Keeping Up With Health Care Delivery: Transition to Practice Model for RN Grads in Outpatient Settings

The 2010 Institute of Medicine report, *The Future of Nursing: Leading Change and Advancing Health*, recommended the implementation of nurse residency programs across all settings. In California, leaders from academic and practice settings that included community partners formed academic practice partnerships in order to develop transition to practice (T2P) programs that would bridge the practice gap from student to professional nurse. Initial T2P programs in California were designed as demonstration projects to assist new RNs by increasing their competence, confidence and skills and to also increase their employability.

The inception of the Affordable Care Act (ACA) of 2010 has placed increased demands on health professionals and also offers an opportunity to create health care that is more patient-centered. The ACA has initiated the long process of shifting the focus of the health care system away from the acute care setting. This change in the delivery of health care services reflects a curve that has evolved from an acute care volume-based model to one that supports the increased delivery of care outside the hospital setting. The need for this shift is urgent and supports new ways to deliver health care that provides care to more individuals with chronic conditions through primary care, including care coordination and transitional care, wellness programs and improved patient outcomes.

Critical nurse shortage in ambulatory care settings

In 2014, the American Academy of Ambulatory Care Nurses (AAACN) assembled a taskforce to research and develop a white paper discussing the need for a standardized ambulatory care nurse residency program to meet the future workforce needs in outpatient areas. In the past decade the number of RNs per 100,000 population increased by almost 14 percent, and due to the increased growth of newly licensed RNs the number of RNs younger than age 30 also increased. In spite of this growth, the average age of RNs has increased, demonstrating that one third of the nursing workforce remains over the age of 50 (Nooney, Glos & White, 2014). What is even more alarming is that the average age of ambulatory care nurses is five to ten years older than nurses working in acute care, according to the research reviewed in the AAACN white paper. A contributing factor to the expected critical shortage of ambulatory care nurses is that outpatient settings have not typically been a starting place for new RN graduates. A prevailing view in nursing holds that new nurses must begin practice in the acute care setting, which is reinforced by pre-licensure nursing education programs that focus solely on preparing future nurses for acute care. However, population health strategies and goals are driving the transition from acute care to ambulatory care. Job growth for RNs in hospitals is expected to increase by 15 percent over the next 10 years while RN job growth in home health and outpatient settings is projected to increase by 42.6 percent and 39.8 percent respectively, providing more evidence of the need for more nurses in ambulatory care settings (Domrose, 2010). Clearly, T2P programs that focus on outpatient settings are an important way to inspire new RNs to practice in diverse ambulatory care settings.

Developing a model program

The University of San Francisco (USF) School of Nursing and Health Professions’ T2P program was envisioned as an expansion of residency programs for new RN graduates throughout California. This was an important strategy to bridge the practice gap in outpatient areas. Following an initial grant in 2010 that was awarded to *HealthImpact*, formerly known as California Institute for Nursing and Healthcare, from the Gordon and Betty Moore Foundation, the new post-graduate T2P program was developed. The USF T2P program, along with other grant-funded T2P programs in the bay area, was designed to integrate recent graduates—who were struggling to find employment in a difficult nursing job market—into specialty areas in outpatient settings. The T2P program provided an opportunity for new RNs to develop their professional nursing roles in an apprenticeship model program. The transition RNs are post-graduate, newly licensed RNs who are underemployed or unemployed as nurses. The program has received ongoing funding support from the Kaiser Permanente Northern California Fund for Health Education at the East Bay Community Foundation, Kaiser Permanente National Patient Care Services Fund, and another award from the Metta Fund. This funding has allowed the program to be offered tuition free, with only a small processing fee charged to accepted applicants. The grant funding also allowed for a modest honoraria payment to be awarded to each agency or preceptor involved as a partner.

The development of the program framework included recruitment of practice partners from a variety of outpatient settings. Recruitment success was derived through assisting practice partners to understand the important contributions that they would make to the growth and development of new nurses. This also allows organizations to prepare nurses ready to work...
in their specific settings, literally growing their own nurses. As the program has expanded in active participation and program oversight between academic and practice partners, more diverse outpatient care settings have joined the partnership to support new graduates. Program partnerships have been developed with 110 outpatient and specialty practice partners in the five years of the program’s operation.

The 16-week program consists of 320 clinical hours that allows the transition RN to work as a new nurse with a selected preceptor and also includes 64 hours of in-class support. Practice partners and academic faculty provide guidance and support to the transition RN, which is key to the program’s success. The program director works closely with leadership teams from each outpatient or specialty agency. During the program a formal training dinner is held, attended by preceptors, managers, educators and transition RNs. This training provides an entertaining and educational forum to deliver, discuss and practice skills necessary for successful relationships among the preceptor, transition RN and manager.

The program model was derived from a variety of sources including the AAACN Core Curriculum; Hospice and Palliative Care Nurse Association; and the core curriculum and standards of practice for home health nurses, school nurses, ambulatory nurses, hospice and palliative care nurses. Other sources used in developing the program include those from Quality and Safety Education for Nursing, and AAACN Care Coordination and Transitional Care Management. Other professional organizations, such as the Wound Ostomy and Continence Nurse Society, the Home Healthcare Nurses Association, the National Association for School Nurses, and the California School Nurses Organization also provided resources.

The classroom portion of the program is held on campus and incorporates the rich knowledge base of content experts who serve as guest speakers. Practice partners also are often enlisted as content experts. Other pedagogical strategies that enrich the experience for the transition RN include the flipped classroom—a pedagogical model in which the lecture and homework elements of a course are reversed—allowing class time to be devoted to projects or discussions, active learning cooperatives, reflective journaling, introduction and practice of nursing skills that are prevalent in outpatient settings, simulation and case study reviews. Each transition RN also develops a quality improvement (QI) project for his or her agency. Engaging in the QI process enhances the new RNs’ understanding of how to identify care systems that will improve patient outcomes in specialty populations. Participating in the QI process also promotes meaningful interactions with the entire health care team. At the end of the program, transition RNs share their completed projects through a poster presentation. Midway through the program, the majority of transition RNs are providing care in clinics, homes, facilities, schools and school-based clinics to their own assigned caseload of patients.

Program successes
The USF program is currently serving its eighth cohort of transition RNs. Overall 125 new RNs have completed the program during the past five years. Of the 125, 97 percent are currently employed. While they have obtained employment in a variety of nursing areas, more than 60 percent are employed in outpatient and specialty care settings in various clinics, hospice, home health, school health, behavioral health, utilization case management, palliative care, hospital readmission reduction transition programs and public health. An employment-tracking log is maintained by the program director to collect information from RN participants as they accept jobs. This tool also provides retention data in order to follow the transition RNs employment over a period of two years.

The following includes program successes that reflect our ongoing commitment to T2P:
• Participants who have continued their education toward a BSN, MSN or NP degree
• Shared scholarship; practice partners are an integral part of our program team
• Celebrating preceptor success through recognition at clinical site visits
• End-of-program celebration pinning ceremony to honor preceptors
• Celebrating joint efforts in mentoring and assisting new RNs in obtaining employment
• Keeping new RNs engaged in our profession

The T2P model at USF has proved to be a successful approach for transitioning newly licensed RNs into safe, professional practice in outpatient settings and preparing them for employment. Favorable outcomes from the program as measured by the participant’s self-assessment and preceptor evaluations suggests that new graduate T2P programs have an important role in the critical progression from classroom to clinical practice and from pre-licensure student to qualified nursing professional.

Next steps: shared tool kit and consultation services
The Moore Foundation Spotlight on Success Grant was awarded to USF to develop a tool kit so that T2P program development can be shared with academic institutions and their community-based outpatient practice partners interested in developing a similar program. This will enhance support for expanding academic-service partnerships for T2P programs in ambulatory care. This tool kit will be available along with consultation services at no cost in 2016. It is hoped in the future the program will provide
opportunities for pre-employment support for both new RNs and RNs new to the outpatient practice wanting to enter community-based care settings. Programs such as the USF T2P provide new RNs and pre-licensure students planning to work in outpatient specialty areas a way to learn a new model of care.

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