

Office of Academic Affiliations Post-Baccalaureate Registered Nurse Residency and Office of Nursing Services Registered Nurse Transition to Practice Residency Programs Comparison

	Post-Baccalaureate Registered Nurse Residency (PB-RNR)	Registered Nurse Transition to Practice (RNTTP) Residency
Program Delivery Model / Academic Affiliation	Academic-Based Residency Model Academic Affiliation and partnership: Required.	Employee-Based Transition to Practice Model Academic Affiliation and partnership: Recommended.
Program Oversight	VA Office of Academic Affiliations (OAA) (Oversight: VHA 1400 Directives series and VHA OAA Nurse Residency Request for Proposal requirements) OAA PB-RNR is an academic-based, federally funded traineeship program that provides intensive training to newly licensed RNs. The RNs are classified as trainees not staff nurses, and there is no service obligation requirement after completing the OAA RN residency. However, most OAA RN residency graduates are hired by VHA.	VA Office of Nursing Services (ONS) (Oversight: VHA Directive 1077) VHA Directive 1077: Registered Nurse Transition-to-Practice Residency Program stipulates that every VA medical facility that hires new graduate RNs into their first licensed RN role, or those facilities that hire RNs with less than one year of professional experience, either establish or collaborate with an established, structured, one-year RNTTP Residency Program. This program should be based on the Commission on Collegiate Nursing Education's (CCNE) Standards for Accreditation of Entry-to- Practice Nurse Residency Programs.

	Funding	VA OAA Central-Office Funding VA medical facility funding includes: (1) nurse resident trainee stipend and benefits funds; (2) nurse residency infrastructure supplemental funds to support the salary of VA staff who serve in Program Director, Program Coordinator, and Clinical Faculty roles; (3) Veterans Equitable Resource Allocation (VERA) Education Support Supplement funds to cover other expenses connected with managing OAA Nurse Residency Programs.	Funded locally by each VA Healthcare System The local VA facility funds the salary of (1) VA staff who serve as Program Director, Program Coordinator, and Clinical Faculty roles; (2) RNTTP resident salaries.
		OAA Responsibility OAA maintains overall responsibility for the administration of VHA's health professions clinical training programs and oversees the VHA PB-RNR programs.	ONS Responsibility ONS maintains oversight of the employee based RNTTP Program.
-	National Program Oversight/ Support	Program implementation and program operations oversight is provided by the OAA Nursing Education Team in collaboration with the individual medical facility Associate Chief of Staff for Education (ACOS-E/DEO) and the Associate Director of Patient Care Services (ADPCS/NE). Each PB-RNR program is assigned a National OAA Coach/Mentor to guide VA medical facilities through the implementation and accreditation of the program. Programs are regularly assessed via virtual and/or onsite site visits for adherence to VA OAA requirements and accreditation standards, including fiscal stewardship.	An ONS RNTTP Residency Program Manager provides oversight and consultative support for the RNTTP Residency Program Directors. Each RNTTP Residency Program Manager oversees and manages the program at the medical center level. A national-level RNTTP survey program in the VHA Support Service Center (VSSC) database is used to collect data from each program.

RN Supervision	The OAA nurse residents perform under the supervision of qualified clinical faculty, including preceptor(s) and a mentor for the duration of the program (12 months). As part of a training program, OAA RN residents earn progressive, graduated levels responsibility for the care of patients (VHA Handbook 1400.04). The determination of residents' ability to provide care to patients without a clinical supervisor physically present in the room or area of the patient encounter, is based on documented evaluation of the residents' clinical experience, judgment, knowledge, and skill. Further, the residents' ability to act in a teaching or consultative capacity for more junior trainees without clinical supervision is also based on documented evaluation, the supervisor of record is the PB-RNR Program Director.	A clinical preceptor is provided throughout the year-long program. The supervisor of record is determined by the facility and may include the Nurse Manager or RNTTP Program Director. In addition, each RN resident is either assigned a mentor or chooses a mentor.
Trainee versus Employee Role	Trainee The RN is in the role of trainee, with 100% protected training time during a year-long residency program aimed to enhance new graduate RN clinical competency, confidence in practice, and leadership skills.	Employee RN is an employee and is counted in the nursing unit's staffing as recommended in VHA Directive 1077: 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.
VA Appointment	Appointment is made under the 38 USC 7405(a)(1)(A) for a period not to exceed three-years (or at a minimum one-year and one-day in order to be eligible for benefits, utilizing OST Code 0610-77-T0/HR Smart Job Code 370790), and also the Trainee Qualifications and Credentials Verification Letter (TQCVL).	Appointment is made under Title 38 USC 7404 (1), and 7405. Nurse Professional Standards Board VA handbook 5005, Part II Chapter 3. Coded VN-0610-50-S7 for 1-year, based on the unit assigned after completion of the twelve-month RNTTP Residency Program.
Salary / Stipend / Benefits	OAA establishes the per annum stipend rate for nurse residents. Funding is provided directly to the facility and includes the Federal Insurance Contribution Act (FICA) contributions and estimated	The salary is determined by the hiring official and HR based on degree, experience, and scope/complexity of practice, and in alignment with the nurse qualification standards defined in VHA Handbook 5005. Weekend/off-shift/holiday differential is

	benefit coverage. PB-RNR residents accrue annual leave and sick leave based on the residents' federal leave service computation date. (No weekend/off-shift/holiday differential will be earned.)	earned. Annual and sick leave can be accrued, and other benefits will be determined, per hiring appointment (permanent or temporary).
Program Length	12 Months	12 Months
National Accreditation	CCNE Accreditation within three years of approval: Required.	CCNE Accreditation: Recommended.
National Standardized Curriculum	The OAA's robust competency-based RN residency curriculum is aligned with CCNE accreditation standards and VA nurse competency requirements. The curriculum integrates both didactic and experiential learning activities. The model is designed to provide new graduate nurses an opportunity to apply knowledge and skills gained during pre-licensure educational experiences across various clinical settings in VHA.	Residency curriculum is aligned with the CCNE accreditation standards available as a model and maintained through the Field Advisory Committee (FAC). Off-unit experiential learning is scheduled throughout the 12-month program by the RNTTP Residency Program Director.
Scholarly Activity	Evidence-based practice is a central tenet of the VA OAA Nurse Residency program. The VA Nurse Resident is required to complete a quality enhancement and/or system redesign scholarly project during their 12-month training at the VA medical facility.	Scholarly activity includes work in quality improvement (Associate Degree of Nursing (ADN)-prepared residents); developing and disseminating a performance-improvement project or evidence-based project (Nursing Bachelor of Science (BSN) or higher); developing and disseminating an evidence-based practice project.
National Program Evaluation	The VA OAA PB-RNR program evaluation is multidimensional. The resident-specific evaluation assesses: (1) residents' performance in the 22 core clinical skills competency areas consistent with CCNE standards for accreditation of post-baccalaureate RN residency programs and VA Veteran-centric model of care; and (2) residents' comfort and confidence in the performance of core clinical skills and abilities. The data-driven evaluations demonstrate a significant progression of residents' competencies, from novice to competent	The national program evaluation currently in place includes: (1) residents' demographics and characteristics data; (2) residents' competency self-assessment (Resident Competency Assessment (RCA)); (3) faculty-rated competency assessment of residents' performance (RCA); (4) residents' confidence in performance of core clinical skills and abilities (Casey Fink (CF)); (5) residents' overall satisfaction with the residency training program (End of Program Evaluation (EPE)).

	professional nurses. Improvement in overall confidence in assuming clinical responsibilities is also reflected. Program effectiveness also means creating a positive learning environment for the nurse trainees. Residency alumni have continually expressed satisfaction with their VA training experience. Lastly, organizational impact studies highlight the positive effects of the OAA nurse training program on VHA's nursing workforce recruitment and retention goals.	
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Contact	Email: OAAhelp@va.gov or VHACOOAANursing@va.gov Internet: https://www.va.gov/OAA/Nursing/Home.asp	Intranet: https://www.va.gov/norsing/RNres.asp Intranet: https://vaww.va.gov/nursing/RNres.asp SharePoint:https://dvagov.sharepoint.com/sites/VACOVHAONS/ Workforce/RNResidency/default.aspx