

1 **Abstract**

2 Accreditation of transition to practice (TTP) programs are rapidly increasing. A review
3 was completed on 13 TTP programs, accredited by the American Nurses Credentialing Center
4 Practice Transition Accreditation Program. The review found six benefits of TTP accreditation
5 that can translate into value for organizations. Nursing professional development practitioners
6 should seek accreditation for TTP programs to elevate the potential for funding from national
7 agencies.

8

9

Background

10 The healthcare environment is rapidly changing and the need to educate nurses at a
11 higher level is paramount. This environment has placed demands on academic and practice
12 settings responsible for preparing and training newly licensed registered nurses (NLRN). In
13 response to this demand, it is necessary to develop a continuum of professional development for
14 nurses (Africa, 2017). Nursing has developed transition to practice (TTP) programs to alleviate
15 this demand on nurses. Residency and fellowship programs have been defined as a structured
16 and supportive period of time during which the novice or advanced beginner can acquire the
17 competencies necessary for their specific setting (Institute of Medicine [IOM], 2011). Issues
18 related to transition into practice have been documented for the past 40 years (Spector et al.,
19 2015). A majority of the evidence about TTP has focused on NLRNs; however, literature
20 regarding issues in the transition of experienced RNs and the advanced practice registered nurse
21 (APRN) is growing (Bush, 2014).

22 Despite the rapid increase in TTP programs, there is still a large variety in how these
23 programs are implemented and evaluated, making it difficult to determine their effectiveness
24 (Goode, Reid Pointe, & Havens, 2016). Accreditation serves as an objective process by which
25 TTP programs can be assessed against a set of national standards. Leaders within the profession
26 are asking policymakers to “mandate to employers to fund and require all newly licensed
27 graduate RNs to complete an accredited nurse residency program (NRP)” (Goode, Glassman,
28 Reid Ponte, Krugman, & Peterman, 2018).

29 There is little known about the influence of accreditation on TTP programs. A project
30 between the American Nurses Credentialing Center (ANCC) and a researcher was initiated to
31 explore qualitative data from recent accredited TTP programs. The purpose of this article is to

32 begin a dialogue about the importance of accreditation for TTP programs and the implications
33 for nursing professional development.

34 Early transition programs in nursing traditionally consisted of an orientation program
35 (Franquiz & Seckman, 2016). These programs were designed to provide new graduate nurses
36 with an introduction to the workplace, common policies and standards of practice, and the
37 associated job expectations. As nursing practice and best practices for professional development
38 evolved, organizations created internships, mentorships, and preceptorship models (Barnett,
39 Minnick, & Norman, 2014). While preceptor and mentor-based programs have continued, the
40 term “internship” has not due to the connotation that it is a program for students in training with
41 or without pay.

42 Healthcare has rapidly evolved and so has the need to better prepare nurses for practice.
43 As a result, more advanced TTP programs have emerged. In 2011, the IOM released a report,
44 *The Future of Nursing: Leading Change, Advancing Health*. This report called for the
45 implementation of transition to practice residency programs for nurses. The report likely
46 influenced the rapid development of more formalized TTP programs. By 2013, 37% of nurse
47 executives reported implementing nurse residency programs in their organizations (Pittman,
48 Herrera, Bass, & Thompson, 2013). TTP programs encompass three types: the NLRN residency,
49 the Experienced RN fellowship, and the Advanced Practice RN fellowship (Figure 1).

50 Programs exist for nurses in different transitional phases. Nurse residency programs are
51 designed to help NLRNs transition into the practicing role of a professional nurse. The purpose
52 of these residency programs is to support the professional socialization, competence, and
53 confidence development of NLRNs while improving the overall quality of care provided to
54 patients (Commission on Collegiate Nursing Education [CCNE], 2015). Nurse residency

55 programs generally consist of precepted clinical experiences, mentoring, learning and debriefing
56 sessions, a specific curriculum based on national practice standards, an evidence-based practice
57 component, and evaluation of the program.

58 Nursing Professional Development (NPD) practitioners have implemented transition
59 programs for experienced RNs moving to new clinical areas (Bell, Bossier-Bearden, Henry, &
60 Kirksey, 2015). Programs for experienced RNs and APRNs are referred to as fellowships. The
61 term fellowship indicates a time after an initial residency program when a level of specialization
62 can be achieved (Kells, Dunn, Melchiono, & Burke, 2015).

63 Additionally, transition programs for APRNs are being implemented across the country.
64 The first known fellowship program for APRNs started in 2007 and many specialty fellowships
65 have been created (Browne, Poppe, Kaminetzky, Wipf, & Woods, 2015). The necessity of
66 APRN fellowship programs has been disputed (American Association of Nurse Practitioners
67 [AANP], 2014). However, others have voiced a need for an extended period of time to develop
68 competence, confidence, satisfaction, and effective support in the APRN role (Dillon, Dolansky,
69 Casey, & Kelley, 2016). APRN fellowships may consist of a dedicated preceptor or mentor,
70 specialty rotations, scholarship or evidence-based practice component, interprofessionalism, and
71 skill readiness at the advanced diagnostic level (Brown et al., 2015).

72 **Accreditation in Healthcare**

73 Accreditation is the process by which to appraise, and recognize or give a status for
74 meeting a predetermined criteria of standards (ANCC, 2015). Accreditation serves as a mark of
75 quality in many sectors, from education to healthcare. Accreditation in healthcare ensures
76 organizations are meeting standards for high quality and safe care while continuously improving
77 the practice environment (Greenfield, Pawsey, Hinchcliff, Moldovan, & Braithwaite, 2012).

78 Accreditation of medical residency programs is required for healthcare organizations to
79 receive reimbursement from the Centers for Medicare and Medicaid Services (CMS) for care by
80 medical providers (Association of American Medical Colleges [AAMC], 2013). NPD
81 practitioners may be involved in seeking accreditation for providing or approving continuing
82 education programs. Accreditation in the healthcare sector has changed dramatically over the last
83 half century. From hospital organizations to health professional education programs,
84 accreditation is driven by the need to improve quality of care.

85 **Accreditation of Healthcare Professionals Training Programs**

86 Medicine and pharmacy are recognized for driving the accreditation of residency
87 programs in the healthcare profession. The first known medical residency programs were
88 developed at Johns Hopkins Hospital in the late 19th century (Accreditation Council for Graduate
89 Medical Education [ACGME], 2018). It was not until 1965 that accreditation of graduate
90 medical education was at the forefront of national policy and became a mandatory practice for
91 organizations seeking Centers for Medicare and Medicaid (CMS) reimbursement for physician
92 resident practice. Accreditation of pharmacy residency programs began in the 1970s (Clark,
93 2014).

94 Accreditation of nursing TTP programs began with the Commission on Collegiate
95 Nursing Education (CCNE) in 2008, with the development of standards for nurse residency
96 programs. In 2014, the American Nurses Credentialing Center (ANCC) developed standards
97 related to all types of TTP programs (Figure 1). Common elements among TTP program
98 standards include the structure of the program (hospital or organization demographics, number of
99 residents, and human, physical, and financial resources), the process (curriculum, preceptor-

100 based practice, competency development), and the outcomes (retention, confidence, satisfaction,
101 professional development).

102 **ANCC Practice Transition Accreditation Program (PTAP)TM**

103 In 2014 the ANCC launched the ANCC Practice Transition Accreditation Program
104 (PTAP)TM. PTAP recognizes transition to practice programs such as the NLRN Residency, RN
105 Fellowships, and APRN Fellowships. Programs are assessed against thirty-eight evidence-based
106 standards in six domains: Program Leadership, Organizational Enculturation, Development and
107 Design, Practice-Based Learning, Nursing Professional Development, and Quality Outcomes.
108 PTAP looks at the entire transition period from the time of hire to the end of the program. The
109 transition period includes hospital orientation, nursing orientation, the precepted experience, and
110 professional development activities. PTAP has a strong focus on competency, and several
111 standards look at the competency assessment of the new nurse/learner in the practice-based
112 learning environment.

113 Applicants of PTAP are assessed through a peer review process involving a written self-
114 study, virtual appraiser visit, and survey of residents or fellows. The ANCC Board-appointed
115 Commission on Accreditation grants the status of accreditation to successful program applicants.
116 As of May 2018, CCNE has accredited 27 programs (CCNE, n.d.) and ANCC has accredited 34
117 programs (ANCC, 2018).

118 **Review of ANCC PTAPTM Accredited Transition Programs**

119 The ANCC Practice Transition Accreditation Program (PTAP)TM collects annual reports
120 from ANCC-accredited TTP programs. In the annual report, program participants are asked:
121 "How has your program been influenced by having ANCC accreditation (ex. Increased funding,
122 more applicants, etc.)?" In February 2018, the Accreditation team for PTAP and an external

123 researcher performed a content analysis of responses to this question. Inclusion criteria included
124 accredited programs that had submitted an annual report to ANCC from 2015 to 2017 and
125 provided an answer to the above-stated question. Qualitative responses were analyzed to identify
126 common themes of influences from program accreditation. Each member of the review team
127 independently identified themes the annual report question. The team met via phone conference
128 to discuss and compare findings, and identified themes relating to benefits of program
129 accreditation.

130 **Outcomes**

131 The content analysis consisted of 13 PTAP-accredited programs' qualitative data
132 collected between 2015 and 2017. Most of the programs were located in the Southeast region of
133 the US (Table 1). The most common program type was the RN residency ($n = 6$, 46%) and
134 length of program was 12 months ($n = 7$, 46%). Fifty-four percent ($n = 7$) were credentialed
135 with ANCC Magnet Recognition® and 15% ($n = 2$) were ANCC Pathway to Excellence®-
136 designated.

137 **Impact of Accreditation on TTP Program**

138 The team discovered six overarching themes from the content analysis. Each program
139 could identify one or more items that were influenced by seeking accreditation. The themes that
140 emerged were: leadership support, stakeholder interest, national/state recognition, credibility,
141 collaboration with other facilities, and funding.

142 *Leadership support.* Two programs identified an increase in leadership support. Programs
143 noticed an increase in leadership engagement at program events. Leadership support for the
144 program was also demonstrated at leadership and strategic planning meetings.

145 *Stakeholder interest.* Seven programs recognized an increase in stakeholder interest. Stakeholder
146 interest consisted of increased applicant volume ($n = 6$). Programs also engaged former
147 participants through ambassadorship and coaching programs ($n = 2$).

148 *National/state recognition.* Two programs received national recognition. One program received a
149 letter of congratulation from a federal organization. The other program received a proclamation
150 and tribute from two members of a state legislature.

151 *Credibility.* Three programs recognized an increase in confidence, internal interest, and role
152 development on the program director's behalf.

153 *Collaboration with other facilities.* Three programs identified more collaboration with other
154 facilities. Programs interested in seeking ANCC accreditation have sought advice from
155 accredited programs on the process. Programs are seeking collaboration on how to build or
156 enhance existing programs from accredited programs that have gone through the accreditation
157 process.

158 *Funding.* Three programs identified funding as a theme. Two of the programs identified that
159 there was no increase in funding within their organization or externally after achievement of
160 accreditation. One program noted that by having an ANCC PTAP-accredited program it will
161 positively impact funding through grants.

162 **Discussion**

163 The development of the future of nursing workforce requires nurses to function at the top
164 of the licensure. Accredited TTP programs provide nurses with time and support to transition
165 into their new role. Goode et al (2018), in a policy recommendation, reports that accreditation
166 should be a requirement for all residency programs to ensure standardization and achievement of
167 quality outcomes. A universal standardized transition program is not currently available for

168 nursing; therefore, organizations must institute their own program or a commercially-available
169 product (Warren, Perkins, & Greene, 2018). Accreditation serves as a mechanism for
170 accomplishing standardization and distinction.

171 One program recognized the potential for increased funding and three programs were
172 recognized at a state or national level. As more TTP programs earn accreditation, organizations
173 may be eligible to seek CMS funding (Medicare Programs: Payment for Allied Health and
174 Nursing Education, 2001). As the largest sector of the healthcare profession, nurses have a
175 professional responsibility to advocate for the value of TTP programs and their potential impact
176 on quality care. Realizing this impact, accreditation of TTP programs for nursing may become
177 the forbearer to catapult the IOM report and help federal healthcare regulatory agencies to fund
178 nursing TTP programs.

179 TTP programs have demonstrated a number of positive outcomes for organizations,
180 including increased job satisfaction, leader satisfaction, and organizational commitment.
181 Leadership and stakeholder interest in TTP programs following accreditation demonstrate a
182 recognition of program impact to positive organizational culture and healthy work environments.
183 Engaged leaders and stakeholders understand the return on investment of gaining accreditation.

184 Nursing is not at the point where global standardization of nurse residency and fellowship
185 programs is in place. However, organizations that engage in collaboration have shown an
186 increase in credibility among their peers due to their accredited status. ANCC-accredited
187 programs are able to access a learning community which may have afforded the opportunity to
188 collaborate with other organizations. As more organizations collaborate, it naturally moves the
189 profession towards upholding higher quality education transition programs.

190 **Implications for Nursing Professional Development**

191 Accreditation of a TTP program falls within the scope of NPD practice. NPD
192 practitioners frequently assess, implement, and evaluate educational programs for nurses. The
193 process for implementing a TTP program is similar and therefore implies that NPD practitioners
194 have the expertise to seek accreditation. As the number of accredited programs increase, the
195 NPD specialty should consider adding accreditation of TTP programs to the scope and standards
196 of NPD practice.

197 The NPD specialty must establish a national dialogue around policy changes that would
198 impact funding availability for TTP programs. NPD practitioners should advocate to policy
199 makers for the inclusion of nursing in state and national funding. Accreditation is the first step in
200 establishing a national standard for TTP programs. Without global accreditation, nursing may
201 lack the voice to effectively change policy. NPD practitioners must seek accreditation of existing
202 TTP programs and use accreditation standards to develop new programs.

203 NPD practitioners are well-positioned to demonstrate the return on investment of a TTP
204 program for the organization. NPD practitioners can indicate to the organizational leadership
205 team that accreditation is a mark of quality. Garnering leadership support is imperative to an
206 organizations' successful accreditation.

207 **Conclusion**

208 Transition to practice issues for nursing is well documented and now the profession is
209 called upon to continue to implement and evaluate TTP programs. Due to the variance in how
210 TTP programs are delivered, accreditation provides high-quality standards for which every
211 program strives. Programs have benefited from accreditation with the achievement of national
212 recognition, potential funding opportunities, and collaboration with programs around the
213 country. As the leaders of accredited TTP programs, NPD practitioners have the potential to

- 214 provide value to organizations by increasing the quality of professional development for
- 215 transitioning nurses and positively impacting the quality of care to patients and families.

216 References

- 217 Accreditation Council for Graduate Medical Education. (2018). *History of medical education*
218 *accreditation*. Retrieved from [http://www.acgme.org/About-Us/Overview/History-of-](http://www.acgme.org/About-Us/Overview/History-of-Medical-Education)
219 [Medical-Education](http://www.acgme.org/About-Us/Overview/History-of-Medical-Education)
- 220 Africa, L. (2017). Transition to practice programs: Effective solutions to achieving strategic
221 staffing in today's healthcare systems. *Nursing Economic\$, 35*(4), 178-183.
- 222 American Association of Nurse Practitioners. (2014). *Nurse practitioner perspective on*
223 *education and post-graduate training*. [Position statement]. Retrieved from
224 [https://www.aanp.org/images/documents/policy-](https://www.aanp.org/images/documents/policy-toolbox/nproundtablestatementmay6th.pdf)
225 [toolbox/nproundtablestatementmay6th.pdf](https://www.aanp.org/images/documents/policy-toolbox/nproundtablestatementmay6th.pdf)
- 226 American Nurses Credentialing Center. (2018). *Accredited practice transition programs*.
227 Retrieved from [https://www.nursingworld.org/organizational-](https://www.nursingworld.org/organizational-programs/accreditation/ptap/Accredited-Practice-Transition-Programs/)
228 [programs/accreditation/ptap/Accredited-Practice-Transition-Programs/](https://www.nursingworld.org/organizational-programs/accreditation/ptap/Accredited-Practice-Transition-Programs/)
- 229 American Nurses Credentialing Center. (2015). *2015 ANCC Primary accreditation provider*
230 *application manual*. Silver Spring, MD: Author.
- 231 Association of American Medical Colleges. (2013). *Medicare payments for graduate medical*
232 *education: What every medical student, resident, and advisor needs to know*. Retrieved
233 from
234 [https://members.aamc.org/eweb/upload/Medicare%20Payments%20for%20Graduate%20](https://members.aamc.org/eweb/upload/Medicare%20Payments%20for%20Graduate%20Medical%20Education%202013.pdf)
235 [Medical%20Education%202013.pdf](https://members.aamc.org/eweb/upload/Medicare%20Payments%20for%20Graduate%20Medical%20Education%202013.pdf)
- 236 Barnett, J.S., Minnick, A.F., & Norman, L.D. (2014). A description of U.S. post-graduation
237 nurse residency programs. *Nursing Outlook, 62*, 174-184. doi:
238 10.1016/j.outlook.2016.07.004

- 239 Bell, R., Bossier-Bearden, M., Henry, A., Kirksey, K. (2015). Transitioning experienced
240 registered nurses into an obstetrics specialty. *The Journal of Continuing Education in*
241 *Nursing*, 46(4), 187-192.
- 242 Brown, K., Poppe, A., Kaminetzky, C., Wipf, J., & Woods, N.F. (2015). Recommendations for
243 nurse practitioner residency programs. *Nurse Educator*, 40(3), 148-151.
- 244 Bush, C.T. (2014). Postgraduate nurse practitioner training: What nurse executives need to
245 know. *Journal of Nursing Administration*, 44(12), 625-627.
- 246 Clark, T. (2014). Celebrating 50 years of advancement in pharmacy residency training. *American*
247 *Journal of Health-System Pharmacy*, 71(14), 1190-1195. doi:
248 <https://doi.org/10.2146/ajhp140112>
- 249 Commission on Collegiate Nursing Education. (2015). *Standards for accreditation of entry-to-*
250 *practice nurse residency programs*. Retrieved from American Association of Colleges of
251 Nursing website: [http://www.aacn.nche.edu/ccne-accreditation/CCNE-Entry-to-Practice-](http://www.aacn.nche.edu/ccne-accreditation/CCNE-Entry-to-Practice-Residency-Standards-2015.pdf)
252 [Residency-Standards-2015.pdf](http://www.aacn.nche.edu/ccne-accreditation/CCNE-Entry-to-Practice-Residency-Standards-2015.pdf)
- 253 Commission on Collegiate Nursing Education. (n.d.). *CCNE-Accredited nurse residency*
254 *programs*. Retrieved from [http://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-](http://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Accredited-Nurse-Residency-Programs.pdf)
255 [Accredited-Nurse-Residency-Programs.pdf](http://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Accredited-Nurse-Residency-Programs.pdf)
- 256 Dillon, D.L., Dolansky, M.A., Casey, K., Kelley, C. (2016). Factors related to successful
257 transition to practice for acute care nurse practitioners. *AACN Advanced Critical Care*,
258 27(2), 173-82. doi: 10.4037/aacnacc2016619
- 259 Franquiz, R., & Seckman, C. (2016). Organizational readiness for nurse residency accreditation.
260 *Journal for Nurses in Professional Development*, 32(6), 309-315.

- 261 Goode, C., Glassman, K., Reid Ponte, P., Krugman, M., & Peterman, T. (2018). Requiring a
262 nurse residency for newly licensed registered nurses. *Nursing Outlook*. Advance online
263 publication. doi: 10.1016/j.outlook.2018.04.004
- 264 Goode, C., Reid Ponte, P., Havens, D. (2016). Residency for transition into practice: An essential
265 requirement for new graduates from basic RN programs. *The Journal of Nursing*
266 *Administration*, 46(2), 82-86. doi: 10.1097/NNA.0000000000000300
- 267 Greenfield, D., Pawsey, M., Hinchcliff, R., Moldovan, M., & Braithwaite, J. (2012). The
268 standard of healthcare accreditation standards: A review of empirical research
269 underpinning their development and impact. *BMC Health Services Research*, 12, 1-14.
- 270 Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*.
271 Retrieved from [http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-](http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx)
272 [Nursing-Leading-Change-Advancing-Health.aspx](http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx)
- 273 Kells, M., Dunn, K., Melchiono, M., & Burke, P. (2015). Advanced practice nurse fellowships:
274 Creating awareness, creating opportunities. *Journal of Pediatric Health Care*, 29, 297-
275 301.
- 276 Medicare Programs: Payment for Allied Health and Nursing Education; HHS Healthcare
277 Financing Administration 2001, 66 Fed. Reg. 3357 (March 13, 2001) (to be codified at 42
278 C.F.R. pts. 413, 422).
- 279 Pittman, P., Herrera, C., Bass, E., Thompson, P. (2013). Residency programs for new nurse
280 graduates: How widespread are they and what are the primary obstacles to further
281 adoption? *Journal of Nursing Administration*, 43(11), 597-602.

282 Spector, N., Blegen, M.A., Silvestre, J., Barnsteiner, J., Lynn, M.R., Ulrich, B.,...Alexander, M.
283 (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation*,
284 5(4), 24-38.

285 Warren, J.I., Perkins, S., Green, M.A. (2018). Advancing new nurse graduate education through
286 implementation of statewide, standardized nurse residency programs. *Journal of Nursing*
287 *Regulation*, 8(4), 14-21.

288

289 *Figure 1. Three types of transition to practice (TTP) programs*
290 *Table 1. Program Characteristics*

Figure 1

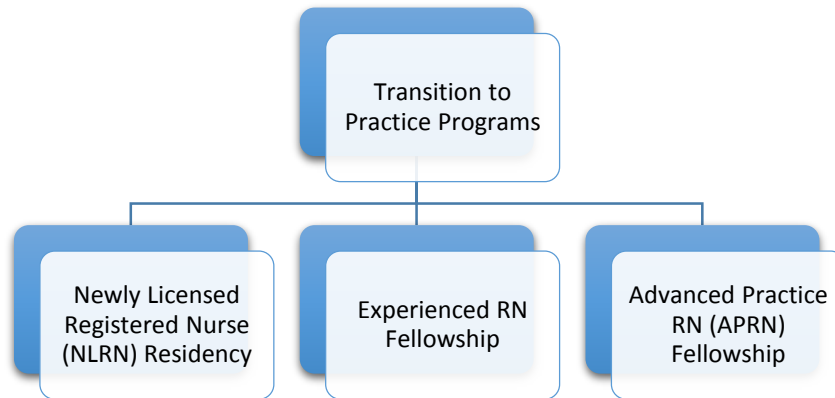


Table 1

PTAP™ Accredited Program Characteristics

Region	Program Type	Avg Cohort	Program Length	Magnet	Pathways to Excellence
South East	APRN Fellowship	2	12 months	Magnet	
	RN Residency	100	12 months	Magnet	
	RN Residency	7	14 months	Magnet	
	RN Fellowship	38	12 months		
South West	APRN Fellowship	2	12 months		
	APRN Fellowship	5	6 months		
	RN Residency	102	12 months	Magnet	
Mid-Atlantic	RN Residency	10	6 months		Pathway
	RN Residency	8 to 10	6 months	Magnet	
	RN Fellowship	9	6 months		Pathway
West	APRN Fellowship	10	18 months		
	RN Residency	45	12 months	Magnet	
Mid-West	APRN Fellowship	10	12 months	Magnet	
<p><i>Note. South East = North Carolina, South Carolina, Tennessee, Arkansas, Louisiana, Mississippi, Alabama, Georgia, Florida; South West= Texas, New Mexico, Arizona, Utah, Colorado, Oklahoma; Mid-Atlantic = Virginia, West Virginia, Maryland, Pennsylvania, New Jersey, Delaware, New York; West = California, Nevada, Hawaii; Mid-West = North Dakota, South Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri, Indiana, Illinois, Wisconsin, Michigan, Ohio, Kentucky.</i></p>					