

# Residency Transition-to-Practice Programs for Nurses

## Toolkit Executive Summary, Purpose and Introduction

### *Executive Summary*

The multiple benefits of Residency Transition-to-Practice (TTP) programs are well-documented. The Master Plan for Nursing Education in Washington State made establishment of such programs a priority. Stakeholders from across the state came together to develop a Residency TTP toolkit which has been posted on the Washington Center for Nursing (WCN) website since 2011. The growing need for more Residency TTP programs outside of acute care settings led to a workshop focused on non-acute settings in June 2016. Videos and handouts from that workshop have also been posted on the WCN website. Recently the Residency TTP committee from the Washington Nursing Action Coalition updated that Residency TTP toolkit.

### *Purpose*

This material is meant to help nurse leaders consider, design, implement, evaluate and improve a Residency TTP program. This toolkit may be adjusted to meet the needs of a wide variety of settings.

### *Introduction*

Residency TTP programs are widely recognized as an important strategy employed by organizations to support the assimilation of new nurses into the nursing workforce, as well as ensuring a smoother transition of nurses who move into different units or specialties. The value of Residency TTP programs is well documented in the literature (see bibliography).

The [American Nurses Credentialing Center \(ANCC\)](#) states: “A residency/fellowship program provides a robust infrastructure to expand the knowledge, skills, and abilities required to move from entry-level competence toward proficiency and expertise.”

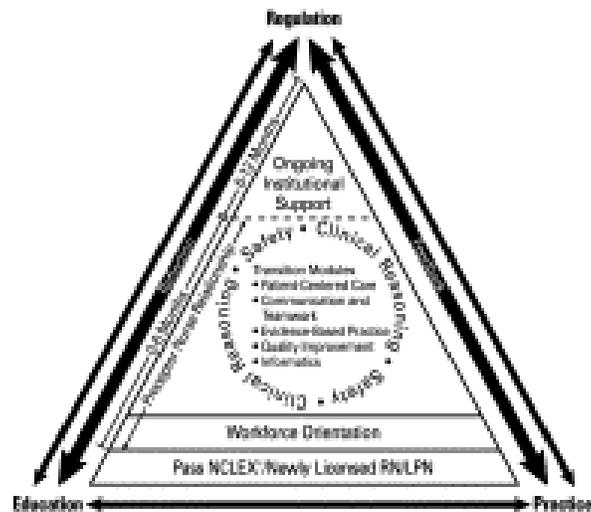
### **The primary objectives of a Residency TTP program include:**

1. Enhancing the safety and quality of client\* care
2. Increasing job satisfaction by all nurses – both new nurses and the experienced nurses
3. Reducing nurse turnover, particularly within the first year of practice
4. Reducing organizational costs related to retention of competent and confident nurses

\*Non-acute settings may refer to their clients as patients, residents, students, employees, caregivers, care recipients, participants, clients, or other terms. The term “client” is used here to reflect provider commitment to a model of shared decision-making when delivering care in settings in which people live, learn, work, or receive other non-acute services.

Washington Center for Nursing

Figure 1



**Transition-to-Practice Model (Figure 1)** used for the Transition-to-Practice study in hospital settings across multiple states in 2011. The study adopted the National Council of State Boards of Nursing Transition-to-Practice model program. Within the context of education, regulation, and practice, the Transition-to-Practice Model describes the year-long transition of a newly licensed nurse, from NCLEX to workforce orientation through their relationship with their RN preceptor to ongoing institutional support. The middle circle focuses on safety and clinical reasoning.

A Residency TTP program is designed to create a defined set of experiences, such as classroom learning, preceptorship, preceptor mentorship and other strategies focused on the successful transition of the nurse into a competent and confident professional. A successful transition is dependent on the purposeful development of relationships with peers, interprofessional\*\* team members and the nurse's supervisor/manager.

The literature describes consistent concepts, common curriculum topic areas, and designs for and preceptor models for the development of an effective Residency TTP program. These strategies require resources, which often creates a barrier for organizations. Making the business case for the establishment and ongoing implementation of a Residency TTP program has been fraught with challenges. In order to assist organization leaders to design, implement, or enhance a TTP program, the Washington Center for Nursing's Residency TTP workgroup developed the following tools as an evidence-based approach.

**The toolkit consists of seven main sections:**

1. Executive Summary, purpose and introduction
2. Making the Case
3. Roles and Responsibilities
4. Curriculum Topics, Concepts, and Teaching Methods
5. Evaluation
6. Bibliography
7. Appendix of samples

\*\*The term "interprofessional" refers to teams of providers representing multiple professions, such as nurse, medical provider, rehabilitation therapists, dietitians, and others.