



NCSBN

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Description of NCSBN's Transition to Practice Model

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NCSBN's Transition to Practice model is intended to be collaboratively implemented with education and practice, but through regulation. Collaboration will be essential for this model to be successful. Educators are the experts in curriculum design and evaluation and will be able to assist with the design of the transition modules. Practice provides a crucial link that will provide new graduates with planned practice experiences with qualified nurses to mentor them. Nursing regulators provide new graduates with information on their scope of practice, the Nurse Practice Act, and maintaining their license throughout their careers. If adopted, regulation will be able to enforce the transition program through licensure.

This is an inclusive model, which would take place in all health care settings that hire newly graduated nurses and for all educational levels of nurses, including practical nurse, associate degree, diploma, baccalaureate and other entry-level graduates. The new graduate must first take and pass the NCLEX[®], obtain employment and then enter the transition program.

The preceptors in this model will be trained and will work one-on-one with newly graduated nurses. A preceptor will work with the same new graduate throughout the transition program. This model is strongly dependent on a well-developed preceptor-nurse relationship. Novice nurses will learn the importance of being a seasoned, dedicated preceptor and the responsibility to transition new nurses into practice. In the future, becoming preceptors and mentors for new nurses will be an expected part of professional nursing.

In this model orientation is defined as teaching the policies and procedures of the workplace, as well as role expectations. Therefore, orientation is required before entering the transition program and is separate from the concept of transition to practice. Transition to practice is defined as a formal program designed to support new graduates during their progression into practice.

The eight transition modules for this model include delegating/supervising, role socialization, utilization of research, prioritizing/organizing, clinical reasoning, safety, communication, and specialty content. These were identified from the literature and from successful transition programs. These modules could be presented at the institution where the new nurse works, in a collaborative program with other institutions, or via the Internet. The Transition to Practice Committee is working with NCSBN's E-Learning Department on the feasibility of developing a Web site with the online learning modules and with linking new nurses to preceptors.

The time period for this Transition Regulatory Model will be six months, though it is expected that the new graduate will have ongoing support for another six months. At the end of the year, the new nurse is expected to have met the Quality and Safety Education for Nurses (QSEN) competencies. The QSEN competencies, developed by experts from across the health care disciplines, are based on the Institute of Medicine's (IOM) recommended competencies for healthcare professionals and include patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics. Because the QSEN competencies were developed for registered nurses, and not practical nurses, the Transition to Practice Committee, along with experts in practical nursing, will be developing the knowledge, skills and attitudes for practical nurses. The Transition to Practice Committee members already have developed some definitions of competencies for practical nursing, based on the QSEN definitions for RNs. The Transition to Practice Committee also has been working with NCSBN's Research Department to develop outcome competency measures. If NCSBN develops a continued competency model, it is anticipated that there will be some changes in this model so that these two models will be congruent.

In order for the new graduates to maintain licensure after one year in practice, it will be incumbent upon them to provide the Board of Nursing with a Transition to Practice Verification (TPV) form, which will be signed by the new graduates, their preceptors and their supervisors, verifying the new nurse has met all the requirements of the jurisdiction's transition program. In many states new drivers have similar requirements for maintaining their license after their first year of driving. In 2008 the Commission of Collegiate Nursing Education (CCNE) has developed standards for accrediting transition programs that use the UHC/AACN model, and it is hoped that accreditation of transition to practice programs will continue, thus assisting with standardization.

Lastly, feedback and reflection are essential parts of this model and must be integrated throughout the entire transition program. This should be built into the preceptor-nurse relationship, but also should be maintained after the six-month transition period is complete.

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