems during the virtual evaluation.

11. How long should the virtual resource room be accessible by the evaluation team?

The program should notify the team that it has access to the virtual resource room at least 7 days in advance of the virtual evaluation, and provide clear instructions with orientation, if appropriate, for accessing the materials. The program should restrict the team’s access to the virtual resource room once the virtual evaluation has concluded. After this time, there is no need for the program to maintain the team’s access to the virtual resource room. Neither the CCNE Entry-to-Practice Residency Accreditation Committee nor the CCNE Board of Commissioners will have access to the virtual resource room in the decision-making process. Therefore, it is important for programs to include sufficient evidence upon which to determine compliance with the standards and key elements in the self-study document. Please consult the “Supporting Documentation” section at the end of each standard in the *CCNE Standards for Accreditation of Entry-to-Practice Nurse Residency Programs (2021)* for a listing of the types of evidence required in the self-study document or the virtual resource room.

12. What videoconferencing platform will the program use for the conduct of the virtual evaluation?

The program is responsible for providing the videoconferencing platform that will be used to host the virtual evaluation. The program’s platform will be used for the CCNE evaluation team to conduct interviews and meetings with various program constituents (whether on site or at dispersed sites) throughout the virtual evaluation. CCNE does not have a preference regarding which platform the program uses; however, the platform must allow for videoconference capability (as opposed to phone/audio only). The program is responsible for ensuring that the videoconferencing platform and any other technology used during the virtual evaluation ensures privacy of all meetings. The evaluation team will need to be given access to and will need to be appropriately trained/oriented as to how to use the platform. CCNE and its team members will not be expected to pay for a subscription to a platform. CCNE recommends that the program establish a contingency or back-up plan in the event that the selected platform fails to function during the course of the virtual evaluation.

13. Who will be responsible for providing technological support and troubleshooting during the virtual evaluation?

The program is responsible for providing any needed technological support to the evaluation team during the evaluation. The program should schedule a technology test with the team before the evaluation to ensure that all team members are able to successfully connect to the videoconferencing platform and navigate the virtual resource room. The program should identify a dedicated IT support staff member who is available to the team and has the ability to remotely troubleshoot technological issues with the

institution's videoconferencing platform, the virtual resource room, and any other platforms (e.g., the learning management system) the team may be accessing during the evaluation. This resource person should be available to the team from the time the team is provided access to the virtual resource room through the conclusion of the virtual evaluation. Different contacts may be provided for different platforms and technology needs, as appropriate. This should include reasonable after-hours support, as the team will be working in the evenings and weekend prior to the virtual evaluation and during the evenings during the virtual evaluation. CCNE staff will not be responsible for troubleshooting or providing technical support related to the institution's videoconferencing platform, learning management system, or virtual resource room.

14. What videoconferencing platform will the evaluation team use for private meetings in executive session?

CCNE will provide the evaluation team with a separate videoconferencing platform (Zoom) for use when the team meets in executive session (i.e., without program constituents present). Executive sessions in Zoom may include, among other activities, the team's planning meeting the day before the virtual evaluation, team debriefings during lunch time or at the end of the day, private deliberations about program compliance and areas yet to be explored, and meetings while the team reviews materials in the virtual resource room. CCNE will identify a resource person on the CCNE staff to provide support to the team in using its videoconferencing platform. This resource person will be available beginning the day before the virtual evaluation commences and extending through the final day of the virtual evaluation, including reasonable after-hours support in the evenings.

15. Should CCNE evaluators be required to provide personally identifiable information in order to participate on the institution's videoconferencing platform or access materials?

No. The program may not ask or require members of the evaluation team to provide personally identifiable information in order to participate in the institution's videoconferencing platform, review information or classes in other platforms (e.g., learning management system), or access materials in the virtual resource room. The program will need to identify a way for the team to gain access without using the team member's personal information. CCNE advises its volunteer evaluators not to provide personally identifiable information, such as social security numbers, birth dates, driver's license numbers, passport numbers, and credit card numbers.

16. How might the program arrange for the evaluation team to observe residents in class?

The method by which the program arranges for the evaluation team to observe residents in class is up to the program and will depend on the method of delivery used by the program. The program might, for example, grant the team access to view synchronous class sessions that are being streamed or set up a camera in the classroom, if the class is being delivered in person. The program might consider granting the team access to any asynchronous class sessions that have been pre-recorded or that are facilitated online through the program's learning management system. Other options may be appropriate if they allow the team to observe classroom learning. If classes are not taught during the virtual evaluation, the program should work with the team leader to determine how best to provide class observation opportunities to the team.

17. How might the program arrange for the evaluation team to observe residents' clinical practice experiences?

CCNE is aware that laws and regulations related to patient privacy and security can create challenges in observing clinical practice experiences. One option for programs is to make a narrated video of clinical

facilities for the team to view that discusses the way the clinical setting meets the objectives of the program, if the facility allows such recording. The program might also arrange for the team to videoconference separately with preceptors and residents from each program under review to ask questions about their clinical learning and practice experiences. As simulated experiences can augment clinical learning and on-unit experiences, it might be possible for the program to make arrangements for the team to view recorded simulation sessions. Another possibility might be for the program to arrange the team's observation of residents acquiring and practicing clinical skills by attending a simulation or lab session as a demonstration; or for the program to arrange for the team to meet with a preceptor and resident to talk about the resident's recent on-unit clinical experiences. Other options may be appropriate if they allow the team to gain an understanding of residents' experiences when engaged in clinical learning and practice. A combination of these options, and possibly others, may be appropriate for the program to arrange in order for the team to evaluate clinical practice experiences.

18. How might the program give the evaluation team a tour of the healthcare organization and showcase its physical resources?

The program may provide photos and/or make narrated, guided videos of the institution's and nurse residency program's physical facilities and resources (e.g., simulation and other laboratories, libraries, equipment, classrooms). These videos may be pre-recorded and provided to the team as part of the virtual resource room. The evaluation team will need to have an opportunity to ask questions about resources when meeting with program constituents, so the program may wish to have an individual(s) available to the team who is familiar with these resources.

19. Why does our program need to host an in-person visit later, when will it occur, and how much will it cost?

On March 17, 2020, the U.S. Department of Education (USDE) released guidance to recognized accrediting agencies (including CCNE) granting flexibility for agencies to conduct virtual evaluations due to COVID-19. However, the guidance also states, "If an accreditor employs a virtual site visit, the agency must perform a follow-up, in-person visit to the campus (though not necessarily a full peer-review site visit) within a reasonable period of time following the virtual site visit" [emphasis added]. CCNE will conduct the in-person visit within a reasonable timeframe following the virtual evaluation. CCNE will share more information with programs about the in-person visit once the specific policies and procedures are developed. The in-person visit will be held within 2 years of the date of the virtual evaluation, and such scheduling will be guided by recommendations from the Centers for Disease Control and Prevention and World Health Organization. It will *not* be necessary for CCNE to delay the accreditation decision resulting from the virtual evaluation until the in-person visit occurs; it is a separate event. It is likely that one individual will be assigned by CCNE to conduct the in-person visit, regardless of the number of programs under review. Additionally, CCNE anticipates that the visitor will not be a member of the virtual evaluation team (although this is not prohibited) and that the visit will last approximately 1-3 hours. The evaluation fee the program pays to CCNE for the virtual evaluation includes any expenses that may be incurred by CCNE or the visitor for the in-person visit that will occur later. No additional fees will be assessed by CCNE.