

November 23, 2011

## VHA REGISTERED NURSES (RN) TRANSITION-TO-PRACTICE PROGRAM

**1. PURPOSE:** This Veterans Health Administration (VHA) National Directive defines the Registered Nurses (RN) Transition-to-Practice Program for all levels of RNs with 1 year or less of experience.

### 2. BACKGROUND

a. Within the last decade there has been an increasing need to recruit and retain new RNs. A large percentage of RNs in VHA are close to or currently eligible for retirement, which creates additional urgency to attract and develop nurses capable of providing the best care to the Nation's Veterans.

b. The Office of Nursing Services (ONS) conducted a preliminary review of the literature and found that industry-wide the quick transition from classroom to clinical practice can prove difficult for newly licensed nurses, leading to turnover rates as high as 60 percent. Additionally, numerous anecdotal and research studies published in the nursing literature report positive outcomes of RN residency programs in addressing prominent issues facing graduate nurses today: higher rates of turnover; competitive recruitment; and, for VHA specifically, variation in hiring practices across the organization.

c. Among the total RN population within VHA, new graduate RNs have the highest turnover rates. In Fiscal Year 2007, the 12-month turnover costs for a cohort of 291 new RNs totaled \$2.52 million. From analysis of those initial figures, ONS determined that the turnover rate for new RNs was a significant issue for VHA. This prompted ONS to develop a program to address these critical issues.

d. In January 2009, ONS launched a 12-month pilot of a RN Transition-to-Practice Program at eight VHA facilities of various complexities. The program's curriculum focused on refinement of graduate nurse clinical competencies, and development of professional nursing roles and leadership characteristics. The program utilized a variety of educational strategies including classroom education, precepted clinical experiences, monthly meetings, group clinical debriefings, one-on-one mentoring, and an evidence-based practice project.

e. The Institute of Medicine's (IOM) 2010 "Future of Nursing Report," recommended that state boards of nursing accrediting bodies, the Federal government, and health care organizations need to take actions to support nurses' completion of transition-to-practice programs (nurse residency) after graduation from pre-licensure or an advance practice degree program. The report further identified significant cost savings resulting in the reduction of turnover due to nurse residency programs.

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f. The VHA pilot resulted in a 100 percent RN retention rate (zero regrettable losses) and all findings indicate the program was successful and ultimately proved beneficial to every facility in the pilot. This further solidified the foundation to support the national launch of the program. As RN Transition-to-Practice Programs are enhanced and implemented nationally, within VHA, new graduate nurse turnover continues to be positively impacted by the program.

g. **Definitions.** The following definitions apply throughout this Directive:

(1) **Nurse Transition-to-Practice Program.** The RN Transition-to-Practice Program is a comprehensive 12-month standardized curriculum designed to assist the post-graduate nurse in the transition from entry-level, advanced beginner nurse to competent professional RN (see Att. A and Att. B). This program is a comprehensive developmental training program that has both didactic and clinical components designed to afford the post-graduate RN the opportunity to perform the role, duties, patient care activities and procedures that are carried out by RNs.

(a) Each the post-graduate RN is assigned a Preceptor and Mentor who is an experienced RN who has completed the preceptor or mentor training.

(b) While in the program the post-graduate RN is learning in both formal and informal work-related learning environments (under closer than normal supervision) as determined and in collaboration with the Preceptor and Mentor.

***NOTE:** It is recommended the post-graduate RN be counted in the unit's nurse staffing full-time employee equivalent (FTE) employee in the following manner: 0 FTE for months 1-3, 0.5 FTE for months 4-6, 0.8 FTE for months 7-9, and 0.9 FTE for months 10-12. This allows for time away from direct patient care assignments during the RN Transition-to-Practice program.*

(2) **Post-Graduate Nurse.** A Post-Graduate Nurse is a graduate nurse who has successfully completed a full course of nursing in an approved nursing school and is a RN with less than 1 year of nursing experience.

(3) **Preceptor.** A preceptor is an experienced RN who has completed the RN Transition-to-Practice Program's Preceptor training course and serves as a clinical role model and resource person for the new employee for the first 90 days (Phase I) of the RN Transition-to-Practice program (see Att. A).

(4) **Mentor.** A mentor is an experienced RN who has completed the National VHA Mentor training course, and provides active support and encouragement throughout the duration of the RN Transition-to-Practice program while serving as a professional role model.

(5) **Accreditation.** Accreditation of the RN Transition-to-Practice program for post-baccalaureate RNs is an option for consideration by facilities. Accreditation may be sought and

granted from an approved external accrediting body such as the Commission on Collegiate Nursing Education (CCNE).

**3. POLICY:** It is VHA policy that VHA facilities establish a structured development transition program for all levels of entry RNs utilizing the flexible VHA 12-month RN Transition-to-Practice Program.

#### 4. ACTION

a. **Office of Nursing Services (ONS)**. The ONS is responsible for program oversight from a national level and systematic measurement and evaluation of the impact of the RN Transition-to-Practice Program. This evaluation process involves tracking and trending national data which is used to evaluate the effectiveness of the program and to determine potential revisions.

b. **VISN Director**. Each VISN Director is responsible for providing support facilities in implementing the RN Transition-to-Practice program, as defined in this Directive.

c. **Facility Director**. Each facility Director is responsible for supporting and implementing the facility RN Transition-to-Practice Program.

d. **Associate Directors for Patient Care Services (ADPCS) or Chief Nurse Executive (CNE)**. The ADPCS or CNE has facility-level oversight responsibility for:

(1) Ensuring the program is implemented with the support and resources necessary to provide an environment that facilitates effective development of post-graduate RNs.

(2) Designating a RN Transition-to-Practice Program Coordinator.

(3) Ensuring that preceptors and mentors have the necessary training to fulfill their roles.

e. **RN Transition-to-Practice Program Coordinator**. RN Transition-to-Practice Program Coordinator is responsible for;

(1) Coordinating and providing programmatic guidance for the post-graduate nurse, Preceptor, Mentor, and other Transition-to-Practice program support team members.

(2) Ensuring completion of evaluation forms from post-graduate RNs and Preceptors, as well as collating and submitting the data to ONS, as required.

f. **Nurse Unit Manager**. The Nurse Unit Manager is responsible for ensuring:

(1) Each post-graduate RN is assigned to a RN Preceptor and Mentor.

(2) The post-graduate RN has every opportunity to complete the program, i.e., the post-graduate RN and the preceptor have adequate time to participate in and to successfully complete the program.

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g. **Staff Nurse Preceptor.** The Facility Staff Nurse Preceptor, who has completed the RN Transition-to-Practice Program's preceptor training workshop, is a RN at the point of care where the post-graduate RN is assigned. The Facility Staff Nurse Preceptor is responsible for:

- (1) Guiding the transition of the new post-graduate RN to the role and responsibilities on the unit,
- (2) Facilitating the entry of new staff to the workplace, and
- (3) Introducing new staff to other members of the interdisciplinary team.

h. **Staff Nurse Mentor.** Each Staff Nurse Mentor is responsible for providing guidance, support, and evaluation of the post-graduate RN.

**5. REFERENCES**

- a. CCNE Standards for Accreditation of Post-Baccalaureate Nurse Residency Program (approved 2008).
- b. VA Handbook 5005, Part II, Chapter 3, subparagraph 5(4).

**6. FOLLOW-UP RESPONSIBILITY:** The Office of Nursing Services (10A1) has responsibility for the content of this Directive. Questions may be addressed to 202-461-6700

**7. RESCISSIONS:** None. This VHA Directive expires November, 2016.

Robert A. Petzel, M.D.  
Under Secretary for Health

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**ATTACHMENT A**

**STRUCTURE OF THE REGISTERED NURSES (RN) TRANSITION-TO-PRACTICE PROGRAM**

All activities related to the program are incorporated throughout the 12-month experience according to the following timeline:

**1. Phase I (months 0-3).** Phase One of the program consists of a:

a. **Hospital and General Nursing Orientation.** This includes:

(1) An introduction to the mission, vision, and values of the Department of Veterans Affairs (VA) and nursing service, and to the general policies and procedures common to all patient areas where nursing care services are provided within the medical facility.

(2) The post-graduate Registered Nurse (RN) is introduced to standards common to VA settings. For example, all nurses are introduced to the VA Nurse Professional Standards that describe functional roles and performance.

b. **Clinical Experience.** This includes:

(1) An introduction to area-specific scope of service, policies, and procedures unique to the clinical environment and patient population.

(2) In this phase, generic and specific competencies, such as interpersonal skills, decision-making, and technical skills appropriate to the new employee are the areas of focus.

**2. Phase II (months 4-9).** Phase Two of the program consists of Clinical, Professional, and Leadership Development.

**3. Phase III (months 10-12).** Phase Three of the program consists of Synthesis, Assessment, and Evaluation.

**ATTACHMENT B****REGISTERED NURSES (RN) TRANSITION-TO-PRACTICE PROGRAM  
NATIONAL RESOURCES**

The national program resources consists of an easily-adaptable, semi-structured standardized toolkit created to include several basic program management resources that can be utilized by nursing education teams across VHA to successfully implement this program; it includes:

**1. Facility Program Implementation Guide.** Outlining the essential elements necessary for preparing for the program at a facility including pertinent staff responsibilities, local implementation team activities, and other support structure requirements.

**2. Preceptor and Mentor Training Resources and Tools.** Utilized during Preceptor and Mentor training workshops to provide a highly-interactive training experience prior to the start of the RN Transition-to-Practice Program for experienced nurse Preceptor and Mentor candidates.

**3. Standardized Nurse Residency Program Core Curriculum.** Based on the “Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs” developed by the Commission on Collegiate Nursing Education (CCNE) combined with a phase-by-phase timeline of program activities.

**4. Evidenced-Based Practice (EBP) Project Guide.** The EBP Project Guide is a tool to introduce post-graduate RNs to the concept of EBP and guide them through the process of completing and presenting a project.

**5. Comprehensive Resident Evaluation Tools.** Multi-point post-graduate RN performance and competency assessments include:

a. **Resident Competency Assessment (RCA).** RCA is a standard competency model and template which must be utilized during the course of the program as a developmental roadmap, as well as an assessment tool to measure progress.

b. **Casey-Fink Graduate Nurse Experience Survey-2006.** The Casey-Fink Graduate Nurse Experience Survey-2006 is a standardized assessment instrument designed to assess a nurse’s experience on a pre-determined set of factors and will be used as one of the tools in the evaluation process.

**6. Communication Plan.** The communications plan details to program stakeholders, the communication mechanisms and frequency of communication to these stakeholders regarding program outcomes.

**7. Business Case.** The business case presents a pre-program analysis of the costs and benefits related to implementing a program and the consequences if one is not put into place.

ATTACHMENT C

EVALUATION AND ASSESSMENT RESPONSIBILITIES,  
AT THE FACILITY LEVEL, FOR THE  
REGISTERED NURSES (RN) TRANSITION-TO-PRACTICE PROGRAM

**1. Optional Post-Graduate Registered Nurse (RN) Assessments.** Other program assessments and areas of measurement and evaluation may include:

- a. Four Qualification Standards Assessment: Practice, Professional Development, Collaboration, and Scientific Inquiry.
- b. Preceptor or manager assessment.
- c. Individual Development Plan (IDP) progress.

**2. Required and Optional Program Evaluation Elements.** Required and optional elements of the program evaluation that have been identified include:

- a. **Required Elements.** Required elements include:
  - (1) The number of post-graduate RNs entering into and completing the program.
  - (2) The impact on turnover of newly-graduated nurses in the program.
  - (3) Any feedback from the RN Transition-to-Practice Program Coordinators on factors that were supportive or factors that were barriers to program success.
  - (4) The post-graduate RNs evaluation of the program.
- b. **Optional Elements.** Optional elements include the impact:
  - (1) On turnover of all nurses
  - (2) On staff satisfaction
  - (3) On patient safety
  - (4) On vacancy rates
  - (5) Of Evidenced-based Practice (EBP) projects