

NURSE RESIDENCY PROGRAMS: Definitions and Evidence of Best Practices

IOM Future of Nursing, Recommendation 3



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HealthImpact

PO Box 70007

Oakland, CA 94612

(510) 832-8400

www.HealthImpact.org

STANDARDS AND GUIDELINES

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AIM

The aim of this work is to compile, review, synthesize and distill components from widely used and recognized, US-based standards and guidelines for Nurse Residencies and Transition to Practice Programs. The focus is on programs that have been successful historically, as well as programs that are positioned for the future of healthcare and the various settings and types of roles where nurses will be needed.

OBJECTIVES

Compile best practice standards and guidelines for Nurse Residencies and Transition to Practice Programs through:

- Review of the literature
- Consultation with subject matter experts
- Review of nationally recognized standards and guidelines from accrediting bodies, professional organizations, Nurse Residencies, and Transition to Practice Programs demonstrating successful outcomes.

TARGET AUDIENCE

- California Action Coalition
- Nurse leaders across care continuum settings designing, validating or improving existing Nurse Residencies and/or Transition to Practice Programs

DELIVERABLES

Reference/Comparison table to support nurse leaders across practice settings with design or validation of their Nurse Residency and/or Transition to Practice Program with recognized standards. *Standards and Guidelines* are organized into three categories using the Donabedian Model as a guide (Donabedian, 2005).

- **STRUCTURE:** Includes identified elements of successful programs including human resources, necessary organizational characteristics and program framework
- **PROCESS:** Includes standards and guidelines pertaining to how program curriculum and other elements are delivered
- **OUTCOMES:** Categorizes program measures used to demonstrate success
- **BEST PRACTICES** are included, designed to assist nurse leaders with improving or developing programs within their organization.
- **REFERENCES** are included to assist nurse leaders in implementing this information into practice.

TABLE I – DEFINITIONS

CALIFORNIA ACTION COALITION DEFINITIONS WORKGROUP, OCTOBER 2015

<p>TIP-TTP</p> <p>Transition into/to Practice Program</p>	<p>Transition into/to Practice (TIP-TTP) program is an umbrella term for either pre- or post-employment programs that occur in addition to a general, nursing, and unit orientation and is designed specifically to assist either the Nurse Resident pre-employment or post-employment (new nurse graduate) with their transition from education to practice and/or to assist the currently licensed registered nurse (Fellow) with transition from one nursing specialty to another.</p>
<p>PRE-EMPLOYMENT</p> <p>Transition into/to Practice Program</p>	<p>Academic-service partnerships for the licensed new graduate RN (Resident) who have not begun employment. These programs are school based with one or multiple clinical sites, for the purpose of increasing the participants' confidence, competence and employability.</p>
<p>NURSE RESIDENCY</p> <p>New Graduate Nurse Residency</p>	<p>Planned, comprehensive programs based on a defined curriculum through which registered nurse graduates within the previous 12 months can acquire the knowledge, skills, and professional behaviors to deliver safe, high-quality care that meets defined evidence based standards of practice.</p> <p>Nurse Residencies encompass organizational orientations; preceptor led practice-based experience, and supplemental activities to promote nursing competencies and inter-professional collaboration. Help facilitate the transition from nursing school into a range of practice environments, promote leadership at the point of care, foster better patient outcomes, retain new graduates, and improve professional satisfaction.</p>

TABLE II – STRUCTURE

STRUCTURE	
KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
Program has structure and standardized processes in place	<ul style="list-style-type: none"> • Evidence based content and practices in place • Educational content is managed and revised regularly • Program includes a clinical immersion element • Dedicated group of preceptors support the program • Support systems for program roles • Transparency and accountability (Ulrich, 2010) p374
Organization has a Program Champion(s) and stakeholders	<ul style="list-style-type: none"> • Active stakeholder engagement and organization-wide commitment is essential (Ulrich, 2010) p374 • Governance group or RN residency leadership group includes executive sponsor, nurse managers, educators, recruiters and task force subcommittee chairpersons (Ulrich, 2010) • Kick-Off to provide overview of program and encourages engagement and participating (Ulrich, 2010) • Stakeholder buy-in at program inception; allocate sufficient and appropriate resources; evidence based; long-term support; comprehensive evaluation plan and measure outcomes; sustain program (Bratt, 2013)
Organization identifies a Program Director	<ul style="list-style-type: none"> • Dedicated individual to manage program
Organizational commitment to funding program and providing necessary resources	<ul style="list-style-type: none"> • Lack of employer support led to challenges including who pays for nurse resident time to complete learning modules, time with preceptor and time to effectively on-board nurse residents. (Spector, 2015)
Organization’s Mission/Vision/Values integrated into program	<ul style="list-style-type: none"> • ANCC accreditation standards

STRUCTURE

KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
<p>Program has an identified conceptual or theoretical model</p>	<ul style="list-style-type: none"> • Benner’s Novice to Expert Model (Benner, 1984). • Versant’s RN residency is based on Benner’s framework of residents, preceptors, mentors, debriefers and Subject Matter Experts (SME’s) (Ulrich, 2010)
<p>Program goals align with organization’s practice setting and ANA scope and standards of practice</p>	<ul style="list-style-type: none"> • American Association College of Nursing (AACN) at http://www.aacn.nche.edu/publications/white-papers/hallmarks-practice-environment
<p>Program has a dedicated faculty with demonstrated expertise</p>	<ul style="list-style-type: none"> • Faculty have expertise in adult education, program development, and subject matter content • Faculty demonstrate ability to present content effectively • Individuals validating nurse residence competency are trained to do so
<p>Program length is intentional and based on evidence based practice</p>	<ul style="list-style-type: none"> • Results show statistically significant differences in new nurse confidence, skills, and abilities at 12 months (Olson-Sitki et al 2012) • Results show decreased nurse turnover post NR (Olson-Sitki et al 2012) • Results support the need for an 18-week clinical immersion component with dedicated preceptors (Ulrich, 2010) • RN residents need ongoing support and guidance through their first year of practice (Ulrich, 2010) • Formal support should be available through the difficult 6-9 month post-hire period (Rush, et al, 2012)
<p>Competencies are appropriate for scope of practice in the practice environment and evaluated regularly</p>	<p>QSEN Competencies:</p> <p>Many programs use the QSEN competencies found at: http://qsen.org/competencies/</p> <ul style="list-style-type: none"> • Patient- Centered Care

STRUCTURE

KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
	<ul style="list-style-type: none"> • Teamwork & Collaboration • Evidence Based Practice • Quality Improvement • Safety • Informatics <p>University Health System Consortium (UHC) Competencies:</p> <ul style="list-style-type: none"> • Professional behaviors • Clinical competence, adherence to ethical principles and institutional mission, values, and goals • Sensitivity to diversity • Clinical reasoning skills required to management patient care • Progression from advanced beginner to competent nurse • Leadership through effective provision of care • Safe care • Effective communication with the health care team, patients, and family/significant others • Appropriate and safe delegation • Participation in unit-based and hospital wide performance improvement and evidence based practice activities.
<p>Valid and reliable processes in place and used to evaluate if program participants demonstrate competency</p>	<ul style="list-style-type: none"> • See OUTCOMES section for best practices
<p>Curriculum is evidence based, current, and appropriate for clinical role and scope of practice</p>	<ul style="list-style-type: none"> • A standardized, evidence-based curriculum is the foundation of the UHC/AACN Nurse Residency and is based on the residency curriculum is based on the AACN Essentials of Baccalaureate Education for Professional Nursing Practice. (Goode, 2013)

STRUCTURE

KEY ELEMENTS

Curriculum includes content that supports the ability of participants to provide or apply evidence based care

EXAMPLES OF BEST PRACTICES

- Leadership is taught at the point of care (Goode, 2013)
- Versant RN Residency course work includes
 - Case studies
 - Structured clinical immersion experiences
 - Structured precepting, mentoring and debriefing/self-care sessions, and competency validation (Ulrich, 2010)
- Core curriculum is established reflecting focus of the program (Ulrich, 2010)

UHC/AACN curriculum is delivered in monthly residency seminar sessions in a face-to-face- session and includes three core areas of content:

1. Leadership with focus on managing resources for patient care and collaborating with inter-professional teams
2. Patient safety and outcomes enhances knowledge of quality, safety, and nurse sensitive outcomes
3. Professional role including professional practice issues, managing changing patient conditions, ethics, and end of life care

ANCC Curriculum contains the following elements:

- Communication
- Teamwork
- Critical thinking-clinical reasoning
- Ethics
- Evidence based practice
- Informatics
- Interprofessional collaboration
- Patient and family centered care
- Quality improvement principles

STRUCTURE

KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
	<ul style="list-style-type: none"> • Role transitions • Safety design principles • Stress management • Time management
<p>Program includes a structured precepting and mentoring program</p>	<ul style="list-style-type: none"> • Team precepting found to be an effective model- where new graduate RN is matched with a novice preceptor who has an experience level closer to that of the new graduate. As the new graduate gains expertise and knowledge, a preceptor with more clinical experience takes over. (Ulrich, 2010) p 366 • Nurse residents meet regularly with mentors for guidance and support, experienced less stress • Structured mentoring includes: scheduled meetings, deadlines for conducting mentoring sessions, and providing specific content (Ulrich, 2010) • Effective preceptors lead by example, offer insight and wisdom, encourage and emotionally supportive and reassuring (Spector, 2015) • In public health and home health settings preceptors were an important aspect of program success especially given the isolating nature of the work. Preceptors found creative ways to meet with nurse residents, for example, in their cars, talking on the phone (Spector, 2015)
<p>Programs are accredited</p>	<ul style="list-style-type: none"> • Accreditation of residencies is essential to maintain quality and ensure consistency across programs (Goode, 2013)

TABLE III – PROCESS

Includes standards and guidelines showing how program curriculum and other elements are delivered

PROCESSES	
KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
<p>Practice based learning takes place and goals for the new graduate’s transition into practice reflect:</p>	<ul style="list-style-type: none"> • Preceptors, mentors and other experienced professionals guide the new graduate’s learning (Goode, 2013) p 2 • Face to face/didactic sessions • Simulation can be used to assess nurse resident competency preprogram for gaps (Berman, 2014.) <ul style="list-style-type: none"> ○ Inter-professional exercises and simulation are integrated into content of curriculum along with core topics such as PFCC principles as outlined by The Institute for PFCC ○ UHC program curriculum includes completion of an evidence based performance improvement project which can have a significant impact on practice in the organization. (UHC) • IPEC: inter-professional education competencies core competencies.
<p>Process established to review and update curriculum on a routine basis</p>	<ul style="list-style-type: none"> • Occurs in established forums, Professional Nursing Practice Advancement Council and is reviewed three times per year
<p>Process in place to evaluate the resident’s competency</p>	<ul style="list-style-type: none"> • Competency is assessed at point of care
<p>Process in place to strategically assist participants in meeting goals</p>	<ul style="list-style-type: none"> • Formative assessments occur biweekly with new graduate, preceptor and facilitator (CNS) during first 16 weeks

PROCESSES

KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
<p>Remediation process in place for new graduates who are not meeting incremental goals</p>	<ul style="list-style-type: none"> Formative assessments occur biweekly with new graduate, preceptor and facilitator (CNS) during first 16 weeks
<p>Process in place to address learning needs, identify knowledge gaps and differentiate between gap in knowledge, attitude or skill</p>	<ul style="list-style-type: none"> Standardized measure is used to address learning needs – Basic Knowledge Assessment Test (BKAT for the Critical Care, Progressive Care, Acute Care (Med-Surg) and Emergency Department – baseline and 4 months
<p>Process in place to allow nurse resident time to reflect and incorporate feedback</p>	<ul style="list-style-type: none"> Versant utilizes mentor circles two to three mentors assume responsibility for a group of nurse residents scheduled, facilitated, structured, debriefing, self-care sessions for residents to safely voice and share their feelings (Ulrich, 2010) Using appreciate inquiry to coach new graduate nurses during first of year of practice (Chandler, 2012) Reflective Practice The program provides opportunity to engage in daily reflective inquiry/learning, journaling, and facilitated group discussion of clinical exemplars and narratives. RN residents strongly benefit from the opportunity to participate in roundtable discussion and share experiences, challenges, or successes.
<p>Peer support is integrated into program</p>	<ul style="list-style-type: none"> New grads are hired into cohorts and develop vision and brand on Day 1. Peer support continues through program to graduation at 12 months

PROCESSES

KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
<p>Stress management strategies</p>	<ul style="list-style-type: none"> • Consider using HeartMath technique as a stress management technique at http://www.heartmath.com/ • Self-care integrated into daily reflective learning. Formal class on self-care provided in Foundations of Professional Nursing Practice (orientation program)
<p>Time management strategies</p>	<ul style="list-style-type: none"> • Practiced between new grad and preceptor (new grad delegates to preceptor) and case studies in reflective learning
<p>Communication skills including interprofessional communication</p>	<ul style="list-style-type: none"> • Developed through TeamSTEPPS and SBAR communication • Looping – A strategy to integrate new grads in the interprofessional team and across the continuum of care. Program uses Observe-Determine-Act framework to ensure new grads achieve desired outcomes
<p>Processes and methods in place to improve critical thinking and clinical reasoning skills</p>	<ul style="list-style-type: none"> • Following a careful analysis of evaluation data from multiple education sessions, the team came to understand that it was not <i>what</i> was taught, but <i>how</i> it was taught that was most important (Bratt, 2013) <ul style="list-style-type: none"> ○ This analysis also resulted in redirecting priorities to role modeling and teaching NRs to think critically and act like professional nurses, which was an important cognitive shift for the team (Bratt, 2009)
<p>Strategies in place to support ethical decision-making in the practice setting</p>	<ul style="list-style-type: none"> • Includes end-of-life and palliative care discussions
<p>Celebrations and recognition</p>	<ul style="list-style-type: none"> • Celebrations and recognition of key milestones begin on day 1 with welcome breakfast and continue throughout the year long program and end with graduation and celebration

TABLE IV – OUTCOMES

This group categorizes program measures that are used to demonstrate success

OUTCOMES	
KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
<p>Outcomes are identified, measured and used to improve program quality</p>	<ul style="list-style-type: none"> • A clear program evaluation plan needs to be in place to provide tangible evidence related to achievement of program goals and outcomes and to compel ongoing program improvements • Objectively evaluate program data using both quantitative and qualitative outcome measures • Demonstrate how new graduates are competent to work as a professional nurse • Collect data at specified time points throughout each residency cohort and up to 60 months after the start of the cohort (Ulrich, 2010) • Concepts measured include: <ul style="list-style-type: none"> ○ Competency ○ Satisfaction ○ Confidence ○ Empowerment/autonomy/role dissonance, ○ Group cohesion/organizational commitment ○ Turnover intent • Methods include focus groups, survey's, class evaluations, pre/post, preceptor/mentor evaluation by residents, preceptor/mentor evaluations of nurse resident's, debriefer evaluations, SME evaluations • Measurement Instruments include <ul style="list-style-type: none"> ○ Competency assessment ○ Work satisfaction ○ Nurse satisfaction ○ Conditions for work effectiveness ○ Corwin nursing role conception professional role subscale ○ Group cohesion ○ Leader empowering behaviors scale ○ Organizational commitment scale

OUTCOMES

KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
	<ul style="list-style-type: none"> ○ Schutzenhofer professional nurse autonomy scale ○ Slater Nursing competencies- self report and observed ○ Skills competency self-confidence turnover intent. <p style="text-align: right;">(Ulrich, 2010)</p> <p>UHC experience uses the following tools for measurement:</p> <ul style="list-style-type: none"> ● Casey-Fink Graduate Nurse New Grad Experience Survey (Casey-Fink) – (Goode, 2013) ● Evaluation plan should include program outcomes, process and long-term impact on practice. ● A useful framework for this process is the Kirkpatrick four-step evaluation model (Kirkpatrick & Kirkpatrick, 2006). Kirkpatrick includes learners’ reaction or satisfaction with the program (reaction), what changed in the learner’s knowledge, attitudes, or skills (learning), changes in job behavior or performance as a result of the program (behavior), and final outcomes that occurred from participating in the program results (Bratt, 2013).
Satisfaction of champions and stakeholders is measured	<ul style="list-style-type: none"> ● Communication plan is in place to regularly to report program status, needs and ‘wins’ to executive suite. ● Residency program newsletter featuring individual residents and showcasing what they were learning was another effective mechanism to maintain engagement (Bratt, 2013)
Satisfaction of nurse residents is measured	<ul style="list-style-type: none"> ● Nurse Resident satisfaction measured using self-report, observation and validated instruments ● Nurse residents’ perceptions of learning sessions (reaction) were measured using a questionnaire with forced and open-ended responses administered at the conclusion of each session (formative evaluation) and at the conclusion of the entire program (summative evaluation). (Bratt, 2013)

OUTCOMES

KEY ELEMENTS	EXAMPLES OF BEST PRACTICES
<p>Nurse resident confidence, competence and intent to stay are measured</p>	<ul style="list-style-type: none"> • Casey-Fink survey pre-post (Casey, 2004); (Casey, 2008) • Changes in NRs' job performance (behavior) were measured by pre- and post-performance appraisals using standardized competency assessment tools, by noting indicators of NRs' professional development such as upward movement on a clinical ladder or progress on personal professional goals, surveying managers or peers, and through standardized instruments that measured nursing performance and decision-making ability (Bratt & Felzer, 2011, 2012).
<p>Recruitment, retention, turnover, vacancy rates are measured</p>	<ul style="list-style-type: none"> • Retention rates for nurse residents increased significantly in participating hospitals (Goode, 2013) • To capture retention data, enlist the assistance of the Human Resources Department so that new graduates can be earmarked within the employee database and their movement tracked within the organization. Alternately, assign this recordkeeping responsibility to the residency program coordinator (Bratt, 2013)
<p>Return on investment is measured (ROI)</p>	<ul style="list-style-type: none"> • Jones' (2008) calculation of the replacement cost of each new nurse to be between \$82,000 to \$88,000 (Jones, 2007)
<p>Patient quality indicators are measured</p>	<ul style="list-style-type: none"> • Measurable program outcomes include incidence of error on units, perceptions of patient safety climate, and the practice environment (Baernholdt, et al, 2010)
<p>Evaluate how new graduate RN resident is integrated into organizational culture because of program participation</p>	<ul style="list-style-type: none"> • Group Cohesion Scale evaluates perceptions of the nursing unit or department in terms of productivity, efficiency, morale, <i>belongingness</i>, and working together (Ulrich, 2010)

BEST PRACTICES

Successfully navigating the development, implementation and maintenance of an effective new graduate nurse residency program and/or Transition to Practice programs requires time, attention to detail, and persistence. Putting a clear structure and process into place gives nurse leaders and others involved in the program a framework to work from; definitive outcomes measurement provides a way to determine if the program is effectively meeting the organizations goals.

Programs that have buy in from executive level leadership, including both support and an allocation of resources, are more likely to be successful over time. Lack of engagement by executive leadership can lead to myriad issues cited in the literature.

In addition to mitigating Reality Shock for new graduate nurses, residency and transition to practice programs can be a catalyst for transforming the work environment, professional relationships, and support professional practice in the health system.

Data shows that *one size does not fit all* when it comes to putting nurse residency programs and transition to practice programs together. Programs must be tailored to meet the needs of the organization and specifically to the practice area where nurse residents will be integrated into the organization.

The leadership team must carefully structure the educational components to ensure that faculty and

preceptors are motivated and competency to provide what the new graduate nurses need in order to be successful. Bratt and colleagues note that it was not so much *what* was taught, but *how* it was taught that was most important to program success. This analysis also resulted in redirecting priorities to role modeling and teaching NRs to think critically and act like professional nurses, which was an important cognitive shift for the team (Bratt, 2009).

Successful programs may want to develop a comprehensive communication plan including message focus, and creative vehicles for messaging to ensure that champions, stakeholders and others involved in the program are regularly informed throughout the program.

Several nurse researchers note a pattern in the new graduate nurse's confidence, competence and job satisfaction. Generally, new graduate nurses begin the program with reasonably high self-perceptions. This dips at about the six-month mark when new graduate nurses become aware of the depth and breathe of the professional nursing role. New graduate nurses who continue to receive mentoring support and clinical precepting as needed regain a perception of greater self-confidence and competence in the care by the one year mark (Spector, 2015).

Organization commitment is higher in year 1 compared to year 2 and suggests mentor support or engagement strategies may need to continue in year 2 (based on research study at SMH)

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SUMMARY DEFINITIONS



SUMMARY DEFINITIONS

In order to provide greater clarity in the area of Registered Nurses and Advanced Practice Registered Nurses (APRNs) who Transition into/to Practice; the following grid provides the distinction between the terms used to describe programs and roles.

DEFINITIONS	
PROGRAMS	INDIVIDUAL ROLES
<ul style="list-style-type: none"> Transition into/to Practice Program: TIP-TTP Transition into/to Practice (TIP-TTP) program is an umbrella term for either pre- or post-employment programs that occur in addition to a general, nursing, and unit orientation and is designed specifically to assist either the Nurse Resident pre-employment or post-employment (new nurse graduate) with their transition from education to practice and/or to assist the currently licensed registered nurse (Fellow) with transition from one nursing specialty to another. 	<ul style="list-style-type: none"> New Graduate Registered Nurse (RN) An individual, who has graduated within the past year from a state-approved school of nursing, is licensed by California state board of nursing to provide patient care and is entering into first nursing practice role.
<ul style="list-style-type: none"> Pre-Employment: Transition into/to Practice Program Academic-service partnerships for the licensed new graduate RN (Resident) who have not begun employment. These programs are school based with one or multiple clinical sites, for the purpose of increasing the participants' confidence, competence and employability. 	<ul style="list-style-type: none"> Nurse Resident A newly graduated RN enrolled in either a pre-employment or post-employment Transition into/to Practice Nurse Residency Program. (See definition of New Graduate RN.)

PROGRAMS

- **Nurse Residency: New Graduate**

Nurse Residency

Planned, comprehensive programs based on a defined curriculum through which registered nurse graduates within the previous 12 months can acquire the knowledge, skills, and professional behaviors to deliver safe, high-quality care that meets defined evidence based standards of practice. Nurse Residencies encompass organizational orientations; preceptor led practice-based experience, and supplemental activities to promote nursing competencies and inter-professional collaboration. Help facilitate the transition from nursing school into a range of practice environments, promote leadership at the point of care, foster better patient outcomes, retain new graduates, and improve professional satisfaction while increasing the participants' competence and confidence.

- **Nurse Fellowship Program**

RN Fellowship programs facilitate the currently licensed registered nurse, with 12 or more months of experience, transitioning from one nursing specialty to another.

RN Fellowship programs are planned, comprehensive programs designed to support the nurses' acquisition of the

INDIVIDUAL ROLES

- **New Graduate Registered Nurse (RN)**

An individual, who has graduated within the past year from a state-approved school of nursing, is licensed by California state board of nursing to provide patient care and is entering into first nursing practice role.

- **Nurse Fellow (RN)**

A licensed registered nurse, with 12 or more months of experience, transitioning from one nursing specialty to another.

knowledge, skills, and professional behaviors necessary to deliver safe, high-quality care that meets defined standards of practice. Help to promote leadership at the point of care, foster better patient outcomes, and improve professional satisfaction.

PROGRAMS

- **Advanced Practice Registered Nurses (APRN) Nurse Fellowship Program**

APRN Fellowship programs help facilitate the transition of the APRN into a new range of practice environments, help to promote leadership at the point of care, foster better patient outcomes, retain APRNs in practice, and improve professional satisfaction. APRN Fellowship programs are planned, comprehensive programs through which currently licensed APRNs can acquire the knowledge, skills and professional behaviors to deliver safe, high-quality care that meets defined standards of practice. APRN Fellowship programs may include organizational orientation; must include preceptor lead practice-based experience and supplemental activities to promote nursing professional development, APRN competencies and inter-professional collaboration.

INDIVIDUAL ROLES

- **Advanced Practice Registered Nurse (APRN) Fellow**

(Including: Nurse Practitioners, Clinical Nurse Specialists, Midwives, and Nurse Anesthetists)
A newly licensed APRN transitioning into/to their first APRN role and is enrolled in a Transition into/To Practice APRN program.

PROGRAMS

- **Orientation**

Typically includes:

- New Employee / Facility
- Patient Care-Nursing
- Electronic Health Record
- Department Orientation

Orientation introduces newly hired employees at all levels to the Organization's Vision, Mission, Values, structures and policies. Traditionally employee orientation occurs prior to department based orientation. Department orientation includes role and responsibilities expectations to include a review of the practice standards, policies and procedures related to the specific populations served.

- **Mentoring Program**

Mentoring is a means of preparing nurses for practice and encourages career development. Collaboration through mentoring can ease the adjustment to a new academic or professional environment and ensure the success of emerging professionals. Professional organizations, healthcare foundations and hospitals offer programs that promote the mentoring relationship.

INDIVIDUAL ROLES

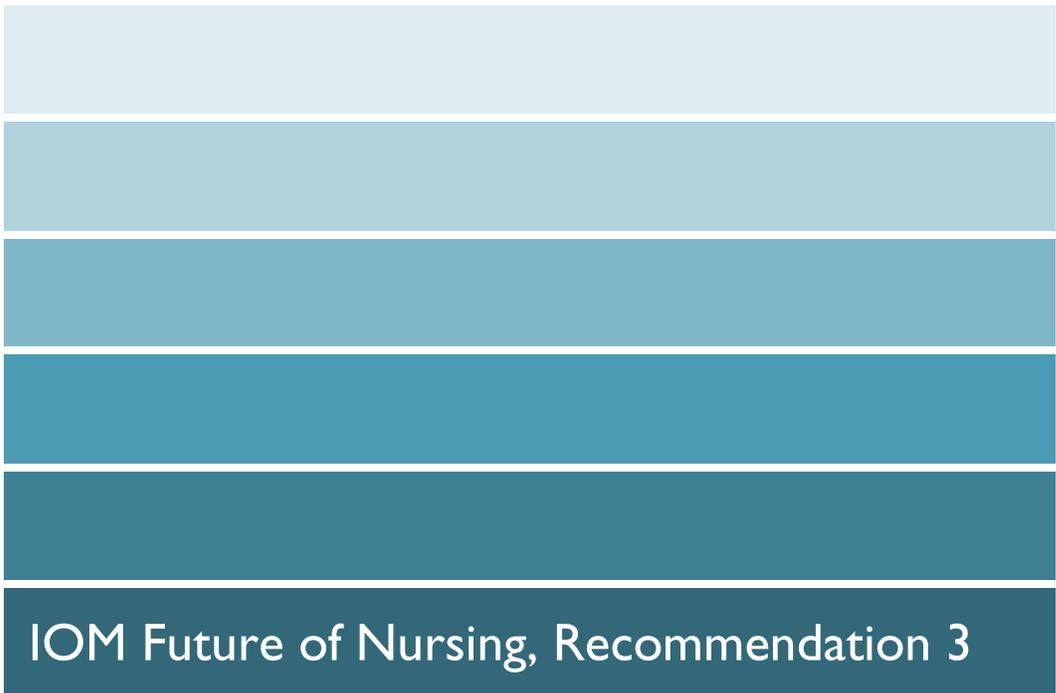
- **Preceptor**

An individual with demonstrated competence in a specific practice area who serves as educator, coach, facilitator, evaluator, protector, clinical leader, socialization agent, and role model to enhance and validate the competencies of another individual.

- **Mentor**

A mentor is an individual that provides support and guidance through a relationship that encourages and guides to promote personal and professional growth and development. A mentor is generally chosen by the mentee.

REFERENCES/ SOURCES



IOM Future of Nursing, Recommendation 3



SUMMARY DEFINITIONS

In order to provide greater clarity in the area of Registered Nurses and Advanced Practice Registered Nurses (APRNs) who Transition into/to Practice; the following grid provides the distinction between the terms used to describe programs and roles.

	DEFINITIONS LIST
ACCEPTED/APPROVED DEFINITION	<p style="text-align: center;">Advanced Practice Registered Nurse (APRN) Fellow Includes: Nurse Practitioner, Clinical Nurse, Specialist, Midwife, Nurse Anesthetist and ...</p>
	<p>A newly licensed APRN transitioning into/to their first APRN role and is enrolled in a Transition into/To Practice APRN program.</p>
	<p style="text-align: center;">Advanced Practice Registered Nurses (APRN) Nurse Fellowship Program</p>
	<p>APRN Fellowship programs help facilitate the transition of the APRN into a new range of practice environments, help to promote leadership at the point of care, foster better patient outcomes, retain APRNs in practice, and improve professional satisfaction.</p> <p>APRN Fellowship programs are planned, comprehensive programs through which currently licensed APRNs can acquire the knowledge, skills and professional behaviors to deliver safe, high-quality care that meets defined standards of practice. APRN Fellowship programs may include organizational orientation; must include preceptor lead practice-based experience and supplemental activities to promote nursing professional development, APRN competencies and inter-professional collaboration.</p>
	<p style="text-align: center;">Facilitator</p>
	<p>An experienced registered nurse with a baccalaureate or graduate degree in nursing who guides and supports nurse residents in classroom and clinical settings to achieve the goals of the residency program. This individual’s primary role is to facilitate learning sessions. Other roles may include but are not limited to providing expertise to develop residents’ clinical judgment and decision-making, reviewing clinical narratives to further develop residents’ nursing practice, and acting as a clinical resource.</p>

Mentor

A mentor is an individual that provides support and guidance through a relationship that encourages and guides to promote personal and professional growth and development.
A mentor is generally chosen by the mentee.

New Graduate Registered Nurse (RN)

An individual, who has graduated within the past year from a state-approved school of nursing, is licensed by California state board of nursing to provide patient care and is entering into first nursing practice role.

Nurse Residency (New Graduate Nurse Residency)

Planned, comprehensive programs based on a defined curriculum through which registered nurse graduates within the previous 12 months can acquire the knowledge, skills, and professional behaviors to deliver safe, high-quality care that meets defined evidence based standards of practice.

Nurse Residencies encompass organizational orientations; preceptor led practice-based experience, and supplemental activities to promote nursing competencies and inter-professional collaboration.

Help facilitate the transition from nursing school into a range of practice environments, promote leadership at the point of care, foster better patient outcomes, retain new graduates, and improve professional satisfaction.

Nurse Resident

A newly graduated RN enrolled in either a pre-employment or post-employment Transition into/to Practice Nurse Residency Program. (see definition of New Graduate RN)

Nurse Fellowship Program (RN - Nurse Fellow)

RN Fellowship Programs facilitate the currently licensed registered nurse, with 12 or more months of experience, transitioning from one nursing specialty to another.

RN Fellowship programs are planned, comprehensive programs designed to support the nurses' acquisition of the knowledge, skills, and professional behaviors necessary to deliver safe, high-quality care that meets defined standards of practice.

Nurse Fellow (RN)

A licensed registered nurse, with 12 or more months of experience, transitioning from one nursing specialty to another.

Orientation

Includes: New Employee / Facility. Patient Care-Nursing. Electronic Health Record. Department Orientation

Orientation introduces newly hired employees at all levels to the organization's Vision, Mission, Values, structures and policies. Traditionally employee orientation occurs prior to department based orientation.

Department orientation includes role and responsibilities expectations to include a review of the practice standards, policies and procedures related to the specific populations served.

Preceptor

An individual with demonstrated competence in a specific practice area who serves as educator, coach, facilitator, evaluator, protector, clinical leader, socialization agent, and role model to enhance and validate the competencies of another individual.

Pre-Employment Transition into/to Practice Programs

Academic – service partnerships for the licensed new graduate RN (Resident) who have not begun employment. These programs are school based with one or multiple clinical sites, for the purpose of increasing the participants' confidence, competence and employability.

Transition into/to Practice Program (TIP-TTP)

Transition into/to Practice (TIP-TTP) Programs are an umbrella term for either pre- or post-employment programs that occur in addition to a general, nursing, and unit orientation and is designed specifically to assist either the Nurse Resident pre-employment or post-employment (new nurse graduate) with their transition from education to practice and/or to assist the currently licensed registered nurse (Fellow) with transition from one nursing specialty to another.

REFERENCE LIST

APRN Fellowship

APRN Fellowship programs help facilitate the transition of the APRN into a new range of practice environments, foster better patient outcomes, retain APRNs in practice, and improve professional satisfaction.

APRN Fellowship programs are planned, comprehensive programs through which currently licensed Advanced Practice Registered Nurses (APRN) can acquire the knowledge, skills and professional behaviors to deliver safe, high-quality care that meets defined (organizational or professional society) standards of practice; may include organizational orientation; must include preceptor lead practice-based experience and supplemental activities to promote nursing professional development.

7-10-2015 Toyin Lawal BSN, RN and Kathy Harren MSN MHA RN

Facilitator

An experienced, clinically competent nurse with a master's degree who commits to investing in the professional development of 1 or more new graduates participating in the Nurse Residency Program.

The facilitator guides and supports the resident nurse, helping him or her achieve the goals of the program and exceed expectations as a member of a clinical unit's staff.

Resident facilitators can be clinical specialists, nurse managers, nurse educators, faculty members, or nurse practitioners.

In organizations where resources are scarce, an experienced, clinically competent Baccalaureate nurse may be considered.

Source: 2015 UHC/AACN, Nurse Residency Program Roles and Responsibilities- "Resident Facilitator" Retrieved on 6-26-15 from www.uhc.edu

Facilitators lead groups. A facilitator improves the overall effectiveness of teams.

Schwarz, Roger M. The Skilled Facilitator: Practical Wisdom for Developing Effective Groups (1994). San Francisco: Jossey-Bass Publishers

REFERENCES/SOURCES

The nurse facilitator is a team builder. The nurse facilitator takes on the responsibility of facilitating the student teams. (Carlson, Pilhammar, & Wann-Hansson, 2011, p309-313). “The team builder: The role of nurses facilitating interprofessional student teams at a Swedish clinical training ward.

Nurse Education in Practice (NURSE EDUC PRACT), 2011 Sep; 11 (5): 309-13

Resident Facilitator: An experienced registered nurse with a baccalaureate or graduate degree in nursing who guides and supports nurse residents in classroom and clinical settings to achieve the goals of the residency program. This individual’s primary role is to facilitate learning sessions. Other roles may include but are not limited to providing expertise to develop residents’ clinical judgment and decision-making, reviewing clinical narratives to further develop residents’ nursing practice, and acting as a clinical resource.

CCNE March 2015

Mentor

An experienced nurse who has develop expertise and can be a strong force in shaping a nurse’ identity as professional”

(Anthony, 2006, p73). ANCC 2013 Magnet application manual. P70)

Mentor – individual that provides support and guidance through a formalized or information process that encourages and guides to promote personal and professional growth.

Health Alliance of Mid-American LLC (2009). Nurse Mentoring Toolkit. Retrieved 4/10/14 at <http://www.bsu.edu/nursing>.

Mentors help improve performance by coaching the individual. The mentor is there to help build the confidence and commitment to the task by being present in a side by side situation.

Kinlaw, Dennis C. Coaching for Commitment: Coaching Skills Inventory (1999). San Francisco, CA: Jossey-Bass/Pfeiffer.

A mentor provides guidance and counsel to someone who has less experience in a field. Relationships can be spontaneous and informal, or strict and structured. Mentors share skills, knowledge, and expertise and offer constructive feedback directly. It is equally essential that the mentor serve as a role model by setting and meeting his or her own professional goals, valuing the opinions of others, and earning the respect of his or her peers.

Lipscomb, R. and An S. Mentoring 101: Building a Mentoring Relationship Journal of the Academy of Nutrition and Dietetics Vol 113, Issue 5 Suppl (May 2013)

A mentor is a skilled nurse, allocated short term, to assist new employees, less experience staff and post-graduate nurses, to orientate to the work setting, share clinical expertise and socialize.

Borbasi, Jones, & Gaston, 2004

New Graduate Registered Nurse (RN)

A person who has completed a pre-licensure nursing program and is newly licensed. Length of time since graduation can vary.

(MJC/DH/NW) 2012

A nurse who has completed his or her nursing education and is in the first year of employment as a registered or licensed professional nurse. New graduates are generally novice nurses who have limited clinical experience and require orientation, guidance, mentorship and safe learning environments to transition into beginning nursing practice.

(Benner, Tanner, Chelsa, 2009) ANCC 2014 Magnet Application Manual p 70

Graduate Nurse (GN) Etymology: L, gradus, step, nutrix, nurse a nurse who is a graduate of an accredited school of nursing, but not yet licensed.

Mosby's Medical Dictionary, 8th edition. © 2009, Elsevier

An individual, who has graduated from a state-approved school of nursing, passed the NCLEX-RN Examination and is licensed by a state board of nursing to provide patient care. registered nurse. (n.d.).

The American Heritage® Stedman's Medical Dictionary

Abbr. RN, R.N. A nurse who has graduated from an accredited school of nursing and has been registered and licensed to practice by a state authority.

Retrieved June 27, 2015, from Dictionary.com website:

http://dictionary.reference.com/browse/registered_nurse

New graduate nurses are considered to be those who have less than six months of nursing experience. The Versant New Graduate RN Residency™ is a comprehensive education and training system designed specifically to transition newly graduated registered nurses from students to safe, competent, and professional practitioners.

NSCBN, Retrieved June 27, 2015 Registered Nurse (RN)

Graduation from an accredited generic BSN program or masters-level entry into practice program. The UHC/AACN Nurse Residency Program™ was developed for BSN and master's degree entry-level graduates, entering into first nursing practice role.

Criteria for admission to the Nurse Residency Program are consistent with the Commission on Collegiate Nursing (CCNE) standards for nurse residency program accreditation.

Source: 2015 UHC/AACN, Nurse Residency Program Roles and Responsibilities- "Nurse Resident Qualifications and Expectations" Retrieved on 6-26-15 from www.uhc.edu

Resident: An individual who has graduated from a prelicensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., state board of nursing) (see Academic Nursing Program) and who is enrolled in the nurse residency program.

This individual must hold a registered nurse license or temporary permit to practice, must be an employee of the healthcare organization or a participant in a formal traineeship, and must be serving in his or her first nursing role. No longer than one year shall elapse from the time of graduation from the prelicensure nursing program to admission into the residency program. Residents are expected to fulfill obligations of a registered professional nurse after completion of the institution's orientation program.

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	Orientation
REFERENCES/SOURCES	<p>"An introduction, as to guide one in adjusting to new surroundings, employment, activity and the like."</p> <p>www.Dictionary.com</p>
	<p>"The process of introducing nursing staff to the philosophy, goals, policies, procedures, role expectations and other factors needed to function in a specific work setting; orientation takes place both for new employees and when changes in nurses' role, responsibilities, and practice settings occur."</p> <p><i>(ANA & NNSDO, 2010)</i></p>
	<p>"The educational processes to introduce individuals or groups to a new role or organization. Professional practice guidelines."</p> <p><i>Chris Metzger-Wilson. Chapter 25, p.575. Core Curriculum for Nursing Professional Development (2013,4th ed.) edited by Sandra Bruce, MSN, RN-BC</i></p>
	<p>"Preparation of new nursing staff to manage patient population and function competently in clinical practice; an integral aspect of retention."</p> <p><i>(Bullock, Paris, & Terhaar, 2011). Issues and trends in nursing professional development. Cooke, Marcia (2010), chapter 26, p.592. Core Curriculum for Nursing Professional Development. (2010), edited by Sandra Bruce</i></p>
	<p>"Process to ensure that orientees receive consistent information regarding policies & procedures, and documentation to support practice and familiarizing them with the UC Davies Health System vision, mission, values, goals, and organizational structure."</p> <p><i>Retrieved from www.ucd Davies.edu/nursing orientation</i></p>

"Orientation is a means of introducing new employees to the organization mission, governance, policies & procedures, including their job description & performance expectation and become competent in their job responsibilities and accountabilities"

Policy & Procedure, University of Toledo Medical Center (2013, January 25).

Orientation: The process of introducing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting. Orientation takes place both for new employees and when changes in nurses' roles, responsibilities, and practice settings occur.

ANA's Scope and Standards of Practice for Nursing Professional Development. (MC, DH, 2012)

Orientation Programs - orientation meaning a specific series of activities designed to familiarize employees with the policies and procedures of an institution.

CA Board of Registered Nursing

In most acute care facilities, nurses attend nursing orientation before the clinical orientation. Nursing orientation introduces nurses to hospital policies and procedures, letting them customize their 'toolkit of knowledge' to fit the mission, vision and values statement and culture of their new organization. Nursing orientation also introduces newly hired nurses to the hospital's medical records and information systems. Educators typically include a review of common tasks or skills requiring proficiencies.

Traditional nursing orientation typically lasts 3-5 days ...Nursing orientation should prepare new nurses for clinical orientation, and decrease the learning curve ...

'Nursing U, a new concept for nursing orientation'. Culley, Babbie, et al, Nursing Management, March 2012, 45-47.

Orientation to the institution, the practice of nursing in that institution, protocols/procedures and technology/equipment. Preceptors guide this organization and unit orientation. It is important to attend an orientation session that describes the orientation program in detail, including the objectives of the program and the expectations for the nurse.

(UHC /AACN Nurse Residency Program guide, 2007)

An introduction, as to guide one in adjusting to new surroundings, employment, activity, or the like. The adjustment or alignment of oneself or ones' ideas or surroundings or circumstances. An introduction/adjustment to a new environment.

Dictionary.com

Preceptor

An experienced practitioner who facilitates and guides residents' clinical learning experiences in the preceptor's area of practice expertise.

(CCNE, 2015)

Preceptor is "A person who guides, tutors, and provides direction aimed at a specific performance."

www.medicaldictionary.com

Preceptor is "An expert or specialist, such as a physician who gives practical experience and training to a student, especially of Medicine or Nursing.

Retrieved from www.freedictionary.com

"Preceptor is an experienced and competent staff nurse who has received formal training to function in this capacity and who serves as a role model and a resource person to new staff nurses"

(Alspach, 2000, p.2). Preceptorship, Mary Beth Modic, Mary Schoessler (2015)

Preceptorship - "clinical learning activity pairing a student or orientee with a unit-based nurse in providing care in an actual patient assignment.

"Stimler, Nancy & Maloney, Patey. Accreditation of CNE, Chapter 6, p. 144. Core Curriculum for Nursing Professional Development. (2013, 4th Ed.)

Preceptorship - "usually a time-defined relationship with externally defined objective"

(Barker & Pittman, 2010), Misko, Linda (2010). Implementation of learning activities, chapter 16, p.399. Core Curriculum for Nursing Professional Development (2013, 4th Ed.)

Preceptorship - "individual one-to-one teaching method, time limited, and pairing of an experienced nurse with inexperienced individual."

Benner, Patricia (1984). From Novice to Expert: Excellence and Power in Clinical Nursing Practice, Jossey Bass, San Francisco CA.

Preceptor: An experienced practitioner who facilitates and guides residents' clinical learning experiences in the preceptor's area of practice expertise.

CCNE March 2015

An experienced practitioner who facilitates and guides residents' clinical learning experiences in the preceptor's area of practice expertise.

CCNE March 2015

A skilled practitioner or faculty member who supervises students in a clinical setting to allow practical experiences with patients.

(Myrick & Young, 2005, p4). 2014 ANCC Magnet Application Manual

Preceptor is an individual with demonstrated competence in a specific area who serves as teacher/coach, leader/influencer, facilitator, evaluator, socialization agent, protector and role model to develop and validate the competencies of another individual.

Ulrich, B. (2011). Mastering precepting: Nurses handbook for success. Sigma Theta Tau

Transition into/to Practice Program (TIP-TTP)

Entry-to-Practice Nurse Residency Program: A series of learning sessions and work experiences that occurs continuously over a 12-month period and that is designed to assist new participants as they transition to their first professional nursing role. Intended for direct care roles in the healthcare organization, the program is offered by a healthcare organization in partnership with an academic nursing program(s). Only new graduates of pre-licensure nursing programs are eligible to participate in the residency program.

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WORKGROUP MEMBERS & CONTRIBUTORS

Monica Aguilar, RN-BC, MSN

Corazon Barrios, RN, BSN, MSN, CHN

BJ Bartleson, RN, MS, NEA-BC

Audrey Berman, RN, PhD

Elizabeth Berry, RN, FNP

Jan Boller, RN, PhD

Beverly Brownell RN, FNP, PhD

Jenny Carrick

Maria-Jean Caterinicchio, RN, MS, NE-BC

Kathleen Chai, RN, MSN, PhD

Josie Clevenger, RN

Pilar De La Cruz-Reyes, RN, MSN

Ellen D'Errico, PhD

Mary Dickow, MPA, FAAN

Diana Dunn, RN, MS

Laurie Ecoff, RN, PhD, NEA-BC

Susan Engle, MSN

Deborah Greenspan, DSc, BDS

Dorel Harms, RN, MHA

Kathy Harren, MHA-RN, MSN, NEA-BC

Peggy Hilden

Jackie Hils-Williams, RN, MSN

Karen Jensen, RN, PhD

Jessie Jones-Bell RN, MSN, PHN

Colleen Kelly, NP

June Levine RN, MSN, BSN

Sheri Monsein, RN, MSN

Elizabeth Radsliff Nelson, RN, MSN, PPCNP-BC

Carolyn Orlowski, RN, MSN

Katie Osborn, RN, MSN, PhD

Debra Palmer, RN, DNP, FNP-BC, ONP-C

Nancy Weaver Parker, RN, MSN, CNL

Tamera Rice, RN, MSN, CNE

Arlene Sargent, RN, EdD

Gayle Sarlatte, RN, BSN

Jane Swanson, CNP

Karen Tomajan, RN, MS, NEA-BC

Christy Torkildson, RN, PHN, PhD

Carol Valdon RN, MSN, CHCR

Jonalyn Wallace, RN-BC, MSN, CNS

Monica Weisbrich, RN, BSN

Nikki West, MPH

Cindy White, RN, MSN, CCRN

Alex Wiggins, RN, MSN, NE-BC

Benson Yeung, RN, MS

Mary Young, RN, MSN, NP-BC

