American Academy of Ambulatory Care Nursing

Many settings. Multiple roles. One unifying specialty.

Ambulatory Registered Nurse Residency White Paper – The Need for an Ambulatory Nurse Residency Program

March 2014

Task Force Members

June Levine MSN RN – Chairperson
Suzanne (Suzi) N. Wells MSN RN – Board Liaison
Lillian Jessie Jones-Bell, RN MSN PH
Meredith Cotton, BSN, RN, CDE
Deborah Dannemeyer, BSN MAS, RN-BC
Mourine Evans, BSN, MS, RN-BC
Judith F. Karshmer, Ph.D., PMHCNS-BC
Susan McClendon MSN, ACNS-BC, RN
Janice Mills RN-BC, MPsSc
Nancy Weaver Parker RN, MSN, CNL
Cathy Przeklasa, RN MS
Ann Roach, BSN, RN-BC
Pamela Schubert, RN NE-BC, CPN
Deborah Tinker, MSN RN, CENP
Maureen Wooding RN, BSN, MES, LHRN

.

American Academy of Ambulatory Care Nursing (AAACN)
East Holly Avenue, Box 56, Pitman, NJ 08071-0056
800-AMB-NURS; FAX 856-589-7463; aaacn@ajj.com; www.aaacn.org

Introduction

The American Academy of Ambulatory Care Nursing (AAACN) is committed to continuous improvement in quality and safety. This paper builds on the AAACN white paper, *The Role of the Registered Nurse in Ambulatory Care* (AAACN, 2012), with recommended strategies focused on positioning ambulatory registered nurses (RNs) to lead improvements. The ambulatory setting is an important sector of the health care system, uniquely structured to meet the increasingly complex needs of patients and communities (Haas, 2009; Institute of Medicine (IOM), 2010; Swan, 2007). Changes are needed in healthcare to assure comprehensive, coordinated and collaborative care environments that enhance the patient experience, while improving patient safety, quality, and nursing satisfaction. The AAACN, as a representative voice for ambulatory care nursing practice, believes actions must be taken now to ensure an adequate and skilled workforce is prepared for practice in ambulatory care settings.

Researchers (American Association of Colleges of Nursing, 2014; Buerhaus, Staiger, & Auerbach, 2008) predict a serious nursing workforce shortage, with a projected deficit of over 500,000 nurses by the year 2025. A significant contribution to this future deficit is the aging workforce. According to a 2013 survey, 53 percent of the workforce is over the age of 50 (Budden, Zhong, Moulton, Cimiotti, 2013, p. S16). Ambulatory care nursing, as a specialty, faces perhaps a greater impact of this impending scarcity because ambulatory nursing is not characteristically a destination for new nurses, making the average age of the nurse in ambulatory settings 5-10 years older than in the acute setting (Moye & Swan, 2009). Nurses with many years' experience populate the workforce in the ambulatory setting. Levtak (2002) reported older nurses are more likely to work in outpatient settings. The Robert Wood Johnson Foundation (RWJF) reported that the average age of nurses working in ambulatory care and public health was 49.5 years (2008). The younger, new graduate does not typically find employment in ambulatory care. Researchers (Kovner, Brewer, Fairchild, Poornima, Kim & Djukie, 2007) found that of 3,266 newly licensed RNs in 35 states and the District of Columbia, approximately 85% sought and gained employment in acute care settings, whereas less than 4% entered practice in an ambulatory or outpatient setting (p.63).

Given these concerns, the AAACN believes implementation of nurse residency programs is an important strategy to both meet the workforce needs and assure RN staff are adequately prepared for the complex and demanding care environment of ambulatory care practice. Attraction and retention of RNs to practice in ambulatory care will be important to leverage the repository of nursing knowledge and experience currently evident in ambulatory nursing practice. Without effective strategies to prepare nurses for ambulatory care, the potential for organizational and clinical knowledge loss is magnified (Bleich 2012; Haas, 2009; Moye & Swan, 2009; Norman, Donelan, Buerhaus, Willis, Williams, Ulrich, & Dittus, 2005; Swan, 2007). Benner's (1984) work provides theoretical grounding to this paper in support of a systematic, organized and purposive curriculum to support registered nurses' transition to competent practitioners in ambulatory care.

Nurse residencies transcend standard orientation programs in duration, focus, and complexity. Prior to the 1990s, nursing orientation programs were frequently based on "tradition, expert opinion, and intuition" (Pilcher, 2011, p. 189). Process improvements were often built as an adjunct to already existing programs that still did not meet the requirements for successful transition (Herdrich & Lindsay, 2006). Many nurses continue to be exposed to outdated orientation

methods that follow neither an established curriculum nor any defined expectations for competency. This "get-in-and-do-it" focus has been based on task performance (Zinn, Guglielmi, Davis & Moses, 2012, p. 655) and has been described as the orientation norm prior to the advent of registered nurse residency programs. Bleich (2012) made a clear distinction between orientation and a residency program. He reinforced key differences by clarifying that a residency program must contain both formal and informal learning opportunities through a variety of modalities that go beyond the limitations of clinical procedures. He described a residency program as building nursing confidence in complex communication, critical thinking, leadership, patient advocacy, and self-reflection. Many authors have recognized that a total redesign of traditional orientation methodology is necessary to build competence and confidence amongst new graduates (Herdrich & Lindsay, 2006; Benner, Sutphen, Leonard & Day, 2010; IOM, 2010).

Nursing specialization occurs in response to the defined needs of a unique and/or complex patient population with the evolution of specialties compounded by the existence of patient co-morbidities. A specialty is officially defined when a professional organization establishes standards of practice, performance criteria, evidence-based practice literature and certification (ANA, 2010; C. J. Bickford, personal communication, January 9, 2013; Stokowski, 2011 September; Valdez, 2009). Many specialty-nursing organizations (AAACN, 2013; AACN, 2006; AORN, 2013; ENA, 2007) took early steps in developing core curricula that serve as a platform for national certification and development of residency programs. The third edition of the Core Curriculum for Ambulatory Care Nursing was edited by Laughlin and published in 2013 (AAACN, 2013).

The Institute of Medicine (2010) strongly advised the implementation of transition-to-practice programs, but also recognized that while "registered nurse residency programs are supported predominantly in hospitals and larger health systems, with a focus on acute care; they also need to be developed and evaluated outside of acute care settings to accommodate the coming shift of care from hospital to community-based settings and the need for nursing expertise in chronic illness management, care of older adults in home settings, and transitional services" (p. 5; Hass, Swan, & Haynes, (2013). Swan (2007) contended that the knowledge and skills needed for successful practice in ambulatory nursing are not identical to those in the acute care setting. Tools to evaluate competency need to reflect the professional practice environment. Therefore the specialty must define competency and develop tools so that benchmarks and standards can be assessed and tracked.

Background

Many compelling reasons for nurse residency programs are articulated in the literature. Organizations having implemented registered nurse residency programs did so to address: 1) the education-to-practice gap and increased risk for errors, 2) the high turnover of new graduates in the first year of practice, and 3) the increasing complexity of patient care within all practice settings.

The education to practice gap and increased risk for errors. Residencies for new registered nurse graduates are considered an important way to bridge the gap between education and practice (Goode, Lynn, Krsek & Bednash, 2009; IOM, 2010). New graduate RNs enter the nursing profession as novices who link their academic and supervised clinical experience with the

expectations of the practice setting. The new graduate begins employment with theoretical knowledge, but it is the application to practice that enables nurses to contextualize their learning. Most newly licensed RNs lack clinical judgment and critical thinking skills and they require continued support for at least the first year of practice in order to successfully transition knowledge into clinical practice. In particular, patient safety is a significant concern across patient care settings, requiring higher-level thinking and knowledge. Addressing the safety issues can be fostered through an intensive transition program. (Greene, 2010; Herdrich & Lindsay, 2006; Ironside, 2009; NCSBN, 2007). Many authors have identified this education to practice gap as a major reason for high turnover and the increased risk for errors (Benner et al, 2009; del Bueno, 2005; Kovner et al, 2007; Orsolini-Hain & Malone, 2007; Pellico, Brewer, & Kovner, 2009).

The high turnover rate in the first year of practice for new nurses and for nurses transitioning to a new specialty. High turnover rates among new graduate nurses underscore the importance of transition to practice residency programs. Excessive turnover within one year of hire takes an enormous toll on the nursing staff, patient care, and organizational finances. The evidence is compelling that by improving the transition process of new graduate nurses, the negative perceptions among this group, about their new role may be minimized so as not to negatively impact first year nurse retention as well as improve competency and confidence (Casey, Fink, Krugman, & Propst, 2004; del Bueno, 2005; Goode et al., 2009; IOM, 2010; Kowalski & Cross, 2010; Pellico et al, 2009; Ulrich, Krocek, Early, Ashlock, Africa, & Carman 2010; Wisotzkey, 2011). Other researchers have documented the transition to practice gap as a major reason for high turnover (Benner et al, 2009; del Bueno, 2005; Kovner et al, 2007; Orsolini-Hain & Malone, 2007; Pellico et al, 2009).

Retention and success rates for experienced nurses working in a new specialty are not well documented. Experienced RNs entering a new specialty often have high expectations coupled with fears of inadequacy. Hiring managers often lack appreciation for the difficult transition from expert to novice nurse and as a result do not foster growth in the new specialty. Experience as a registered nurse has been equated with an ability to "hit the ground running,' in any new nursing situation. Reasons for turnover have focused on unclear role expectations and poor environmental orientation, as well as insufficient knowledge to provide care to a different patient population. RNs require a transition period to adapt to their new environment through a formalized orientation program that not only builds on their past experiences and knowledge but also enables them to rapidly transition into a new specialty environment. Investing in these nurses can promote their retention and satisfaction (Dellasega, Gabbay, Durdock, Martinez-King, 2009; Domrose, 2010; Mion, Hazel, Cap, Fusilero, Polmore & Szeda, 2006).

Although there are no published data related to turnover of experienced RNs moving into ambulatory care, the anecdotal comments suggest that many RNs return to acute care within three months – twelve months after assuming an ambulatory position. It is the case that many organizations with both ambulatory and in-patient departments do not keep track of internal changes. As a result it is difficult to track the transition of the experienced nurse in and out of ambulatory care. A nationwide, but small, sample size survey conducted in 2005 reported an overall 85% retention rate of both newly licensed RNs and experienced RNs in intensive care units (Thomason, 2006, p. 244). Morris et al showed an overall improvement in retention rates from 91.2% to 93.7% while the annual turnover rate for all RNs prior to program implementation was

8.77% with a follow-up rate of 6.29% (Morris, Pfeifer, Catalano, Fortney, Nelson, Rabito & Harap 2009, p.256; L.L Morris & P. Pfeifer, personal communication, November 13, 2013).

Complexity of patient care. Changes occur on a daily basis in the delivery of health services. The passage of the Affordable Care Act (ACA), national reports that challenge the safety and quality of patient care, reimbursement changes for healthcare organizations and providers, efforts to keep patients out of acute care beds and the evolving role of the registered nurse are just a few of the many challenges faced in the ambulatory care setting. New Graduate RNs and RNs new to the specialty have been expected to quickly integrate into a new complex environment with little to no transition support, often leading to high stress, practice errors, patient safety concerns, and turnover (Berman, Beazley, Karshmer, Prion, Van, Wallace, & West 2014; Greene, 2010; Herdrich & Lindsay 2006; Keller, Meekins, & Summers 2006, NCSBN, 2007; Pellico et al, 2009).

A National Perspective

Many national groups identify nursing residency programs as a key strategy in the recruitment and retention of new graduate nurses. Kimball and O'Neil addressed the nursing shortage in their report for Robert Wood Johnson (2002). Although this report did not specifically identify nurse residency programs, it addressed the need for improved orientation, a more professional work environment and efforts to increase retention. The Joint Commission cited the establishment of "standardized post-graduate registered nurse residency programs, a nursing equivalent of the Accreditation Council for Graduate Medical Education, and funding to support this training," to bolster the nursing educational infrastructure (Joint Commission White Paper, 2002, p. 33). The National Council of State Boards of Nursing (NCSBN) introduced a regulatory model for transition to practice (2008). The report called for the implementation and evaluation of nursing residency programs and identified required components for such a program. Spector & Echternacht emphasized that new RN graduates require a progressive transition into full professional practice for a one-year period after initial licensure by participating in a twelve-month residency (2010). The need for nurse residencies was also supported by the Carnegie study on nursing education, Educating Nurses: A Call for Radical Transformation (Benner et al, 2009). The study recommended that new RN graduates be required to complete a one-year residency program focused on one clinical area of specialization. The Institute of Medicine's (IOM) report on the Future of Nursing (2010) took a further step by also calling for transition programs for RNs who change specialties. The IOM report identified eight recommendations. The third recommendation discussed the need for nurse residency programs, "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. 280). Robert Wood Johnson Foundation published an evidence brief that highlighted outcomes of nurse residency programs including reduced turnover for new graduates, improved communication and organizational skills and reduced stress (2011).

Academic-based New Graduate Transition to Practice Programs

A repetitive theme in the literature is the need for stronger collaboration between education and practice (Hofler, 2008). Until recently there have been few formal academic-based RN transition programs as part of nursing preparation for practice (National Council of State Boards of Nursing,

2009). Academic-based RN transition programs are defined as partnerships between academic institutions and clinical practice organizations in which newly licensed but often unemployed RN graduates, develop their professional role with collaborative educational support from both the academic and clinical organizations (California Institute for Nursing & Healthcare, 2011; Domrose, 2010; Haas, 2009; Keller et al 2006). The University of Texas School of Nursing, the University of Texas Health Science Center at Houston, and the University of Texas M.D. Anderson Cancer Center joined together to implement a 12-month program. At one year the retention rate was 89.2%. The program also provided a cost effective return on investment. (Keller et al, 2006).

In 2009, the California Institute for Nursing and Health Care convened a working group of academics and practice partners to develop an academic based transition- to-practice model. The programs were developed to prepare new RN graduates for practice and increase their employability in both inpatient and outpatient settings. The majority of participants had not been able to gain employment due to the economic downturn with some being out of school for 18 months. The initial pilot program supported 345 new graduates participating in both inpatient and outpatient transition-to-practice programs. This number continued to grow as more programs were offered throughout the state (Berman et al; CINHC, 2011; West, Jones, Orlowski, Karshmer, Prion, Waxman, White, & Lens, 2012).

One program, offered at the University of San Francisco, was specifically developed for ambulatory care practice settings such as clinics, schools, homecare, and hospice. Clinical partners were not required to hire the transition RN at the end of the program. However, initial statistics of employment post-program show that of the ambulatory care transition RN participants, 25 were employed in inpatient settings, 52 were employed in outpatient settings, and 7 were hired in long-term settings (Halford, 2013; Jones-Bell, Karshmer, Berman, Prion, Van, Wallace, & West, 2014; Personal communication Jones-Bell, January, 10, 2014).

Acute Care Residency Programs

Various nursing organizations have developed registered nurse residency programs. They often follow no set national standards and thus the structure, content and outcomes often differ. Individual healthcare organizations, schools of nursing, consortia from both types of organizations and professional nursing organizations have developed programs. Some residency programs have been developed by non-profit entities and others established through for-profit companies. Acute-care nursing has embraced transition-to-practice programs to address the gap both for new graduates and RNs new to a specialty. Descriptions of acute care nurse residency programs are frequently reported in the literature (Goode & Williams, 2004; Hillman & Foster, 2011; Morris et al. 2009; Olson-Sitki, Wendler & Forbes; Orlowski, 2011; Pilcher, 201; Rosenfeld, Smith, Lervolino, & Bowar-Ferres, 2004; Williams, Sims, Burkhead, & Ward, 2002). There is significant evidence that specialized residencies, such as those in oncology (Parchen, Castro, Herringa, Ness, & Bevans, 2008), critical care (Dracup & Morris, 2007; Friedman, Cooper, Click & Fitzpatrick, 2011; Williams et al, 2002), pediatrics (Beecroft, Kunzman, Krozek, 2001; Halfer, Graf, & Sullivan, 2008; Messmer, Bragg, & Williams, 2011; psychiatric nursing (Happell & Gough, 2007; Nadler-Moodie & Loucks, 2011), neonatal intensive care (Pilcher, 2011); orthopedics (Orsini, 2005); Emergency Nursing (Proehl, 2002); home health (Coyle, 2011) & geropalliative (Lee,

Coakley, Dahlin & Carleton, 2009) were successful. A recently published ten-year review (Goode, Lynn, McElroy, Bednash, & Murray, 2013) demonstrated that while the residents improved their own confidence and competence they "learned essential leadership and communication skills that enhanced the work of the interdisciplinary team" (p.5).

Versant, a national for-profit corporation has successfully implemented acute care registered nurse residency programs at over 80 hospitals across the United States. The company reported ten-year outcomes that demonstrated reduced turnover, higher confidence and competence of their graduates as well as reduced costs. (Ulrich et al, 2010). A standardized evidence-based curriculum forms the foundation for collaboration between the American Association of Colleges of Nursing (AACN) and the University Health System Consortium (UHC) for a hospital based new graduate residency program. A recently published 10-year review (Goode et al, 2013) demonstrated that while the residents improved their own confidence and competence they "learned essential leadership and communication skills that enhanced the work of the interdisciplinary team" (p.5). The authors urged the nursing profession to follow their colleagues in medicine and pharmacy and move forward on national accreditation for residency programs.

In 2013, the Rhode Island Action Coalition, in partnership with the Providence non-profit, Stepping Up, received funding to develop and implement a RN residency program that spans the continuum of care in both acute care and community-based settings. Community sites included: home care, long term care facilities, developmental disability sites, community health center settings and a psychiatric hospital considered out of the realm of a medical surgical rotation. This twenty-four week program for seventeen new-to-practice RNs that were unemployed or not working as RNs resulted in eleven RNs obtaining nursing positions within a four-month time period. Since the program length was voluntary, the RNs left the program. The remaining six chose to take advantage of the full breadth of the residency program. The partners in this residency program are in the process of planning for the 2014-15 cohort of nurse residents (Personal communication from Randy Belhumeur, February 25, 2014).

These programs addressed nurses transitioning into a new specialty as well as new nursing graduates. Yet, not all of these programs are based on standardized core curriculums nor do they have a multifaceted approach. Despite the differences and difficulty in comparing the various inpatient programs, studies consistently demonstrate one or more of the following improvements in: retention, communication, critical thinking, patient, physician and nurse satisfaction, employee engagement, RN confidence and competence, empowerment through knowledge acquisition and organizational success (Dyess & Sherman 2009; Hillman & Foster, 2011; Kowalski & Cross, 2010; Ulrich, et al, 2010; Welding, 2011).

Ambulatory Residency Programs

Misconceptions and myths related to ambulatory nursing practice abound. Many experienced nurses and non-nurses think that ambulatory practice is less taxing than acute care and a place where nurses go to retire. There are false impressions that paint the ambulatory nurse as less knowledgeable or skilled then the acute care nurse (Friese & Himes-Ferris, 2013; Stokowski, 2011 September; Swan, 2007).

In organizations that house both acute and outpatient practice settings, nurses' orientation may be significantly limited in its focus on ambulatory nursing content. A hospital-based orientation is not likely to expose the nurse to the unique competencies, patient care requirements, and rich professional practice found within an ambulatory care environment. Nurses in ambulatory care often learn the distinctions of the role via on-the-job training, sometimes from non-RNs and non-nursing personnel. At the request of ambulatory nurses, an Ohio pediatric facility revamped orientation to include ambulatory specific topics resulting in significant improvements in medication safety and infection control (Bodnar & Sims, 2012).

Residency programs for new or transitioning RNs are rarely carried out in ambulatory care and this severely limits effective patient care and succession planning. Three key areas are thought to contribute to the absence of residency programs in ambulatory care: 1) Contemporary nursing education has a continued focus on preparing prelicensure nurses for acute care settings. Haas described this as a major contributor to the lack of recruitment of new graduates since they lacked the opportunity to see ambulatory care as a prospective work environment offering exciting opportunities (Haas, 2009); 2) Descriptions and designs of ambulatory care registered nurse practice programs do not exist in the literature, prohibiting organizations to follow a successful model. Without a successful program to use as a model, organizations are forced to design, implement, and evaluate new programs. Thus, the investments of time and cost for program implementation are significant; 3) Current thinking asserts that in order for nurses to be successful in ambulatory care, they must have several years of acute care experience, preferably medical-surgical. It is unusual for newly licensed nurses to seek employment or be hired into ambulatory care settings.

Since 2010, Group Health in Seattle has had 39 new RN graduates complete their ambulatory residency program. The new graduates self-rated their confidence in 36 competencies before and after program completion with statistically significant improvements and overwhelming success in specialty and primary care environments. (Personal communication from Meredith Cotton, March 20, 2014).

In 2011, the Orange County Kaiser Permanente Medical Center, in partnership with the Ben Hudnall Memorial Trust, piloted an Ambulatory RN Residency Program for four experienced nurses new to ambulatory care (transition nurses) and six new graduate nurses. The medical center hosting the pilot served over 480,000 patients, and included two hospitals and over eighteen primary care and specialty medical offices. The six new graduates came from a variety of backgrounds (such as LVN, call center agent, receptionist) within the organization. The program duration for transition nurses was six months, and for new graduate nurses was twelve months. The program design included classroom training coupled with competency skills training and validation, and was enhanced by a variety of preceptor based clinical rotations, simulations, mentoring relationships and monthly peer group support meetings. The preceptors were provided a formalized preceptor training program. There were many positive outcomes to the program for residents, managers, and co-workers. The broad outcome was strengthening of the professional nursing culture, leadership, and expertise of residents, preceptors and all nurses touched during the rotation experience. One hundred percent of nurses remain in ambulatory practice. As of March 2014, these graduate nurse residents are some of the most skilled, competent, confident and sought-after nurses in the ambulatory setting. (Personal communication from Deborah

Dannemeyer, March 3, 2014).

Solutions

Nurse Residencies in Ambulatory Care The AAACN is committed to the adequate preparation of RNs in the ambulatory setting in order to meet the safety and quality needs of a complex patient population. Residencies are an effective and evidence-based strategy to meet workforce demands and facilitate the transition of nurses to competent practice. In lieu of published evidence, the AAACN RN Residency Taskforce conducted a survey (2013) to learn from its members what types of residency activities are taking place and the impact on practice. Over three hundred RNs responded. Only 30 responses reflected the existence of a Residency program, which significantly varied in structure and scope (AAACN, 2013, August).

The field of ambulatory nursing is spread across practice environments that include primary care and specialty practices in hospital-based outpatient clinics, medical group practices outside the walls of in-patient organizations, community clinics, college and university clinics, ambulatory surgery, diagnostic procedure settings, telehealth call centers, nurse-run clinics, school-based clinics, military, the Veterans Administration and correctional settings (AAACN, 2012, Jones-Bell et al, 2014; Mastal, 2013; Stokowski, 2011, September). The variety across settings also includes extreme variability among the health care providers who provide the care. Some settings are rich in nurse professionals, others may only be staffed with a single registered nurse, who has infrequent interaction with RN colleagues, juggling scope of practice issues and practicing under the management of non-clinical leaders (Schim, Thornburg & Kravutske, 2001; Stokowski, 2011, September; Swan, 2007).

Within most ambulatory practices, RNs practice more independently, give telephone advice, and see patients at different stages of health. They work in a team-based collaborative setting to promote patient wellness, coordinate chronic disease treatments and interventions, treat acute illness, manage medical emergencies and address end of life issues. They provide care for high volumes of patients over very short periods of time, with unknown and unpredictable needs (Haas & Hackbarth, 1995; Laughlin & Beisel, 2010; Mastal, 2013; Schroeder, Trehearne, Ward, 2000). As Levine stated in an interview: “It can be difficult, particularly for expert-level nurses to return to the role of advanced beginners. Without a thoughtful transition strategy and visible support, nurses often don’t stick with ambulatory care nursing long enough to appreciate its rich diversity” (Stokowski, 2011, September).

Ambulatory Curriculum. A review of the literature and insight from a survey conducted by AAACN (2013, August) revealed that both inpatient and ambulatory registered nurse residency programs are highly variable in structure and design. Thus comparisons are difficult, problematic, and contribute to confusion about what should be contained in an effective residency program and making outcome comparisons more difficult. In spite of this, most programs incorporate some of the following components: an evidence based core curriculum that is primarily delivered in a classroom with some web-based modules, preceptor-based clinical time, simulations, skill validation, case studies, mentoring, independent learning opportunities, reflective feedback and formal evaluation (Goode & Williams, 2004; Lee et al, 2009; Poynton, Madden, Bowers, Keefe, & Peery, 2007; Personal communication from Deborah Dannemeyer, March 3, 2014; Pilcher, 2011;

Proehl, 2002; Rosenfeld et al., 2004; Valdez, 2009; Williams et al., 2002; Zinn et al, 2012). The didactic content has a level of consistency across most programs and focuses on critical thinking, clinical reasoning, communication, professionalism, prioritization, teamwork, role adaptation, stress management, time management and leadership (Baxter, 2010; Clark & Springer, 2012; Duchscher, 2008; Hillman & Foster, 2011; Kowalski & Cross, 2010; Newhouse, Hoffman, Suflita, Hairston; 2007; Welding, 2011; Ulrich, et al, 2010; Moye & Swan, 2009). The literature review also articulated the need for ambulatory residency programs to also address such topics as organizational roles, staffing, regulatory compliance, quality/performance improvement, triage and referrals that apply specifically to the ambulatory environment; add to this the need for understanding health disparities, chronic care and primary, secondary, and tertiary disease prevention. When examining these unique requirements of ambulatory nursing, it becomes clear that the body of knowledge of the ambulatory and acute care nurse barely overlap, requiring training and preparation for any RN to succeed in an ambulatory setting (Mastal, 2010; & Swan, 2007). In light of all of the residency curriculum differences and variable outcomes, Spector (NCSBN, 2012, August) asserted that the nursing profession does not require nurse residency programs and that should not be an option, "nurses become overwhelmed, patient safety is put at risk and some nurses see no other option other than to leave the profession."

Prelicensure clinical rotations in ambulatory care. Acute care is the setting for most clinical prelicensure experiences. Haas (2009) described that the major deterrent to recruitment of new graduates into ambulatory care is that they lacked the opportunity to see ambulatory care as a prospective work environment. Haas further asserted "strategies to attract new graduate professional nurses need to focus on ways to provide exciting and challenging experiences in ambulatory care for them during their student years" (p. 58). With the bulk of student clinical experiences arranged in acute care settings, students are both underexposed and underprepared for ambulatory practice. A total redesign of traditional learning methodology (Herdrich & Lindsay, 2006; Benner et al, 2009; IOM, 2010, p. 190-191) is necessary for both desired and educational outcomes to be achieved.

Hiring new graduates into ambulatory practices. Bringing new graduates into ambulatory care is a logical approach to address the approaching shortage; however, this has not been the case. It is not customary for new graduates to gain competency in ambulatory nursing skills in pre-licensure education. This, coupled with an often-inadequate orientation suggests the need for a comprehensive RN residency programs to allay the fears of the new graduates and current staff.

Formalized preceptor-training programs. Numerous studies and literature reviews (Ulrich, et. al., 2010; Billay & Myrick, 2008; Horton, De Paoli, Hertach, & Bower; Sandau & Halm, 2010) indicate that preceptor programs are a positive strategy to improve professional development and job satisfaction. Working with a trained preceptor, both new graduates and nurses new to a specialty are noticeably better in knowledge and skills, communication, and the quality of their nursing care. One-on-one interaction allows the preceptor to offer assistance, guidance, teaching and encouragement that aid new staff in adapting to their role, developing clinical skills and gaining job satisfaction. Common threads appearing in successful programs include: a well-developed curriculum, constructive performance feedback, and continuous professional development and recognition. Improving the effectiveness of preceptors is likely to be one of the most significant factors in a successful transition into the profession or into a new specialty.

Preceptors themselves report that they feel unprepared and unsupported in their preceptorship role (Yonge, Hagler, Cox, & Drefs, 2008; Morris et al, 2009) discussed that preceptors were more easily recruited when staff saw the positive results of an ICU expanded educational program that utilized preceptors. Having a structured preceptor program has the potential to change a culture as it improves the confidence and competence level of existing RN staff.

A standardized curriculum. The collaboration between the American Association of Colleges of Nursing (AACN) and the University Health System Consortium (UHC) facilitated development of an evidence-based curriculum for a hospital-based new graduate residency program. The UHC and AACN residency program curriculum emphasized peer, preceptor, and manager support in order to reduce turnover (Goode et al., 2009). The National State Boards of Nursing (NCSBN) developed a standardized curricular tool kit for Transition to Practice Programs (TPP) for new RN graduates precepted in inpatient, long term, and outpatient care settings. In 2014, a six-month longitudinal study of the TPP programs in three selected states will look at outcomes of the participants, patient safety and care outcomes. This is being done to test the effectiveness of a standardized transition to practice program for new nurses (NCSBN - Transition to Practice). Medical residencies are partly paid for by Medicare monies and are standardized through the Accreditation Council for Graduate Medical Education (ACGME). Currently, no accreditation is required for RN residency programs. Goode et al (2013) urged the nursing profession to follow their colleagues in Medicine and Pharmacy and move forward on national accreditation for residency programs. Specter and Echternacht (2010) urge the profession to "develop a standardized transition-to-practice program and to seek funding to support it" (p.47). Standardizing these programs sets the stage for accreditation and for funding from the Centers for Medicare and Medicaid helping to support the nursing profession's commitment to patient safety and quality.

Conclusion

Residency participation for new graduates and experienced RNs transitioning into a new specialty is an established norm in the literature and continues to be an evidence-based recommendation (Goode et al, 2009; Institute of Medicine [IOM], 2010). Only tradition and history seem to espouse not only that new graduates are not qualified for practice in ambulatory care settings but also that registered nurses transferring from acute care can just walk in and work. The literature and anecdotal discussions recognize the need to support a residency program for both groups of nurses. Buerhaus cautions the profession "that if we don't find ways to integrate our current new graduates into the workforce, projected nursing shortages will become even worse and solving them more costly" (Stokowski, 2011, January). Bleich (2012) reinforces that residency programs can develop nurses who "resonate with transition support that surpasses "doing" nursing to that of being a nurse in the fullest personal sense" (p.49). Now the challenge is for ambulatory care settings to embrace the necessity to formally transition both new graduates and RNs new to ambulatory practice through a comprehensive residency program. When executed with a rigorous structure based on professional and specialty competencies, an ambulatory registered nurse residency program has a strong potential to transform the nursing profession and advance ambulatory nursing's contribution to leading change and advancing health. AAACN, as a representative voice for ambulatory nursing, recognizes the need for ambulatory nurses to be positioned to assume leadership to facilitate that transformation.

References

Accreditation Council for Graduate Medical Education (ACGME). Fact Sheet (2014). Retrieved from http://acgme.org

American Academy of Ambulatory Care Nursing. (2012). American Academy of Ambulatory Care Nursing Position Paper: The role of the registered nurse in ambulatory care. Nursing Economic$. 30 (4), 233-239.

American Association of Colleges of Nursing (AACN). (Updated January 21, 2014). Nursing Shortage Fact Sheet. Retrieved from http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage/American Association of Colleges of Nursing (AACN).

American Academy of Ambulatory Care Nursing (AAACN). (2013). Core Curriculum for Ambulatory Nursing. (3rd ed.) Laughlin, C.B. (Ed.). American Academy of Ambulatory Care Nursing. Pittman, New Jersey.

American Academy of Ambulatory Care Nursing (AAACN). (2013). Nurse Residency Survey. Unpublished. American Academy of Ambulatory Care Nursing.

American Association of Critical-Care Nurses (AACN). (2006). AACN Core Curriculum for Critical Care Nursing (Adult). (6th ed.) J. Grif Alspach (Ed.). American Association of Critical-Care Nurses.

American Nurses Association (ANA) (2010). Recognition of a nursing specialty, approval of a specialty nursing scope of practice statement and acknowledgement of a specialty nursing standards of practice. http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/NursingStandards/3-S-Booklet.pdf

Association of Peri-Operative Nurses (AORN). (2013). Periop 101: A core curriculum. AORN, Inc. Denver, CO.

Baxter, P. E. (2010). Providing orientation programs to new graduate nurses. Journal for Nurses in Staff Development, 26(4), E12-E17.

Beecroft, P.C., Kunzman, L., & Krozek, C. (2001). RN internship: Outcomes of a one-year pilot program. Journal of Nursing Administration, 31(12), 575-582.

Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice, Menlo Park, CA: Addison-Wesley.

Benner, P., Stephen, M., Leonard, V. & Day, L. (2009). Educating Nurses: A Call for Radical Transformation, Josey–Bass: San Francisco.

Berman, A., Beazley, B., Karshmer, J., Prion, S., Van, P., Wallace, J., & West, N. (2014). Competence gaps among unemployed new nursing graduates entering a community-based transition-to-practice program. Nurse Educator, 39(2), 56-61. DOI: 10.1097/NNE.0000000000000018

Billay, D. & Myrick, F. (2008). Preceptorship: an integrative review of the literature. Nurse Educ Pract, 8(4), 258-266.

Bleich, M. R. (2012). In praise of nursing residency programs. American Nurse Today, 7(5). http://www/americannursetoday.com/popups/articleprint.aspx?id=11028

Bodnar, G. & Sims, G. (2012). Adding value to nursing orientation for ambulatory care nurses. AAACN View Point, 34, 4-7

Budden, J. S., Zhong, E. H., Moulton, P., & Cimiotti, J. P. (2013). The 2013 National Nursing Workforce Survey of Registered Nurses. Journal of Nursing Regulation, S3-s72.
Buerhaus, P., Staiger, D., & Auerbach, D. (2008). The future of the nursing workforce in the Unites States: Data, trends, and implications. Boston, MA: Jones & Bartlett

Buerhaus, P., Staiger, D., & Auerbach, D. (2008). The future of the nursing workforce in the Unites States: Data, trends, and implications. Boston, MA: Jones & Bartlett.

California Institute for Nursing and Health Care (2011). New graduate RN transition programs: Preparing new nurses for practice fact sheet. Retrieved from www.cinhc.org/category/programs.

Casey, K., Fink, R., Krugman, M. & Propst, J. (2004). The graduate nurse experience. JONA, 34, 303–311. doi:10.1097/01.NNA.0000323943.82016.48

Clark, C. M. & Springer, P. J. (2012). Nurse residents' first-hand accounts on transition to practice. Nursing Outlook, 60, E2-E8.

Coyle, J. (2011). Development of a model home health nurse internship program for new graduates: Key lessons learned. Journal of Continuing Education in Nursing, 42(5), 201-214. doi:10.3928/00220124-20110501-02

del Bueno, D.J. (2005). Why can't new registered nurse graduates think like nurses? Nursing Education Perspectives, 26(5), 278-282.

Dellasega, C., Gabbay, R., Durdock, K., & Clancy, M.K. (2009). An exploratory study of the orientation needs of experienced nurses. The Journal of Continuing Education in Nursing, 40 (7). 311-316.

Domrose, C. (2010). A new era in nursing: Community health and aging population shift RN employment. Retrieved from http://news.nurse.com/article/20100912/national01/109130045/-1/frontpage

Dracup, K., & Morris, P.E. (2007). Nurse residency programs: Preparing for the next shift. American Journal of Critical Care, 16(4), 328-330. Retrieved from http://ajcc. aacnjournals.org/

Duchscher, J. B. (2008). A process of becoming: the stages of new nursing graduate professional role transition. The Journal of Continuing Education in Nursing, 39(10), 441-450.

Dyess, S., & Sherman, R. (2009). The first year of practice: new graduate nurses' transition and learning needs. Journal of Continuing Education in Nursing, 40(9), 403-410. doi:10.3928/00220124-20090824-03

Emergency Nurses Association (ENA). (2007). Emergency Nursing Core Curriculum. (3rd.ed.) St. Louis, MI.

Friedman, M., Cooper, A. H., Click, E., & Fitzpatrick, J. J. (2011). Specialized new graduate RN critical care orientation: Retention and financial impact. Nursing Economic$, 29(1), 7-14. Retrieved from http://www.nursingeconomics.net/

Friese, C. R., & Himes-Ferris, L. (2013). Nursing Practice Environments and Job Outcomes in Ambulatory Oncology Settings. Journal of Nursing Administration, 43(3), 149-154. doi:10.1097/NNA.0B013e318283dc3f

Goode, C. J., Lynn, M. R., Krsek, C. & Bednash, G. D. (2009). Nurse residency programs: An essential requirement for nursing. Nursing Economic$, 27(3), 142-159.

Goode, C. J., Lynn, M.R., McElroy, D., Bednash, G. D. & Murray, B. (2013) Lessons Learned from 10 Years of research on a post-baccalaureate nurse residency program. JONA, 43(2). 73-79.

Goode, C., & Williams C. (2004). Post-baccalaureate nurse residency program. Journal of Nursing Administration, 34(2), 71-77. Retrieved from http://journals.lww.com/ jonajournal/

Greene, M. A. (2010). Paying for nursing orientation. A huge cost for hospitals. Journal for Nurses in Staff Development, 26(6). E3-E7.

Haas, S. A. (2009). Perspectives in ambulatory care. Priming the pipeline: Creating aspirations for new graduate nurses to enter ambulatory care nursing roles. Nursing Economics$, 27(1), 7-14.

Haas, S., Hackbarth, D, et al. (1995) Dimensions of the Staff Nurse Role In Ambulatory Care: Part II—Comparison of Role Dimensions in Four Ambulatory Settings. Nursing Economic$, Vol 13, 152-165

Hass, S., Swan, B., & Haynes, T. (2013) Developing ambulatory care registered nurse competencies for care coordination and transition management, Nursing Economic$, 31 (1) 44-45.

Halfer, D., Graf, E., & Sullivan, C. (2008). The organizational impact of a new graduate pediatric nurse mentoring program. Nursing Economic$, 26(4), 243-249. Retrieved from http://www.nursingeconomics.net/

Halford, C. (2013). Transforming the Journey for Newly Licensed Registered Nurses: A Community Based Transition-To-Practice Program in Ambulatory Care Settings. Unpublished manuscript, School of Nursing and Health Professions, University of San Francisco, San Francisco, CA.

Happell, B., & Gough, K. (2007). Employment through residency programs: A strategy to address the workforce crisis in psychiatric nursing. Archives of Psychiatric Nursing, 21(3), 126-131. Retrieved from http://www.psychiatricnursing.org/

Herdrich, B., and Lindsay, A. (2006). Nurse residency programs: Redesigning the transition into practice. Journal for Nurses in Staff Development. 22(2), 55-62.

Hillman, L, & Foster, R. R. (2011). The impact of a nursing transitions program on retention and cost savings. Journal of Nursing Management, 19, 50-56.

Hofler, L. D. (2008). Nursing education and transition to the work environment: A synthesis of national reports. Journal of Nursing Education, 47(1), 5-12.

Horton, C.D., De Paoli, S., Hertach, M. & Bower, M. (2012). Enhancing the effectiveness of nurses in staff development. 28(4), E1-E7.

Institute of Medicine. (2010). The future of nursing: Leading change, Advancing health. Washington D.C.: National Academies Press.

Ironside, P. M. (2009). Embedding quality and safety competencies in nursing education. Journal of Nursing Education, 48(12), 659–660.

Joint Commission White Paper. (2002). Health care at the crossroads: Strategies for addressing the evolving nursing crisis. Author. Report available: http://www.jointcommission.org/nurses/

Jones-Bell, J., Karshmer, J., Berman, A., Prion, S., Van, P., Wallace, J., West, N. (2014). Collaborative academic/practice transition program for new graduate RNs in community settings: Lessons learned. The Journal of Continuing Education in Nursing (accepted for publication)

Keller, J.L., Meekins, K., & Summers, B. L. (2006). Pearls and pitfalls of a new graduate academic residency program. JONA, 36 (12), 589-598.
Kimball, B., O'Neil, E. (2002, April). Health Care's Human Crisis: The American Nursing Shortage. The Robert Wood Johnson Foundation.

Kovner, C.T., Brewer, C.S., Fairchild, S., Poornima, S., Kim, H., & Djukic, M. (2007). Newly licensed RNs' characteristics, work attitudes, and intentions to work. American Journal of Nursing, 107(9), 58-70.

Kowalski, S. & Cross, C. L. (2010). Preliminary outcomes of a local residency program for new graduate registered nurses. Journal of Nursing Management, 16, 96-104.

Laughlin, C. B., & Beisel, M. (2010). Evolution of chronic care model. Nursing Economic$, 28 (6), 409-414.

Lee, S. M., Coakley, E. E., Dahlin, C., & Carleton, P. F. (2009). An evidence-based nurse residency program in geropalliative care. The Journal of Continuing Education in Nursing, 40(12), 536-542.

Levtak, S. (2002). Retaining the older nurse. Journal of Nursing Administration, 32(7/8), 387-392. Retrieved from http://journals.lww.com/jonajournal/

Mastal, M., F. (2010) Ambulatory care nursing: Growth as a professional specialty. Nursing Economic$, 28(4), p267-275

Mastal. M. F., (2013) Professional ambulatory care nursing practice. In Laughlin, C.B. Core Curriculum for Ambulatory Nursing. 3rd Ed. American Academy of Ambulatory Nursing: Pittman, New Jersey.

Messmer, P. R., Bragg, J., & Williams, P.D. (2011). Support programs for new graduates in pediatrics. Journal of Continuing Education in Nursing, 42(4), 182-192.

Mion, L., C., Hazel, C., Cap, M., Fusilero, J., Podmore, M. L., Szweda, C. (2006). Retaining and recruiting mature experienced nurses: A multicomponent organizational strategy. Journal of Nursing Administration, 36(3), 148-154.

Morris, L. L., Pfeifer, P., Catalano, R., Fortney, R., Nelson, G., Rabito, R. & Harap, R. (2009). Outcome evaluation of a new model of critical care orientation. American Journal of Critical Care, 18, 252-259.

Moye, J., & Swan, B. (2009). Growing ambulatory care nurse leaders in a multigenerational workforce. Nursing Economic$, 27(6), 408. Retrieved from http://www.nursing economics.net/

Nadler–Moodie, M., & Loucks, J. (2011). The implementation of a new-graduate nurse residency training program directly into psychiatric–mental health nursing. Archives of Psychiatric Nursing, 25(6), 479-484.

National Council of State Boards of Nursing. (2007, February 22). Data presented at a national forum Transition of new nurses to practice: A regulatory perspective. Chicago, Illinois.

National Council of State Boards of Nursing. (2008, August). Regulatory Model for Transition to Practice Report. Author. Retrieved from https://www.ncsbn.org/Final_08_reg_model.pdf

National Council of State Boards of Nursing. (2009). Transition evidence grid. Chicago, IL: Author. Retrieved from www.ncsbn. org/Evidence_Grid_2009.pdf

National Council of State Boards of Nursing. (2012, August). Transition to Practice. A Conversation with the Transition to Practice™(TTP) Study Principal Investigator. Author.

Retrieved from http://www.ncbsn.org/

National Council of State Boards of Nursing. Transition to Practice™ (TTP). https://transitiontopractice.org/

Newhouse, R. P., Hoffman, J. J., & Hairston, D. P. (2007). Evaluating an innovative program to improve new nurse graduate socialization into the acute healthcare setting. Nursing Administration Quarterly, 31(1), 50-60.

Norman, L., Donelan, D., Buerhaus, P., Willis, G., Williams, M., Ulrich, B., & Dittus, R. (2005). The older nurse in the workplace: Does age matter? Nursing Economic$, 23(6), 282-289. Retrieved from http://www.nursingeconomics.net/

Olson-Sitki, K., Wendler, M.C., & Forbes, G. (2012). Evaluating the impact of a nurse residency program for newly graduated registered nurses. Journal for Nurses in Staff Development, 28(4), 156-162. doi: 10.1097/NND.0b013e31825dfb4c

Orlowski, C. (2011). Transition to practice nurse residency programs for newly licensed RNs in California. California Institute for Nursing and Healthcare. Retrieved from http://www.cinhc.org/wordpress/wp-content/uploads/2012/03/Residency_Programs _ Inventory_For_Distrib_031312.pdf

Orsini, C. H. (2005). A nurse transition program for orthopedics: Creating a new culture for nurturing graduate nurses. Orthopedic Nursing, 24(4), 240-6. Retrieved from http://journals.lww.com/orthopaedicnursing/

Orsolini-Hain, L. & Malone, R. E. (2007). Examining the impending gap in clinical nursing expertise. Policy, Politics & Nursing Practice, 8(3), 158-169.

Parchen, D., Castro, K., Herringa, C., Ness, E., & Bevans, M. (2008). Developing outcomes for an oncology nurse internship program. Oncology Nursing Forum, 35(5), 753-756. doi:10.1188/08.ONF.753-756

Pellico, L., Brewer, C., & Kovner, C. (2009). What newly licensed registered nurses have to say about their first experiences. Nursing Outlook, 57(4), 194-203. doi:10.1016/j.outlook.2008.09.008

Pilcher, J. (2011). Incorporating best practices and evidence-based learning strategies into NICU nurse residency programs. Neonatal Network. 30(3). 189-195.

Poynton, M.R., Madden, C., Bowers, R., Keefe, M., & Peery, L. H. (2007). Nurse residency program implementation: The Utah experience. Journal of Healthcare Management, 56(6), 385-397.

Proehl, J.A. (2002). Developing Emergency Nursing Competence. Nursing Clinics of North America, 37(1). 89-96.

Robert Wood Johnson Foundation. (2011, May). The value of nurse education and residency programs. Nursing Research Network. Evidence brief. Retrieved from http://thefutureofnursing.org/resource/detail/value-nurse-education-and-residency-programs.

Rosenfeld, P., Smith, M. O. Iervolino, L., Bowar-Ferres, S. (2004) Nurse Residency Program: A 5-Year Evaluation from the Participants' Perspective. Journal of Nursing Administration, 34(4). 188-194.

Sandau, K.E. & Halm, M.A. (2010). Preceptor-based orientation programs: Effective for nurses and organizations? American Journal of Critical Care, 19. 184-188. Published on line http://wwwajonline.org

Schim, M. S., Thornburg P., Kravutske M.E. (2001) Time, Task, and Talents in Ambulatory Care Nursing. JONA, 31(6) 311-315.

Schroeder, C., Trehearne, B., Ward, D. (2000). Expanded Role of Nursing in Ambulatory Managed Care. Part 1: Literature, Role Development and Justification. Nursing Economic$, Vol 18. 14-19.

Spector, N. & Echternacht, M. (2010). A regulatory model for transitioning newly licensed nurses to practice. Journal of Nursing Regulation, 1(2), 18-25.

Stokowski, L. (2011, September 26). Ambulatory care nursing: Yes, it's a specialty. Medscape Nursing.

Stokowski, L. A. (2011, January 28). Overhauling nursing education. Medscape Nursing.

Swan BA. (2007). Transitioning from Acute Care to Ambulatory Care. Nursing Economic$, 25 (2) 130-134.

Thomason, T. R. (2006). ICU nursing orientation and postorientation practices: A national survey. Critical Care Nursing Quarterly, 29(3), 237-245.

Ulrich, B., Krozek, C., Early, S., Ashlock, CH., Africa, LM., & Carman, M.L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-Year longitudinal database. Nursing Economic$, 28(6), 363-375

Valdez, A.M. (2009). So much to learn, so little time: Educational priorities for the future of emergency nursing. Advanced Emergency Nursing Journal, 31(4), 337-353.

Welding, N. W. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. MedSurg Nursing, 20(1), 37-40.

West, N., Jones, D., Orlowski, C., Karshmer, J., Prion, S., Waxman, K.T., White, C., & Lens, M., O. (2012). New graduate RN transition program evaluation and replication retrieved from

http://nursingpathways.kp.org/community/news/Transition-Program-Evaluation-Report_FINAL_052412.pdf

Williams, T., Sims, J., Burkhead, C., & Ward, P. (2002). The creation, implementation, and evaluation of a nurse residency program through a shared leadership model in the intensive care setting. Dimensions of Critical Care Nursing, 21(4), 154-161. Retrieved from http://journals.lww.com/dccnjournal/

Wisotzkey, S. (2011). Will they stay or will they go? Insight into nursing turnover. Nursing Management, 15-17.

Yonge, O., Hagler, P., Cox, C., & Drefs, S. (2008). Listening to preceptors. Journal for Nurses in Staff Development, 24(1), 21–

Zinn, J. L., Guglielmi, C. L., Davis, P. P. & Moses, C. (2012). Addressing the nursing shortage: The need for nurse residency programs. AORN Journal, 96(6), 652-657.