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Customizable templates, checklists, guides, and forms can be downloaded as a single compressed (.zip) file from an active link on the Navigation Bar, Table of Contents, and Section Title pages.
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# Preface

## Preface

The *Ambulatory Care Registered Nurse Residency Program* offers a comprehensive approach to educate new registered nurse graduates and experienced registered nurses new to the ambulatory care specialty. The content is presented through 11 different sections with a variety of documents that educate and offers templates, checklists, and examples for program implementation. A series of learning experiences foster professional role socialization and the acquisition of specific knowledge and skills. A framework is built to identify the multiple strategies required to establish and implement an effective Residency Program. It is through this approach that ambulatory care nurses can demonstrate competence and confidence in their abilities to provide safe and quality patient care as both practitioners and leaders.

Nurses, managers, directors, educators, and others may use this program to implement a nurse residency program tailored to their specific ambulatory care setting. The tools are provided in Word documents so they can be customized easily to your needs and setting.

The American Academy of Ambulatory Care Nursing Board of Directors and its association management firm, Anthony J. Jannetti, Inc., are commended for their foresight and support of this publication that will enhance the ability of registered nurses to make a significant impact on patient care within ambulatory care settings.

The journey to develop this program began with a task force that produced a White Paper titled: *The Need for an Ambulatory Nurse Residency Program* in March 2014. Some members from this initial task force were joined by new members who moved the concept toward implementation. The members of the Residency Program Task Force are to be commended for their hard work and perseverance. Their contributions in advancing professional ambulatory care nursing are more than evident in the pages of this publication. It is with appreciation that we present AAACN's *Ambulatory Care Registered Nurse Residency Program.*

## Program Goals

At the completion of the Residency Program, the registered nurse will:
1. Transition from a nurse practicing at the novice or advanced beginner stage to a nurse practicing at the next level of professional development.
2. Develop effective decision-making skills using clinical reasoning and evidence-based knowledge.
3. Apply leadership skills to work collaboratively within an interprofessional team.
4. Employ effective communication skills to advocate for patient safety and protect the patient from unsafe environmental conditions.
5. Develop critical reasoning and astute clinical judgment to improve timely, safe, and efficient access to appropriate care and treatment.
6. Work collaboratively in team-based care promoting coordinated care across the continuum.
7. Utilize critical-thinking skills to optimize clinical outcomes.
8. Apply patient engagement strategies to improve quality outcomes.
9. Promote an increased ability to organize and prioritize patient care needs.
10. Advance a personal strategy for lifelong learning and a commitment to professional nursing.

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# 1.1 Residency Program Guideline

## Overview

Nurse residencies are an effective strategy to meet workforce demands and facilitate the transition of registered nurses (RNs) to competent practice. The *Ambulatory Care Registered Nurse Residency Program* offers new graduates and nurses new to ambulatory care practice an opportunity to participate in a learning environment based on evidence-based practice and the ability to coordinate a variety of experiences through a structured approach. A Residency Program provides the time needed to acquire new knowledge and reflect on how to integrate this knowledge into future clinical practice.

Nurse residencies transcend standard orientation programs in duration, focus, and complexity. Over the last 15 years, residency programs have progressively set a new standard for orienting staff to the practice environment. The nursing profession has moved from a task-focused approach that emphasized doing the job to a multifaceted program that requires critical thinking, diverse learning experiences, and the demonstration of nursing leadership. Residencies provide a formal set of learning opportunities that interweave nursing professional and specialty standards within a practice environment that aims to combine current knowledge with clinical expertise to improve both the patient experience and clinical outcomes.

The American Academy of Ambulatory Care Nursing's (AAACN) Task Force on an Ambulatory Care Registered Nurse Residency Program developed a comprehensive approach that meets national recommendations and the unique requirements of ambulatory care nursing. The knowledge and skills needed to practice safely and competently in ambulatory care environments are not identical to those needed to practice in the acute care setting. The program focuses on sequential and integrated learning experiences including didactic classroom lectures, simulations, validation of technical skill development and professional competencies, and preceptor-led clinical rotations. Other learning opportunities such as peer transition sessions, journaling, portfolio development, and mentoring contribute to a robust and professional transition into ambulatory care nursing.

This Residency Program is focused on transition into primary care practices: internal medicine, family practice, and pediatrics. It also provides the foundation for any RN who begins his or her ambulatory care career in a specialty clinic. In this situation, the Residency Director would replace some procedural competencies and some lecture content with a more specialty-focused learning environment.

Recommendation 3 from the October 2010 Institute of Medicine (IOM) report *The Future of Nursing: Leading Change, Advancing Health* states: "State Boards of Nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas" (p. 7).

The Residency Program's theoretical underpinnings are based on Benner's novice-to-expert research (1982), Knowles' adult-learning principles (Knowles, Holton, & Swanson, 2015), and Marlene Kramer's classic research on reality shock (1974). Guiding the development of the program components is The American Academy of Ambulatory Care Nursing's (AAACN) *Scope and Standards of Practice for Professional Ambulatory Care Nursing* (2017), the American Nurses Association *Code of Ethics for Nurses* (2015), and the 2012 graduate-level quality and safety competencies developed by the American Association of Colleges of Nursing through their Quality and Safety Education for Nursing (QSEN) Program.

Two national accreditation programs provide an opportunity for organizations to have their individual Registered Nurse Residency Program accredited: The Practice Transition Accreditation Program™ from the American Nurses Credentialing Center (ANCC, 2016) and the Standards for Accreditation of Entry-to-Practice from the Commission on Collegiate Nursing Education (CCNE, 2015). AAACN has aligned the program components with these standards to support organizations that will be seeking accreditation.

## The Need for Residency Programs

Five reasons for implementing a Nurse Residency Program dominate the literature.

1. *Education-to-Practice Gap.* Educators and employers agree there is an education-to-practice gap in nursing that must be addressed. Acute care nursing has embraced transition-to-practice programs both for new graduates and experienced RNs. As the need for ambulatory care nurses rises, new graduates will be in demand to fill much-needed RN positions. Recognition of the education-to-practice gap was originally understood as it related to acute care; the gap in understanding ambulatory care practice is even greater (Goode, Lynn, Krsek, & Bednash, 2009; IOM, 2010).

2. *Failure to Stay in the Job.* Many experienced RNs new to ambulatory care environments return to their prior job due to unrealistic expectations and a general lack of understanding the interprofessional approach in ambulatory care. An ineffective and problem-prone orientation accentuates the problem (Benner, Stephen, Leonard, & Day, 2009; Casey, Fink, Krugman, & Propst, 2004; del Bueno, 2005; Goode et al., 2009; Ulrich et al., 2010; Wisotzkey, 2011).

3. *Complex Health Care Needs.* Sicker patients with multiple conditions are being seen regularly in ambulatory care settings. Registered nurses need to gain competence in assisting patients who are chronically ill to care for themselves at home. Registered nurses can play a unique role in contributing to improved patient out-

comes (Berman et al., 2014; Greene, 2010; Herdrich & Lindsay, 2006; Keller, Meekins, & Summers, 2006; National Council of State Boards of Nursing [NCSBN], 2007; Pellico, Brewer, & Kovner, 2009).

4. *Risk for Practice Errors.* New graduate nurses experience increased stress 3 to 6 months after hire. There is an increased patient safety risk due to practice errors during this period. New RNs need trained preceptors who can guide them in gaining competence and confidence with a strong foundation of both the task and the critical thinking that must occur when RNs provide direct patient care (Greene, 2010; Herdrich & Lindsay, 2006; Ironside, 2009; NCSBN, 2007).

5. *Slow Growth of Ambulatory Care.* Most RN transition residency programs are acute care based. Thus, most new RN graduates secure their first job in the acute care setting. Additionally, schools of nursing do not consistently teach ambulatory care content and/or provide exposure to the specialty of ambulatory care nursing. Ambulatory care practices can provide clinical rotations to nursing students to assist in knowledge transfer and to appreciate the contributions of an ambulatory care RN (Kovner et al., 2007; Levtak, 2002; Moye & Swan, 2009).

## Program Organization

The structure for Residency Program organization is supported through information provided by the following five topics: Table of Contents, Program Leadership, description of Program Length, Program Completion, and the Program Content Components.

1. The *Table of Contents* consists of 11 sections. Each section contains documents that are necessary for a successful and sustainable Ambulatory Care Residency Program. Each document is explained within its related guideline. The documents are labeled as Guidelines, Guides, Templates, Checklists, or Examples. The definitions below provide guidance in understanding the program organization.
   • *Guidelines* occur at the beginning of each section. They describe the importance of the section content, identify the section goals, and provide a review of section documents, applicable references, and evaluation methods.
   • *Guides* promote understanding of a particular template or serve as an individual document describing the content topic. Some guides will have an area that can be used as a checklist to help keep track of implementation strategies.
   • *Templates* are used to add a practical approach for interactive activities. Some templates may encourage the program to modify information de-

pending on the practice environment. When such a document is used, the Word template, in the title, should be removed.
   • *Checklists* are used to facilitate organizational processes, provide direction, and improve outcomes.
   • *Examples* are provided within four sections: Curriculum (4.0), Competency (5.0), Clinical Rotation (6.0), and Simulation (7.0). Additionally the Case Study Guide (2.5), within the Learning Experience Section (2.0), provides an example for use by students and faculty. All examples demonstrate how the practice might use the information to develop its own documents.

2. *Program Leadership* consists of Residency Director, Leadership Team, and the current Resident cohort.

   • *Residency Director.* Consistent with the ANCC (2016), the Residency Director needs to hold a current, valid license as an RN, a graduate degree with either a baccalaureate or graduate degree in nursing and education, and experience in adult learning. The Residency Program would be well served when directed by an RN who has experience in developing orientation programs for new nursing graduates and nurses new to a specialty, a clear understanding about the differences between orientation and Residency Programs, and an ability to facilitate groups and manage multiple tasks.

   • *Leadership Team.* Each practice should appoint a team that works closely with the Residency Director to facilitate program implementation and evaluation. Having a team that is diverse in its membership supports an effective and efficient process. Recommendations include nursing directors, nursing managers, other managers, clinical educators, a provider, a preceptor, and perhaps a prior Resident. Some practices may include a faculty member from a local university to provide input and be positioned to foster, within their curriculum, an appreciation for the role of the ambulatory care registered nurse. The current Residents become part of this team as they provide input into the program through their written evaluations and verbal comments. They will be the future preceptors for the next Residency Program cohort.

   • *Residents.* The Ambulatory Care Registered Nurse Residency Program is designed as a transition program for new graduates and RNs new to ambulatory care. There are differences between new graduates and experienced RNs new to the ambulatory care specialty. Relatively few organi-

# 1.1 Residency Program Guideline

zations have looked at how the educational and support needs of experienced nurses might present differently during a Residency Program. While experienced nurses beginning a new job may have more confidence in their abilities, they may also be challenged by the assumption their adjustment will be easier because they have worked as a nurse before and can "hit the ground running." An experienced nurse must inevitably assume a novice or advanced beginner role during a change in specialties. The program leadership must understand it is difficult for experienced or expert RNs to face the reality they may not be initially practicing ambulatory care at this same level. Exploration of their learning needs can take place during peer transition sessions and with their preceptor and mentor. The latter requires orientation to the distinctions when assisting transition for new RN graduates and RNs new to ambulatory care practice.

3.  *Program Length*
    For new graduates, the year-long orientation, as recommended by the NCSBN (2010) *Transition to Practice Model*, supports a progressive transition into full professional practice for the new graduate RN. For the new graduate (less than 12 months of clinical experience), the program helps to bridge the gap between the academic and the service settings to prepare novice nurses to utilize critical-thinking skills in caring for patients in the ambulatory care setting. The program provides the necessary structure and support for a smooth transition into a new profession.
    During the first 6 months of this Residency Program, new graduates are exposed full time to the multiple opportunities to learn and practice in this new nursing specialty. They spend considerable time in the clinical setting practicing what they have learned. Once the first 6 months have been completed successfully, the Resident, with continued preceptor assistance, will fully practice as a member of the team. During the last 6 months the RN should be participating in Residency Program activities such as lectures, simulations, and peer group discussion for at least 8 hours per month. This educational approach provides new graduates with continued learning and support in their new role as a RN.
    Experienced RNs new to ambulatory care practice spend 6 months transitioning into a new specialty. During the first 4 months of the Residency Program, experienced RNs are provided similar content, competencies, simulations, and clinical rotations as the new graduate. However, certain content information may be modified, as assessed, for current knowledge and skills. They also spend considerable time in the clinical setting practicing what they have learned. Once the first 4 months have been successfully completed, the Resident, with preceptor assistance, will fully practice as a member of the team. During the final 2 months, the Nurse Resident will participate in Resident Pro-

gram activities such as lectures, simulations, and peer group discussion for at least 8 hours per month. Experienced nurses may be involved in similar activities with the new graduates. However, the Residency Program Director should consider each group's potentially different needs and may implement two separate learning tracks. This educational approach provides the experienced RN, new to the ambulatory care specialty area, opportunities for advanced learning and support.

4.  *Program Completion*
    Recognizing this successful outcome marks the end of an important milestone. Completion certificates should be provided to new graduates soon after the completion of a 1-year program and provided to experienced non-ambulatory care nurses soon after the completion of a 6-month program. Many organizations provide these certificates in an atmosphere where Residents, preceptors, mentors, managers, clinical leaders, and others are gathered to applaud the Resident's efforts. Some organizations make this a social event where food is provided and family is invited. Residents are often asked to say a few words about their experiences. The Residency Director can be asked to provide highlights of the program. Practices should not underestimate the power of organizational recognition for this achievement.

5.  *Program Components*
    The Residency Program has seven content components that contribute to a comprehensive approach to nursing transition into practice or into a new specialty. Each of these components align with the program goals and with specific content outlined in the Section Guideline. Combined with a variety of learning experiences (2.0), the components work together toward the development of leadership skills, an appreciation for evidence-based knowledge, and the professional development of the Nurse Resident. They are emphasized in the literature as required for a comprehensive approach to nursing transition. They include classroom learning through an established curriculum (4.0), clinical learning through competency validation (5.0), simulations (7.0), and preceptor-assisted clinical practice (6.0). Trained preceptors (9.0) and mentors (10.0) are assigned to each Resident. Preceptors assist in the clinical setting while mentors provide insight and reflection on those experiences. The last component is the peer group transition sessions, which facilitate personal and group reflection (8.0). Each of these components will be explained in more detail in their individual program sections. A brief overview of these seven sections is provided.

Curriculum (4.0)
- RN Residents attend classes throughout their Residency Program.
- Specific lectures focus on professional content such as ambulatory care nursing roles, critical thinking and

# 1.5 Residency Program Implementation Checklist

**Residency Program**

The Residency Program Implementation Checklist provides a list of tasks that must be completed before the launch of the Residency Program. There is no specific order to the way the tasks are listed. However, the sections listed below are arranged to provide a framework to guide an orderly approach to Residency Program implementation. Each task should have a start time and an anticipated end point. To meet your internal requirements, this document should be reviewed at least every 2 weeks and adjusted as needed.

The checklist provided was not developed to identify every task but to highlight the ones that are critical to implementation. Utilize each Section Guideline noted within the Table of Contents to assist with setting up your checklist.

| Tasks | Start/ End | Progress |
|---|---|---|
| **Initial Tasks** | | |
| ☐ Develop a job description for the Residency Director. | | |
| ☐ Appoint a Residency Director. | | |
| ☐ Appoint a team to work with the Residency Director. | | |
| ☐ Decide on a start date for the program. | | |
| ☐ Develop a job description for the Nurse Resident. | | |
| ☐ Post positions. (Refer to Resident Recruitment Template, 1.4). | | |
| ☐ Interview staff. | | |
| ☐ Select a residency cohort. | | |
| ☐ Purchase individual journals for the Residents. | | |
| ☐ Purchase for each Resident: AAACN *Scope & Standards of Practice for Professional Ambulatory Care Nursing & the ANA Code of Ethics for Nurses*. | | |
| ☐ Purchase three-ring binders to accommodate the materials. (Materials can be added incrementally.) | | |
| ☐ Review binder on first day of program with Residents. | | |
| **Preceptor Program (Section 9.0)** | | |
| ☐ Set a date for Preceptor education program. | | |