

VHA REGISTERED NURSE TRANSITION-TO-PRACTICE RESIDENCY PROGRAM

1. REASON FOR ISSUE: The directive provides policy on the Registered Nurse (RN) Transition-to-Practice Residency Program for all levels of employed new graduate RN residents (employees) (associate, diploma, baccalaureate, and master's degree entry into nursing practice) in their first RN nursing role.

2. SUMMARY OF MAJOR CHANGES: Major changes include the addition of responsibilities for the Principal Deputy Under Secretary for Health, paragraph 5.b., and Deputy Under Secretary for Health for Operations and Management, paragraph 5.c.

3. RELATED ISSUES: None.

4. RESPONSIBLE OFFICE: The Office of Nursing Services (10A1) is responsible for the contents of this directive. Questions may be directed to the Chief Nursing Officer at 202-461-6700.

5. RESCISSIONS: VHA Directive 2011-039, VHA Registered Nurses (RN) Transition-to-Practice Program, dated November 23, 2011, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of April 2024. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

CERTIFIED BY:

**BY DIRECTION OF THE UNDER
SECRETARY FOR HEALTH:**

/s/ Steven Lieberman, MD, MBA,
FACHE Acting Principal Deputy
Under Secretary for Health

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NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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VHA REGISTERED NURSE TRANSITION-TO-PRACTICE RESIDENCY PROGRAM

1. PURPOSE

This Veterans Health Administration (VHA) directive provides policy on the Registered Nurse (RN) Transition-to-Practice Residency Program for all levels of employed new graduate RNs (associate, diploma, baccalaureate, and master's degree entry into nursing practice) in their first RN nursing role. This is a residency program for Department of Veterans Affairs (VA) employed nurses with the goal to assist new RN graduates in the transition to full practice as competent RNs. **AUTHORITY:** Title 38 United States Code (U.S.C) 7302.

2. BACKGROUND

a. In November 2011, VHA implemented a mandatory RN Transition-to-Practice (RNTTP) Program. Support for the mandatory program was based on research on the challenges of new graduate RNs transitioning to practice and a successful pilot project that resulted in a 100 percent retention rate. Increased retention rates correlate to lower turnover costs and research on RNTTP residency programs have demonstrated positive outcomes for nurses, patients, and health systems.

b. RNs are the largest component of VHA's health care workforce. There continues to be a need to recruit and retain new RNs to develop the future nursing workforce to care for Veterans. It is estimated that by 2020, VHA will be serving close to 8.8 million Veterans and meeting their mental health, chronic disease management, preventive care, and care coordination needs. There is a gap between current workforce projections and the number of RNs VHA is able to recruit and retain. In fiscal year (FY)19, 23 percent of RNs (VHA Support Service Center data of 1061 RN) are eligible for retirement. While retirements have increased for the general population of RNs, the number is nearly double for nursing administrators and advance practice Registered Nurses (APRNs).

c. VHA staff nurses serve in a broad range of clinical areas and specialties including telehealth, medical and surgical care units, intensive care units (ICU), outpatient clinics, Community Living Centers (CLCs), spinal cord injury units, and operating rooms. Working on a medical or surgical unit is typically an entry point for new RN staff who often seek specialization to transition into intensive care unit and other clinic settings. As a result of this career progression, retention of medical or surgical nurses is difficult. This results in a disproportionate staffing mix of novice nurses to experienced nurses, especially during evening and night shifts. As more complicated procedures are performed on an outpatient basis, there is a greater need for nurses with advanced skills. This increases the overall need for nursing personnel at the staff nurse level with this skill set.

d. The increase in outpatient and ambulatory care in the health care industry has been driven by advances in technology that allow for more care to be delivered in the outpatient setting. Changes in care delivery models within VA have created increased

demand for skilled nursing personnel in the outpatient setting. The outpatient RN role has become critical with the implementation of such national initiatives as Patient Aligned Care Teams (PACT), Specialty Care, and Specialty Care Access Network and Extension for Community Healthcare Outcomes (SCAN-ECHO) projects. Furthermore, the increase in VA Women's Health clinics, both as stand-alone clinics and embedded into PACT, have contributed to the demand. New graduate RNs are now being hired directly into ambulatory settings.

e. The Government Accountability Office report, 15-794, VA Health Care: Oversight Improvements Needed for Nurse Recruitment and Retention Initiatives, found that improvements are needed for these programs. The recommendations are related to ensuring the development of a periodic reporting process to help monitor VA medical facility compliance with the policies and procedures for each of its key recruitment and retention initiatives, the evaluation of training resources, and the conduct of system-wide evaluations of VHA's key nurse recruitment and retention initiatives, to determine the overall effectiveness of these initiatives, including any needed improvements, and communicating results and information in a timely manner to relevant stakeholders.

f. The VA Center for Clinical Management Research Health Services Research & Development at the VA Ann Arbor Healthcare System conducted a national evaluation of the RNTTP Residency Program to assess the degree of implementation and outcomes of the RNTTP initiative across VHA. The evaluation resulted in the identification of factors affecting implementation: materials, and support from the national program office; facility level dynamics and resources; program specific requirements and data collection.

3. DEFINITIONS

a. **First Licensed Registered Nurse Role.** The first licensed RN role is the first RN position the new RN accepts upon graduation from nursing school and achievement of State licensure.

b. **Mentor.** A mentor is an experienced RN who has completed mentor training and provides active support and encouragement throughout the duration of the RNTTP Residency Program while serving as a professional role model.

c. **New Graduate Registered Nurse.** A new graduate RN is a nurse who has completed an associate, diploma, baccalaureate, or master's entry into nursing practice degree from an accredited school of nursing as their first RN degree (e.g., accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., State board of nursing)).

d. **Preceptor.** A preceptor is an experienced RN who has completed preceptor training and is willing to serve as a clinical role model and resource for the new graduate RN.

e. **Registered Nurse Transition to Practice Program.** The RNTTP Residency Program is a comprehensive 12-month program designed to assist the new RN in the

transition to full practice as a competent RN. It is a comprehensive developmental training program with didactic and clinical components designed to provide the new RN opportunities to perform the role, duties, and patient care activities and procedures that are performed by RNs.

f. **Registered Nurse Transition-to-Practice Resident.** A new graduate RN, employed by VHA, who is participating in the RNTTP Residency Program.

4. POLICY

It is VHA policy that every VA medical facility that hires new graduate RNs in their first licensed RN role, or RNs with less than one year of professional experience, establish or collaborate with an established, structured, one-year RNTTP Residency Program based on the Commission on Collegiate Nursing Education's Standards for Accreditation of Entry-to-Practice Nurse Residency Programs. **NOTE:** *For Commission on Collegiate Nursing Education (CCNE) accreditation, the eligibility requirement is individuals who are serving in their first nursing role and who have graduated from a pre-licensure nursing program that is accredited by a U.S. Department of Education recognized nursing accrediting agency or accredited/approved by an authorized regulatory body (e.g., State board of nursing). All eligible participants are included in the entry-to-practice nurse residency program, and this program is limited to eligible participants. NOTE: See References, paragraph 6.f., CCNE Standards for Accreditation of Entry-To-Practice Nurse Residency Programs, Amended 2015, page 24.*

5. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Principal Deputy Under Secretary for Health.** The Principal Deputy Under Secretary for Health is responsible for authorizing the VHA policy for the management and oversight of a RNTTP Residency Program.

c. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for providing support to the Veterans Integrated Service Network (VISN) Directors for implementing the RNTTP Residency Program as established in this directive.

d. **Chief Nursing Officer, Office of Nursing Services.** The Chief Nursing Officer (CNO) is responsible for program oversight and support from a national level, and systematic measurement and evaluation of the RNTTP Residency Program. The evaluation process requires field tracking and trending (see paragraph 5.g.(3)) and reporting national data so that it is used to evaluate the effectiveness of the program and to determine potential revisions.

e. **Veterans Integrated Service Network Director.** The VISN Director is responsible for providing support to VA medical facilities in implementing the RNTTP Residency Program as established in this directive.

(1) The goal for this program is that 100 percent of all VA medical facilities that hire new RNs with less than one year of professional RN experience, will have a RNTTP Residency Program or collaborate with a VA medical facility that has a program, by the end of FY23.

(2) Currently there are programs at approximately 100 VA medical facilities. As part of VISN level strategic plans, VISN Directors should plan on increasing the number of programs by at least 20 percent each year until all VA medical facilities in the VISN that hire RNs with less than one year of experience, establish or collaborate with an established program.

(3) VISN Directors may want to consider establishing a temporary VISN-level position to assist with the implementation of the RNTTP program. Alternatively, the VISNs in each of the five regions could consider establishing a temporary position.

f. **VA Medical Facility Director and all members of the VA Medical Facility Leadership Team.** The VA medical facility Director and all members of the VA medical facility leadership team (e.g., Quadrad, Pentad) are responsible for providing support, including fiscal support, to implement the RNTTP Residency Program successfully.

g. **Associate Director for Patient Care Services or Chief Nurse Executive.** The Associate Director for Patient Care Services (ADPCS) or Chief Nurse Executive (CNE) has VA medical facility oversight responsibility for:

(1) Ensuring the RNTTP Residency Program is implemented with the support and resources necessary to provide an environment that facilitates the effective development and entry into practice of all eligible new RNs.

(2) Designating a RNTTP Residency Program Director. The RNTTP Residency Program Director must have a minimum of a bachelor's degree in nursing and preferably a master's degree or higher in nursing or education and preferably experience managing a RNTTP Residency Program. The RNTTP Residency Program Director must be academically and experientially qualified to accomplish the program's mission, goals, and expected outcomes and able to provide effective leadership.

NOTE: For CCNE accreditation, the RNTTP Residency Program Director must have a graduate degree in nursing or a related field.

(3) Overseeing the following recommended Full-Time Employment Equivalent (FTEE) allocation depending on VA medical facility program status. ***NOTE: VA medical facilities, especially those with smaller numbers of residents, are encouraged to collaborate and share resources with other RNTTP Residency Programs to achieve program objectives and efficiency.***

(a) Allocating 1.0 FTEE to the RNTTP Residency Program Director to initiate a program for the first year. The FTEE allocation for the following year(s) would depend on the number of residents in the program.

(b) Allocating a minimum of 1.0 FTEE to the RNTTP Residency Program Director to manage the various aspects of the program for any year in which no other personnel are assigned to help with program administration.

(c) Allocating 0.5 FTEE to the RNTTP Residency Program Director for 1-5 RNTTP residents, per year.

(d) Allocating 1.0 FTEE to the RNTTP Residency Program Director for 6-15 RNTTP residents, per year.

(e) Allocating 1.0 FTEE to the RNTTP Residency Program Director for 15-25 RNTTP residents and 0.5 FTEE clinical support, 0.25 FTEE administrative support for programs with large numbers of RNTTP Residents, per year.

(4) Determining if an additional role of coordinator or the need for an administrative assistant is necessary, dependent upon the FTEE allocation of each individual involved and the program or the VA medical facility size. FTEE allocations are as follows:

FTEE Recommendations Per Year

Residency Program Director 1.0	Residency Program Director 0.5	Clinical Support	Administrative Support
If in first year of program of any size, or			
If no other personnel are available to assist with program administration, or			
If there are 6-15 residents, or			
If there are 15-25 residents		0.5	0.25
	If the RNTTP program is established or there are a small number of residents (1-5).		

NOTE: It is recommended the RN be counted in the unit's nurse staffing FTEE employee in the following manner: 0 FTEE for months 1-3, 0.5 FTEE for months 4-6, 0.8 FTEE for months 7-9, and 0.9 FTEE for months 10-12. This will provide protected time for the resident to participate in the RNTTP Residency Program.

(5) Ensuring that preceptors and mentors have the necessary training to fulfill their roles. See paragraph 6 for additional training information.

h. **RNTTP Residency Program Director.** The RNTTP Residency Program Director is responsible for:

(1) **Program Development and Implementation.** Overall planning and implementation, of the RNTTP Program to include:

(a) Establishing a 12-month program curriculum that is centered in management and delivery of quality and equitable care, professional role, and leadership development based on the CCNE Accreditation Standards as amended in 2015. Sample curriculum is available on the Office of Nursing Services Intranet at

<http://vaww.va.gov/nursing/RNres.asp>. **NOTE:** This is an internal VA Web site that is not available to the public.

(b) Collaborating with the Nurse Managers, Nurse Educators, Clinical Nurse Leaders, Clinical Nurse Specialists and preceptors on program development, implementation, progress, and evaluation.

(c) Determining the RNTTP Residency Program start date in collaboration with nursing leadership.

(d) Facilitating the selection of RNTTP residents in collaboration with nursing leadership.

(2) Program Management and Oversight.

(a) Coordinating instructors/facilitators and classrooms for learning sessions, and confirmation/communication of dates/times.

(b) Ensuring the program curriculum reflects evidence-based practice and identifies expected learning outcomes.

(c) Facilitating the identification and selection of a mentor and supporting the mentee/mentor relationship.

(d) Directing, coordinating, and providing programmatic guidance for the new RNs, preceptors, and other RNTTP Residency Program team members.

(e) Communicating any concerns/issues that may arise to appropriate program stakeholders.

(f) Working with the Nurse Recruiter and Human Resources to ensure proper coding of the residents.

(g) Participating in monthly Office of Nursing Services (ONS) update/education calls.

(h) Coordinating a graduation or recognition ceremony at completion of the RNTTP Residency Program.

(3) Program Evaluation.

(a) Determining and implementing a process to demonstrate program effectiveness and stakeholder satisfaction.

(b) Ensuring the completion of evaluation forms from RNs residents and preceptors, and others as appropriate. Evaluation forms to be completed by the RNTTP resident include the Casey-Fink, a residency progression assessment, and an end-of-program evaluation as determined by ONS. Preceptors and nurse managers are responsible for completing the required portions of the residency progression assessment.

(c) Providing an annual report by the end of each FY summarizing the data collected, program results, and any recommended program changes to the Associate Director for Patient Care Services.

(d) Completing ONS reports and data requests by the deadlines set.

NOTE: This is not an exhaustive list of Program Director responsibilities but highlights some of the key activities of the program director. Please see the RNTTP SharePoint site for functional statements of these roles:

<https://vaww.vha.vaco.portal.va.gov/sites/ONS/Workforce/RNResidency/Master%20Document%20List/Forms/AllItems.aspx?RootFolder=%2Fsites%2FONS%2FWorkforce%2FRNResidency%2FMaster%20Document%20List%2FAll%20RNTTP%20Documents&FolderCTID=0x012000A70F2FA29A8ACC44A7F7950EDBCC185F&View={05FAF10A-6E4D-4A15-9F93-C896DBC66A59}>. This is an internal VA Web site that is not available to the public.

i. **Nurse Manager or Responsible Supervisor.** The Nurse Manager or responsible supervisor (this will differ depending on the program structure) is responsible for ensuring:

(1) Each RN resident is assigned a preceptor.

(2) Each RN resident either selects a mentor or is assigned a mentor.

(3) Unit staffing methodology business plans incorporate the recommended protected FTEE time for the residents to fully participate in the RNTTP Residency Program activities.

(4) The RN resident and the preceptor have adequate time to participate in and successfully complete the program. The unit time schedule for the resident and preceptor reflects the protected time.

j. **Nurse Educator/ Clinical Nurse Specialist/Clinical Nurse Leader.** The Nurse Educator/Clinical Nurse Specialist (CNS)/Clinical Nurse Leader is responsible for:

(1) Collaborating with the nurse manager in selection of the preceptor and mentor or supporting the resident in mentor selection.

(2) Supporting the resident's professional development throughout the program.

k. **Nurse Managers/Nurse Educators/Clinical Nurse Specialist/Clinical Nurse Leaders.** Nurse Managers/Nurse Educators/CNS/Clinical Nurse Leaders are responsible for:

(1) Determining a primary and secondary preceptor.

(2) Overseeing daily progress of the resident.

(3) Evaluating performance of the resident.

(4) Adhering to VA medical facility staffing model as applied to residents and preceptors (particularly in the first 6 months of training).

(5) Supporting the program with consistent attendance by the resident.

(6) Participating in a graduation/recognition ceremony for the resident.

I. **Nurse Recruiter.** The Nurse Recruiter is responsible for:

(1) Assuring all eligible new RNs have access to the RNTTP Program.

(2) Recruiting for program participants at career fairs and nursing schools in the community.

6. TRAINING

The following training is recommended:

a. EES-136 - RN Transition to Practice Program; TMS #EES-136.

<https://www.tms.va.gov/SecureAuth35/>. **NOTE:** This is an internal VA Web site that is not available to the public. Courses include:

(1) Evidence Behind Evaluation of the New RN.

(2) RNTTP Preceptors and Mentors Best Practices.

(3) RNTTP Program Director Primer.

(4) RNTTP Residency Program Directive and Program Guide: The Foundation.

(5) Role of Academic Partnerships and Executive Support.

(6) CCNE Accreditation Standards for Nurse Residency Programs.

(7) Creating and Maintaining Executive Leadership Support.

(8) RNTTP Database Entry and Reports.

b. Review of resources on the RNTTP Residency Program SharePoint site:

<https://vaww.vha.vaco.portal.va.gov/sites/ONS/Workforce/RNResidency/default.aspx>.

NOTE: This is an internal VA Web site that is not available to the public.

c. Review of sample curriculum on the ONS RNTTP intranet site:

<https://vaww.va.gov/nursing/RNres.asp>. **NOTE:** This is an internal VA Web site that is not available to the public.

7. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created in this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

8. REFERENCES

a. 38 U.S.C 7302.

b. VA Center for Clinical Management Research Health Services Research & Development, VHA Ann Arbor Healthcare System. Summary Report on the Partnered Evaluation: RN Transition-to-Practice. September 22, 2017.

c. ONS Intranet Site: RNTTP Residency Program.
<http://vaww.va.gov/nursing/RNres.asp>. **NOTE:** *This is an internal VA Web site that is not available to the public.*

d. Government Accountability Office. GAO 15-794. VA Health Care: Oversight Improvements Needed for Nurse Recruitment and Retention Initiatives.
<https://www.gao.gov/products/GAO-15-794>.

e. Commission on Collegiate Nursing Education (CCNE), Standards for Accreditation of Entry-to-Practice Nurse Residency Programs. (Amended 2015).
<http://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Entry-to-Practice-Residency-Standards-2015.pdf>. **NOTE:** *This linked document is outside of VA control and may not be conformant with Section 508 of the Rehabilitation Act of 1973.*

f. VHA Mentor Certification and Coaching Program.
http://vaww.succession.va.gov/Employee_Development/MC/default.aspx. **NOTE:** *This is an internal VA Web site that is not available to the public.*