



Regulatory Model for Transition to Practice Report

National Council of State Boards of Nursing (NCSBN)

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NCSBN Transition to Committee

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BACKGROUND

As a result of the aging population, the increasing complexity of care for sicker patients with multiple comorbidities, and the increasing complexity of care for sicker patients with multiple comorbidities, along with a shortage of nurses, the Board is responsible for ensuring that the nursing profession continues to meet the needs of the public. The Board is responsible for ensuring that the nursing profession continues to meet the needs of the public. The Board is responsible for ensuring that the nursing profession continues to meet the needs of the public.

- § Participate in strategies for retention of the new graduate.

After these initiatives were supported by the members, the Board included transitioning of new nurses in its strategic objectives and its charges to the Practice, Regulation and Education (PR&E) Committee, and more recently the Transition to Practice Committee. Since that 2002 vote, the PR&E Committee collaborated with NCSBN's Research Department on a number of related studies, including:

- § An employer's study (2003);

- § A Practice and Professional Issues Study focusing on transition (2004);
- § A study to look at the types of transition programs being offered across the nation and educational levels (2006); and
- § A study linking transition programs to competencies, retention, and practice errors (in press).

Further, in 2005 the PR&E Committee published a literature review of transitioning new nurses to practice in the NCSBN Business Book, and this was updated in the *2007 NCSBN Business Book*.

NCSBN held a Transition Forum on Feb. 22, 2007, and nursing leaders from the National League for Nursing (NLN), American Association of Colleges of Nursing (AONE), American Nurses Association (ANA), American Organization of Nurse Executives (AONE), and the National Association for Practical Nurse Education and Service (NAPNES) took part in a panel discussion. The audience was composed of nurses from regulation, education and practice. The panel members and audience strongly supported the need for a national, standardized transition model that was implemented through regulation.

It is the belief of the Transition to Practice Committee that the need for transition programs is not because the education programs are failing to adequately prepare our nurses for practice. Nor is the need for this regulatory transition model because practice settings are failing and are expecting new nurses to hit the ground running. This need has arisen because of the tremendous changes we've seen in health care in the past 20 years. It is time for nursing education, practice and regulation to collaborate on this very important issue so that practice will be safer.

GOAL AND PREMISES OF THE MODEL

The following includes the goal, premises, and relevant definitions of the Transition to Practice Regulatory Model. A synthesis of the evidence that supports the model will be presented in the next section. Jurisdictions adopting the model will have the flexibility to adapt it to meet their particular needs.

The goal of the Transition to Practice Regulatory Model is:

To promote public safety by supporting newly licensed nurses in their critical entry and progression into practice.

The premises of the model are:

- § The mission of the boards of nursing is the protection of public health, safety, and welfare.
- § Nursing regulators recognize the value of evidence-based models in their responsibility of public protection.
- § Transitioning new nurses to practice is best accomplished when practice, education, and regulation collaborate.
- § Transition to practice programs should occur across all settings and all education levels.
- § Regulation criteria for transition programs should reflect minimum requirements and be the least burdensome criteria consistent with public protection.
- § Transition program outcomes are consistent with the knowledge, skills and attitudes required for safe and effective provision of nursing care.

Relevant definitions, for this particular model include:

Competent – The ability to demonstrate an integration of the knowledge, attitudes, and skills necessary to function in a specific role and work setting. (Modified from American Association of Critical-Care Nurses, Preceptor Handbook)

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)

Preceptor – A competent nurse who has received formal training for the preceptorship role.

pressures. Neophyte nurses become overwhelmed and stressed with all of these expectations (17, 19), and stress, in the first year of practice, has been significantly related to practice errors (16, 17).

The evidence the committee members reviewed regarding competence and transition (7, 14, 16, 17, 19, 28, 30, 31, 38) found that new nurses need a year of support to learn to work within complex systems. National reports have supported a need for novice nurses to revisit their actions and to reflect on alternate pathways for decision making (7, 8, 9, 10, 19). NCSBN has a similar study analyzing this need, as well (14). While some institutions have formal transition programs (20, 26, 30) that are less than a year long, they often continue to provide ongoing support to new nurses for 12 months.

NCSBN's unpublished transition studies (16, 17) reported that new graduates were significantly more likely to report practice errors when they also reported decreased competence and increased stress. In this study and the UHC/AACN national study (19), three to six months after hire was the vulnerable period where nurses reported more stress and less competence and therefore were at risk for practice breakdown.

In a longitudinal study from Norway, Bjørk and Kirkevold (28) analyzed the consequences of not having an extended transition program by videotaping nursing practice and conducting interviews with nurses

from 36 percent to 55 percent. The data clearly support that a well-planned transition program will improve the retention of new nurses in their first year of practice.

SUPPORT OF THE ELEMENTS OF THE MODEL

Across All Settings and All Education Levels

There is no doubt that the literature and research on long-term settings and licensed/ vocational nurses is not as strong as with acute care settings and registered nurses. One NCSBN report on practical nurses (16) found that PN transition programs averaged 4.7 weeks in length, which is so short that it most likely wouldn't provide any insight as to what the effect of

Grid used the preceptor model. Past research at

Dr. Megan-Jane Johnstone, and colleagues, from Australia (35) have written extensively on providing support to new graduates. They define support as “a process that aids, encourages, and strengthens and thereby gives courage and confidence to a new graduate nurse or a group of new graduates to practice competently, safely, and effectively in the levels and areas they have been educationally prepared to work.” Some of the components of support, according to Johnstone and colleagues, (35) include being available and approachable being able to ask questions, without being ridiculed; being prompted to engage in best practices; providing benevolent surveillance, which is keeping an eye on the new graduate; providing constructive feedback and reflection; and having backup when there are problems.

the Transition to Practice Committee members, if the model is adopted, plan to work next year to build consensus and develop partnerships with stakeholders, including the American Hospital Association (AHA), AACN, NLN, AONE, NAPNES, ANA, CMS, the Joint Commission, and others.

CONCLUSION

Currently there is no national standard for transitioning new nurses from education to practice, and few states have regulations for the process of developing novice nurses as they enter the practice arena. Medicine has standardized accredited residency programs that are required of all new medical school graduates before they can be licensed. Physical therapy and pharmacy have national, standardized residency programs that are accredited, although voluntary.

Internationally, Portugal and Ireland (3, 4) are in the process of developing a national transition program to be implemented through regulation. Dr. Johnstone from Australia has been in communication with us and has indicated they are developing a national, standardized transition program. Canada (1) has developed an excellent guide to preceptorships and mentoring, though they don't have a national model. Scotland (2) has been a leader in designing a national, standardized transition program, and their Web-based model has inspired our committee members to propose designing a Web site for NCSBN's transition regulatory model. Scotland is still in the process of collecting outcome data.

Through collaboration with nursing education, practice and regulation NCSBN and boards of nursing can make this happen. After all, regulation, practice, and education have the same goal of safe and effective patient care.

If this transition regulatory model is adopted by our board of directors and Delegate Assembly, the following are the Transition to Practice Committee members' recommendations for their work in 2008-09:

- § Collaborate and develop partnerships with key stakeholders;
- § Identify and develop tools for measuring the outcomes;
- § Develop a national Transition to Practice Web site;
- § Develop model rules for Transition to Practice; and
- § Identify funding sources.

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