

# Transition-to-Practice Programs for Nurses in Non-Acute Settings

## Curriculum Topics, Concepts, and Teaching Methods

### *Introduction*

The Curriculum section addresses the curriculum topics and concepts recommended in a Residency Transition-to-Practice (TTP) program for non-acute care settings. These topics and concepts can be adapted for nurse residents and transitioning nurses in a variety of non-acute settings, but differences among settings require that individual organizations conduct careful program planning. Among others, non-acute settings include long-term care and assisted living, ambulatory care, corrections, school nursing, occupational health, home health, hospice, telephone nursing, dialysis center nursing, rehabilitation nursing, and Programs of [All-inclusive Care for the Elderly \(PACE\)](#) and adult day health programs.

This Residency TTP program is designed for nurses, however facilities may wish to adapt it for staff with different licensure or certifications. The type and length of formal educational preparation should be considered when adapting these topics and concepts for staff other than nurses. Additional modifications may be required for nurses educated outside the United States.

This section also includes recommended curriculum topics for preceptors in the Residency TTP program, since the precepting role requires knowledge and skills beyond clinical knowledge and competence. The importance of a well-prepared preceptor to the success of a Residency TTP program has been discussed (Blegen, Spector, Ulrich et al., 2015) and is a criterion for accreditation of Residency TTP programs by the American Association College of Nursing (AACN) Commission on Collegiate Nursing Education (CCNE, 2015).

The Washington Center for Nursing's Transition-to-Practice workgroup conducted an in-depth literature review and grouped its curriculum recommendations according to five broad competencies expected of all health professionals identified in the Institute of Medicine's report on health professional education ([IOM: A Bridge to Quality. Executive Summary, 2003](#)):

1. Providing client-centered care
2. Working in interprofessional teams
3. Implementing client safety and quality-improvement strategies
4. Evidence-based practice
5. Using informatics

During recent years, most nursing schools have included some content specific to the IOM competencies. Therefore, the focus of the Residency TTP program should be on how these concepts relate to the nurse's work in the care setting.

## ***Teaching Methods***

A purposeful mix of teaching methods from the list below is recommended. Factors determining the methods selected for each competency or concept include, but are not limited to: resource availability (number and qualifications of staff, length of program, fiscal considerations); learning styles and educational backgrounds of learners; and characteristics of the setting (e.g., highly independent and distributed care settings such as the home versus site-specific settings such as ambulatory care and dialysis centers).

1. Classroom lecture - discussion
2. On-line learning module (for example, PowerPoint slides)
3. Practice setting clinical work (for example, working with a preceptor)
4. Simulation
5. Case study discussion
6. Reflective journaling, debriefing, shared learning.

### **Classroom lecture**

Classroom lectures may be provided for a variety of topics and concepts, and may be most useful for content-intensive topics. Guest lecturers can provide important subject-matter expertise, especially for specialized subjects such as wound care and ethics. This strategy is an excellent way for the nurse to meet members of the team and learn how to use their services and expertise.

### **On-line learning modules**

Although these modules may take time to develop, they may be cost-effective because they can be used repeatedly without revisions. This teaching method can be useful when interaction with a live instructor isn't critical to understanding, and provides a standardized presentation without the variation of a live instructor.

Consider the time it will take the nurse to complete the module; 20 minutes may be the ideal amount of time for any topic, and some modules may be best provided in several parts. An evaluation of effectiveness of on-line learning should be included as part of the module. For example, learners can be asked to describe a situation in which they have used, or could have used, the information in the module to inform their decision-making.

### **Practice setting clinical work** (for example, working with a preceptor)

Because application of knowledge is critical to the nurse's success, scheduled shifts in the specific setting where the nurse resident will be working provides opportunity for supervised practice with the support of a preceptor. Clinical practice gradually integrates the nurse resident into the work group and helps build relationships with the preceptor and interprofessional staff.

### **Simulation**

Various methods of using simulation are available for use in a Residency TTP program. Simulation exercises can be highly effective to demonstrate competence with psychomotor and interpersonal objectives. Consideration should also be given to utilizing simulation for team/interprofessional learning experiences, such as Cardio-Pulmonary Resuscitation response.

### **Case study discussion**

Case study discussion in a classroom or small group setting is a method to review health promotion opportunities, and health risks and conditions common in the care setting. Staff nurses already working in the setting may be helpful in creating and facilitating the case studies.

### **Reflective journaling, debriefing, shared learning**

Journaling is a private and personal way to gain insight and understanding of personal experiences. Some nurses may use a journal to express their feelings, beliefs and values related to the care they provide clients as a professional, or how they feel about their own assimilation and integration into the profession.

Debriefing is a shared experience when nurses, led by a facilitator, discuss a real clinical situation brought by one of the members. The facilitator should be a nurse who has credibility with the nurses and can bring insight, meaning and relevance to the discussion, with the goal of assimilating the nurse into professional practice. These sessions can be scheduled as a specific teaching strategy, or take place spontaneously to take advantage of learning opportunities as they arise during a more structured teaching-learning activity. Debriefing is always confidential. Debriefing to address what is distressing to the nurse is often helpful to others who are part of the group and results in meaningful learning for all.

Shared learning is a group discussion about a particular case or situation when the nurse believes their care led to expected or good client outcomes; in other words, "I did a good job". The nurse uses a structured reporting format to describe the event, their nursing assessment and actions, evaluation, and follow up. This strategy may serve as a positive counter measure to the debriefing session, which usually revolves around a distressing situation.

### **Other recommendations/suggestions**

- Assess the unique learning needs of each nurse. Depending on the size of the group and organizational resources, this process could be informal or conducted in a formal and measurable manner. Remember these are usually licensed professionals who have recently completed a rigorous educational program. It is worth the time to perform a gap analysis to understand specific learning needs of nurses, to ensure deficits are addressed, and to avoid unnecessary repetition of material already mastered. Identifying areas of strength also emphasizes the knowledge and experience the nurse is bringing to the organization.
- Regardless of teaching methods, focus on the common health promotion opportunities, health risks and conditions the nurse resident will experience in their first year of practice.

Instructors and preceptors may tend to teach nurses about the rare or infrequent case. Use the 80/20 rule or the top 5 health opportunities/risks/conditions seen in the setting in all areas of instruction. However, programs may also wish to include content about sentinel or severe, but uncommon events that can occur.

- All teaching methods require training, mentorship and practice for the instructor or facilitator. The implementation of a Residency TTP program should include a training and development period for those individuals responsible for teaching, including preceptor development. Preceptor training is an effective strategy to engage staff nurses who will work side by side with the nurse resident in the care delivery setting, and is also a way to elevate the practice of the staff nurses who will be learning as they teach. Key domains and content areas for preceptor preparation are outlined below.
- During interactive sessions with the nurses, the facilitator should practice effective listening skills. The nurse residents should do most of the talking and the facilitator's role should be focused on helping the nurse residents express understanding and meaning of the topic, while feeling supported in their development as a professional.

- Reading assigned journal and other articles from the professional literature should be a component of Residency TTP programs. Guided discussion about the reading is an essential element of shared learning for the group; the nurses learn by discussing the reading with their peers. (See bibliography)
- Resist the temptation to teach too much. Remember, the purpose of the Residency TTP program is to prepare the nurse for practice in your organization and to support their transition, assimilation, and integration into the profession.

### Summary

Although a wide variety of teaching strategies for adult learners may be used in a Residency TTP program, scheduling classroom lectures over time, as well as scheduled work days in the nurse resident’s clinical practice setting often works best to keep the learner engaged and the classroom content interesting. In addition, if the nurse has time between classes to practice what was learned in class, a deeper experience and competence is realized.

When choosing a *teaching method*, consider:

- the primary objectives for the topic or concept
- complexity and depth of the subject matter
- time required to address the objectives
- resources required.

### ***Curriculum Topics and Concepts for the Residency Transition to Practice***

A Residency TTP program should be *an addition to routine new employee and nursing orientation*. Recommended topics important for nurse residents transition to practice are described below. The five competencies are from Quality and Safety Education for Nurses (QSEN) to guide the development of these topics. General topics such as confidentiality and environmental safety, which are usually addressed in all employee or nursing orientation, are not included here.

<b>1. Providing client-centered care</b>	
Topics	Examples/Suggestions
Organizational care philosophy and nursing role	Organization mission, vision Nursing organization structure, care model, roles
Managing the delivery of care and application of the nursing process	Clinical reasoning and decision-making process Prioritization Identification of emergency situations and the triage process
Client rights and shared decision-making model of care Family as client	Client autonomy and self-directed living Family concepts
Holistic nursing practice; health promotion and prevention	Concepts of physical, psychosocial, spiritual well-being Quality of life Promote well-being: Activity, nutrition, etc. Prevention: Screening, surveillance, vaccination, etc.
Client safety: Problem-solving complex health concerns/needs and client choice/potential risk	Process for negotiating care planning: assessment, recommendations, reminders/offer, client chooses, documentation of process

**(Providing client-centered care, continued)**

Client and family teaching	Client teaching strategies (adult, child, family)
Nursing care standards and processes in specialty area/setting	Immunization guidelines and administration Chronic disease management Client teaching to manage health conditions Fall prevention and response Pain assessment, intervention, evaluation Maintaining and restoring skin integrity Working with people with cognitive impairment
Clinical ethics	Recognizing ethical dilemmas and moral distress Resources for ethical decision-making
Ethical comportment	Maintaining personhood of client Client advocacy
Context for nursing practice in the organization and industry	Organization culture, structure, and norms Practical impact of regulatory activity on care “at the bedside”
Other topics related to specialty	Child development Advance care planning, palliative care and end-of-life competencies Psychomotor skills
Professional role development	Developing nursing identity, part of profession Job expectations and performance standards Delegation Professional boundaries

**2. Communication and interprofessional teamwork**

Topics	Examples/Suggestions
Provider-nurse-client team communication	Situation, Background, Assessment and Recommendation (SBAR) Concerned, Uncomfortable, Safety (CUS) Acknowledge, Introduce, Duration, Explanation, Thank you (AIDET) Hand-off standards & processes
Organization social norms	Foundations of professional behavior Recognize negative behaviors and effective strategies for managing them Customer service standards Effective use of technology for communication
Nursing leadership	Team membership: understanding roles, effective communication techniques, interprofessional dynamics Team leadership: Conflict resolution techniques Delegation decision-making process
Diversity	Cultural competence Working with multigenerational staff Gender issues: reverse sexism in female-dominated profession

### 3. Evidence-based practice (EBP): Application of resources

Topics	Examples/Suggestions
Define evidence-based practice	Examples for non-acute nursing practice definition and implementation models, e.g., Melnyck EBPM, Iowa model, Academic Center for EBP Model Patient/problem, Issue/Intervention, Compare, Outcome, Time (PICOT)
Sources of evidence	Organizational and professional resources
Application of evidence to practice	Evaluating quality of evidence Organizational processes for integrating evidence into practice
Evaluating effectiveness of care	Comparing actual practice with evidence-based recommendations Understanding basic statistical charts and graphs Organizational resources for data analysis

### 4. Quality improvement: Use and synthesis of clinical and quality data

Topics	Examples/Suggestions
Quality improvement structure and processes in the organization	Sources of quality data specific to the nurse's practice Use available data to identify practice gaps and methods to improve practice Evaluate facilitators and barriers to implementing improvements with support of leadership, stakeholders, and care team

### 5. Using information technology

Topics	Examples/Suggestions
Knowledge of organizational and professional resources available at the point of care, and prioritizing needs at the point of care	Client health record Organization and nursing department intranet Nursing procedures, policies Searchable databases (evidence, quality, nursing care) Identifying information pertinent to individualized care
Challenges of integrating information technology into practice	Engaging clients on a personal level while using information technology Teaching clients how to use health care technology to manage their health (health promotion, disease prevention and management)
Information security	Guidelines to ensure confidentiality and security of client health information

## ***Curriculum Topics and Concepts for the Preceptor***

Structured preparation for the preceptor role is required to ensure nurse resident, preceptor, and program success. Serving as a preceptor challenges experienced clinicians to develop a new set of skills that go beyond simply role-modeling professional nursing practice. In addition to serving as a role model, for clinical aspects of nursing, the preceptor socializes the nurse resident to the roles of team member and employee of a larger organization, and enacts the educator role from assessment of the nurse resident’s learning needs through evaluation of learning outcomes.

Recommended topic areas and key content for preceptor preparation are described below. Clinical knowledge and practice skills are not part of these recommendations, because these competencies are assumed to be characteristics of nurses who are selected to be preceptors.

<b>Attitude/Enthusiasm</b>	
<b>Topics</b>	<b>Examples/Suggestions</b>
Effective communication	Communication styles Communication skills Listening skills Communication strategies – written, verbal, and electronic
Giving and receiving feedback	Interpersonal skills Delivering feedback Cognitive rehearsal
Non-verbal communication	Reading the audience (the nurse resident) Self-awareness

<b>Organization</b>	
<b>Topics</b>	<b>Examples/Suggestions</b>
Roles and responsibilities	Time management skills Prioritization Sequencing of learning activities Communicating expectations of the nurse resident Establishing communication between care team members
Clinical expertise	How to demonstrate clinical skills Providing a safe learning and practice environment Ensuring adherence to policy, procedures, and practice standards

<b>Role modeling</b>	
<b>Topics</b>	<b>Examples/Suggestions</b>
Professional behavior	Scope and standards of practice Expectations of nurse resident

	Self-assessment Demonstrating sensitivity and empathy
Managing conflict	Recognizing conflict Conflict resolution strategies Advocacy for nurse resident
Reflective practice	Self-care Ethics conversations Debriefing techniques

<b>Teaching</b>	
Topics	Examples/Suggestions
Theories of teaching and learning	Adult learning theory Teaching and learning styles How to conduct an appropriate assessment of learning (reflective practice, journaling)
Teaching strategies	5-minute preceptor technique (resources) How to conduct performance appraisal Developing critical thinking in nurse resident
Critical thinking	How to demonstrate knowledge of up-to-date clinical knowledge and application in practice. How to teach the grasp of nursing knowledge and clinical forethought Key components of clinical judgment

<b>Mentoring</b>	
Topics	Examples/Suggestions
Enculturation to professional role	How to: <ul style="list-style-type: none"> <li>• Support ongoing skill development, including re-visiting topics already covered while preserving integrity of nurse resident's self-image</li> <li>• Guide career development</li> </ul>
Enculturation to work environment	How to: <ul style="list-style-type: none"> <li>• Build team support for nurse resident</li> <li>• Identify organizational norms</li> <li>• Socialize to work setting – specific norms</li> </ul>

## Resources

The Washington Center for Nursing's Residency Transition-to-Practice workgroup identified a variety of resources for Residency TTP programs or elements of such programs. For more information, you may want to refer to the following organizations:

- [Flying Start NHS England](#)
- [National Council of State Boards of Nursing \(NCSBN\)](#)
- [Nursing the Future](#)
- [Northwest Rural Nurse Residency Program](#)
- [Vermont Nurses in Partnership](#)
- [UHC/AACN](#)
- [Versant](#)

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