

2016 APPLICATION MANUAL

PRACTICE
TRANSITION
ACCREDITATION
PROGRAM™



AMERICAN NURSES CREDENTIALING CENTER

The mission of the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association, is to promote excellence in nursing and health care globally through credentialing programs. ANCC's internationally renowned credentialing programs certify and recognize individual nurses in specialty practice areas. It recognizes health care organizations that promote nursing excellence and quality resident outcomes while providing safe, positive work environments. In addition, ANCC accredits health care organizations that provide and approve continuing nursing education.

COMMISSION ON ACCREDITATION

The American Nurses Credentialing Center Commission on Accreditation (COA) is a voluntary governing body that oversees the Practice Transition Accreditation Program™ (PTAP™). Commission members are appointed by ANCC's Board of Directors and are representatives from various sectors of the nursing community, which include academic faculty, accredited organizations, adult education specialists, and consumers. The COA makes the final determination of program accreditation.

ANCC ACCREDITATION PROGRAM OFFICE

The ANCC Accreditation Program manages the Practice Transition Accreditation Program, including coordinating all aspects of the application and review processes. Contact information is available at www.nursecredentialing.org/accreditation/accreditationstaffcontact.

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DISCLAIMERS

Completing all the processes within the Practice Transition Accreditation Program (PTAP) Application Manual facilitates RN Residency/RN or APRN Fellowship Program accreditation but does not, in and of itself, guarantee achievement of program accreditation.

Changes may be made to the Practice Transition Accreditation Program and this *Application Manual* without notice. Applicants must confirm that they are using the most current edition of this *Application Manual* before preparing written documentation for submission to the ANCC Accreditation Program Office. For application information and updates, go to www.nursecredentialing.org/accreditation/practicetransition.

EFFECTIVE DATE: 01/01/2017

Applicants may begin using this manual prior to the effective date, but are required to use it as of 01/01/2017.

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PREFACE

On behalf of the American Nurses Credentialing Center (ANCC) and the Commission on Accreditation (COA), it is my distinct pleasure to present credentialing criteria for residency and fellowship programs designed for registered nurses (RNs) and advanced practice registered nurses (APRNs).

Residency and fellowship programs are defined as “planned, comprehensive periods of time during which registered nurses can acquire the knowledge and skills to deliver safe, quality care in a specific clinical setting.”¹ Residency and fellowship programs provide support for RNs and APRNs as they transition into the clinical setting for initial entry, return to the clinical setting after being out of the workplace for a period of time, or move between different types of clinical settings or specialties.

Today, many healthcare organizations are experiencing challenges that include maintaining financial viability, ensuring patient safety, maintaining quality of health care, and managing staff turnover and vacancy. Research (see References on page 47) suggests that residency and fellowship programs can reduce nurse turnover, increase nurse job satisfaction, and improve clinical competence, resulting in a positive return on investment for the organization.

The criteria outlined in this Practice Transition Accreditation Program™ (PTAP™) Application Manual provide a road map for organizations to develop new residency or fellowship programs, or to evaluate the quality of their existing programs. Criteria are derived from evidence in current nursing literature and are organized by domain in a conceptual model based on Patricia Benner’s Novice to Expert framework. Model domains include Program Leadership, Organizational Enculturation, Development and Design, Practice-Based Learning, Nursing Professional Development, and Quality Outcomes.

The ANCC Accreditation Program supports the lifelong learning needs of RNs and APRNs through credentialing programs that are designed to positively impact the professional practice of nursing and patient outcomes. These criteria for residency and fellowship programs help organizations ensure that all nurses successfully transition into or between different practice settings as they begin or continue their journey as lifelong learners and healthcare practitioners.

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¹ IOM (Institute of Medicine). (2011). *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press.

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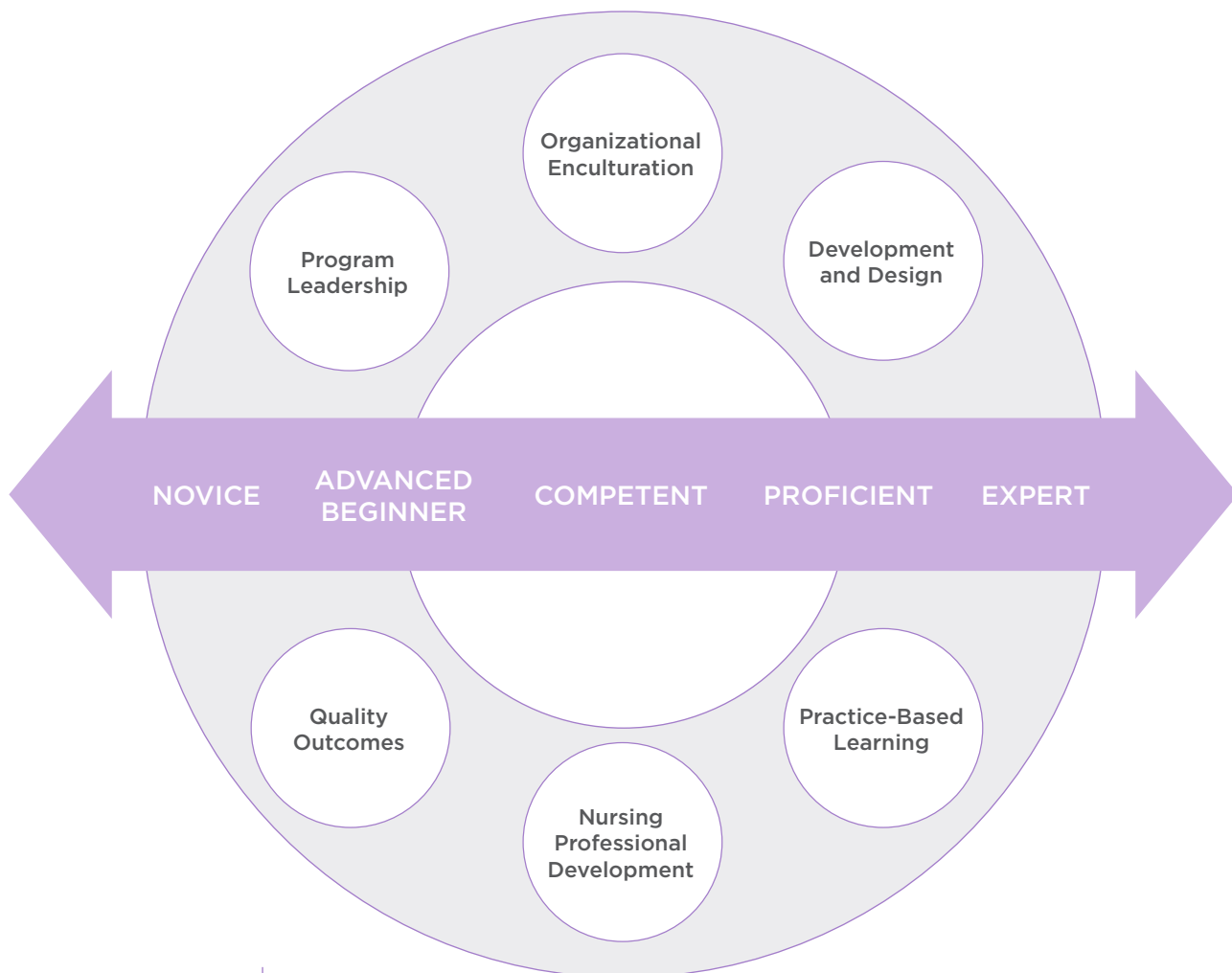
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CONCEPTUAL MODEL AND DESCRIPTION



practice transition

A formal program of active learning for nurses implemented across all settings and designed to support their progression from an education environment to a practice setting or between practice settings.

transition

Passage from one state, stage, subject, or place to another; a movement, development, or evolution from one form, stage, or style to another (Merriam-Webster, 2015).

The **Practice Transition** Accreditation Program™ (PTAP™) conceptual model is based on Benner's Novice to Expert framework (Benner, 1984). An accredited RN Residency/RN or APRN Fellowship Program, as depicted by the large circle behind the bidirectional arrow, is designed to successfully **transition** RNs or APRNs. RNs and APRNs are competent for entry into practice after successfully graduating from an accredited school of nursing and passing mandatory licensure or certification exams. A residency/fellowship program provides a robust infrastructure to expand the knowledge, skills, and abilities required to move from entry-level competence toward proficiency and expertise. The domains of the conceptual model are depicted by the six circles within the larger circle. Program criteria reflect each model domain.

DOMAIN DEFINITIONS

Program leadership refers to the provision of direction and guidance to the individuals involved in the process of assessing, planning, implementing, and evaluating activities in adherence to the ANCC PTAP criteria.

Organizational enculturation is the process by which participants are assimilated into the culture, practices, and values of an **organization or practice setting(s)**.

Development and design is the process of determining infrastructure, process, and **competency** requirements to meet a program's defined objectives, requirements, and goals.

Practice-based learning is learning that takes place in the practice setting under the guidance of **preceptors, mentors**, or other experienced healthcare professionals, or a combination thereof, and promotes the process of investigating and evaluating healthcare practices in the context of best-available evidence to continuously improve patient care delivery and patient health outcomes.

Nursing professional development is "the lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their **continuing competence** and role performance, the ultimate outcomes of which are protection of the public and the provision of safe, quality care" (ANA & NNSDO, 2000).

Quality outcomes are measures of the overall impact of the program on the value/benefit to patients, clients, **residents/fellows**, and the organization or practice setting(s).

organization or practice setting

The institution or facility where the RN Residency/ RN or APRN Fellowship Program is operationalized.

competency(ies)

"An expected level of performance that integrates knowledge, skills, abilities, and judgment" (ANA, 2010b).

preceptor

"An experienced individual to teach, guide, and assist another who is learning a role.... The preceptor relationship often has a specific time limitation, and specific responsibilities of the preceptor and preceptee are clearly outlined" (Grossman & Valiga, 2013).

mentor

"An experienced nurse who has developed expertise and can be a strong force in shaping a nurse's identity as a professional." (Anthony, 2006). Mentoring can include providing information, advice, support, and ideas. Typically mentors and mentees have a long- lasting relationship.

continuing competence

"The ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values, and beliefs required to practice safely, effectively, and ethically in a designated role and setting" (Case di Leonardi & Biel, 2012).

resident

An individual who has graduated from an accredited nursing program, is licensed, and is participating in a residency program.

fellow

An RN or APRN who has graduated from an accredited nursing program, is licensed, and is participating in a fellowship program.

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ELIGIBILITY AND THE APPLICATION PROCESS

accreditation

The voluntary process by which a nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (time-limited) (ANCC, 2012).

registered nurse (RN)

A nurse in the United States who holds state board licensure as a registered nurse, or any new graduate or foreign nurse graduate who is awaiting state board examination results and is employed by a healthcare organization with responsibilities of an RN. In other countries, this individual will have registered with the appropriate regulatory body.

orientation

“The educational process of introducing individuals who are new to the organization or department to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting” (ANA & NNSDO, 2000).

PROGRAM TYPES

The American Nurses Credentialing Center (ANCC) has defined three types of programs that are eligible for **accreditation**:

RN Residency: Planned, comprehensive program through which currently licensed **registered nurses** with less than 12 months of experience can acquire the knowledge, skills, and professional behaviors necessary to deliver quality care that meets standards of practice defined by a professional society or association or the applicant organization. The program must be at least 6 months in length, encompassing organizational **orientation**, practice-based experience, and supplemental activities to promote nursing professional development. All registered nurses (or international equivalent) who have graduated from an accredited school of nursing are eligible (associate degree, diploma, bachelor’s degree, or master’s degree).

RN Fellowship: Planned, comprehensive program through which currently licensed, registered nurses with *6 or more months* of experience can acquire the knowledge, skills, and professional behaviors necessary to deliver quality care that meets standards of practice defined by a professional society or association or the applicant organization. The program may include organizational orientation and must include practice-based experience and supplemental activities to promote nursing professional development. All registered nurses (or international equivalent) who have graduated from an accredited school of nursing are eligible (associate degree, diploma, bachelor’s degree, or master’s degree).

APRN Fellowship: Planned, comprehensive program through which currently licensed and certified (or international equivalent) **advanced practice registered nurses** (APRNs) can acquire the knowledge, skills, and professional behaviors necessary to deliver quality care that meets standards of practice defined by a professional society or association or the applicant organization. The program may include organizational orientation and must include practice-based experience and supplemental activities to promote nursing professional development.

advanced practice registered nurse (APRN)

A registered nurse who has met advanced educational and clinical practice requirements beyond the 2 to 4 years of basic nursing education required of all RNs. Under this umbrella are four principal types of APRNs: nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists (ANCC, 2014).

setting

A stand-alone practice venue within an organization. The term can be used interchangeably with facility where appropriate or necessary (ANCC Magnet® Application Manual, 2014).

system-wide program

A program that is run through a central office for all organizations involved in the program. The Program Director must be in charge of all components of the residency/fellowship throughout the system. Site Clinical Coordinators can be utilized in organizations within the system to ensure program consistency. The program must be operationalized uniformly (without deviation) in each organization participating in the accreditation application process.

program director

A registered nurse with a current, unencumbered license as an RN, a graduate degree or higher with either the baccalaureate or graduate degree in nursing, and education or experience in adult learning who is responsible for overall planning, implementation, and evaluation of the residency/fellowship program.

cohort

A person or persons who share common characteristics or experience within a defined period.

ELIGIBILITY

ANCC uses a multifaceted system of evaluation to assess RN Residency/ RN or APRN Fellowship Programs. Applicants interested in applying for program accreditation must complete the PTAP Application and meet all eligibility requirements.

To be eligible to apply, an applicant must:

- Define the organization or practice **setting(s)** where the RN Residency/ RN or APRN Fellowship Program is operationalized; if applying as a **system-wide program** applicant, must be able to demonstrate that the program is operationalized consistently across the entire system (see Chapter 4);
- Have a program that meets the ANCC definition of an RN Residency, RN Fellowship, or APRN Fellowship Program;
- Have an RN Residency/RN or APRN Fellowship Program Director (“**Program Director**”) who holds a current, unencumbered license as an RN (or international equivalent), a graduate degree or higher with either the baccalaureate or graduate degree in nursing (or international equivalent), and education or experience in adult learning;
- Have a Program Director who has authority within the organization or practice setting(s) to ensure compliance with ANCC PTAP criteria;
- Verify that a minimum of one **cohort** has graduated from the RN Residency/RN or APRN Fellowship Program;
- Be in compliance with all federal, state, and local laws and regulations that affect the ability of the organization or practice setting(s) to meet the ANCC PTAP criteria; and
- Disclose previous program denials, suspensions, or revocations of ANCC accreditation or accreditation/approval by any other accrediting organization.

Note: Applications that do not meet eligibility requirements will be rejected without substantive review.

APPLICATION PROCESS

Once the ANCC Accreditation Program Office verifies and confirms eligibility, the applicant may proceed with submitting required documentation. The applicant will be invoiced by ANCC, and all fees must be paid in full prior to the accreditation decision. All applications must be submitted in English.

The Practice Transition Accreditation Program Application, along with additional information and resources, is available on the ANCC website: www.nursecredentialing.org/accreditation/practicetransition/apply.

DATA USE

By submitting an application, applicants and RN Residency/RN or APRN Fellowship Program Directors give ANCC and its Accreditation Program Office permission to use their demographic and **outcome** data for reporting, marketing, and research purposes, such as

- Describing anonymously and in the aggregate characteristics of RN Residency/RN or APRN Fellowship Programs;
- Identifying benchmarks that RN Residency/RN or APRN Fellowship Programs meet to form programmatic decisions about applicant requirements; and
- Analyzing trends or addressing other ANCC-defined or ANCC-approved research questions.

All data received by ANCC will remain confidential and will be reported only in aggregate form unless permission is granted by the accredited organization to share data specific to an organization.

CONFIDENTIAL INFORMATION

ANCC will not accept applications containing information that is confidential under the Health Insurance Portability and Accountability Act (HIPAA) or other laws and regulations. Applications containing such confidential information will be rejected. If confidential information is used in the narrative or as an exhibit, all identifying information must be redacted for compliance with such laws.

outcomes

Quantitative and qualitative evidence related to the impact of structure and process on the patient, nursing workforce, organization, and consumer. These outcomes are dynamic and measurable and may be reported at an individual unit, department, population, or organizational level. Donabedian defined outcomes as the “changes (desirable or undesirable) in individuals and populations that can be attributed to health care” (Donabedian, 2003, p. 46).

LEGAL AND REGULATORY COMPLIANCE

Applicants and Accredited Practice Transition Programs must comply with all federal, state, and local laws and regulations that affect the ability of an organization or practice setting(s) to meet ANCC PTAP criteria. Violations of such laws or regulations render an RN Residency/ RN or APRN Fellowship Program ineligible for accreditation or to reapply to maintain accreditation. Accreditation may be suspended or revoked if an accredited organization is found to be in violation of such laws or regulations.

DOCUMENTATION REQUIREMENTS

The PTAP application process requires the following components for submission:

1. Practice Transition Accreditation Program Application

The Practice Transition Accreditation Program (PTAP) Application reflects information about the program and the organization or practice setting(s) where the program is provided. This information is essential for appraisers during document review. The application is available at www.nursecredentialing.org/accreditation/practicetransition.

2. Self-Study Document

Program Overview

In addition to completing the PTAP Application, applicants must compile a collection of organizational and program documents that provide a context for understanding the program and correlate with specific criteria requirements. Organizational/ program overview documents should be assembled and submitted electronically as part of the self-study. More information regarding formatting and assembly can be found in the Appendix titled “Electronic Documentation Submission Requirements.”

Program Criteria

Applicants will be required to write narratives to address the PTAP criteria. Narrative statements should be straightforward and concise and include minimal extraneous information. The goal of the narrative is to clearly explain how each PTAP criterion is met and operationalized within the program. Applicants may also supplement the narrative with data in graphs and tabular form as appropriate to support or amplify findings.

Note: A single application form and self-study package will be submitted for system-wide program applicants. All phases of the written review and validation will be conducted in the English language.

ASSIGNMENT OF APPRAISERS

The Program Director will receive an email with the selected appraisers' biographical information. The program has 7 business days to review the appraisers' biographical information and notify the Accreditation Program Office if there is a conflict of interest regarding the assigned appraisers. If a conflict of interest exists, alternate appraiser(s) will be assigned.

APPRAISER REVIEW

Once appraisers have been assigned, the review process for written documentation begins. Each applicant submits a Practice Transition Accreditation Program Application and a self-study consisting of program overview documents and written narrative responses that describe and demonstrate how the program meets each criterion, including supporting evidence. Documentation must demonstrate compliance with accreditation criteria, as determined by a peer review group of PTAP appraisers. Specially trained appraisers perform the document review and **virtual visit**, prepare summary reports of findings, and submit these reports to the **Commission on Accreditation (COA)** for final deliberation and vote.

Virtual Visit

A virtual visit consists of a conference between the applicant and the appraiser team via teleconference, telephone, or other electronic means to validate application self-study findings. The Program Director is required to participate in the virtual visit with the appraiser team. The Program Director may include other members of the program as desired. The appraisers may also request that specific individuals participate. The virtual visit will not be held if the Program Director does not participate.

During the virtual visit, the appraiser team verifies and clarifies evidence submitted by the applicant in the self-study. Criterion scores may be revised based on information obtained during the virtual visit. Appraisers may request additional evidence to be submitted during the virtual visit. Applicants have up to 72 hours to provide additional evidence. Scores are not finalized until all evidence, including additional evidence, if any, is submitted

The applicant is responsible for arranging the virtual visit at the applicant's expense. Upon completion of the virtual visit, the appraisers submit a final summative written report to the COA.

Note: For system-wide program applicants, representatives from each organization within the system must participate in the virtual visit with the appraiser team.

virtual visit

A conference between the applicant and the appraiser team via teleconference, telephone, or other electronic means to validate application findings. The appraiser team may request additional supporting evidence to seek clarification and verify compliance with accreditation criteria (ANCC Primary Accreditation Application Manual, 2012).

commission on accreditation (COA)

Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of continuing nursing education (ANCC Primary Accreditation Application Manual, 2012).

PROGRAM PARTICIPANT SURVEY

The RN Resident/RN or APRN Fellow Survey is an integral part of the assessment process for programs that apply for accreditation. Nurse residents/fellows who have participated in the residency/fellowship program within the past 12 months or who are currently in the program are invited to share their perceptions of the residency/fellowship. Aggregate responses from the survey will provide additional evidence in the scoring of the application materials. See Chapter 5 for more details regarding the survey.

COMMISSION ON ACCREDITATION (COA) DECISION

The COA conducts a thorough, evidence-based analysis of the final appraiser report. Following review, the COA votes to determine awarding of accreditation for RN Residency/RN or APRN Fellowship Programs. The ANCC Accreditation Program Director receives notification of the final COA decision and notifies the RN Residency/RN or APRN Fellowship Program Director. The COA may grant either accreditation or accreditation with distinction, or may vote to deny accreditation.

Provided that the RN Residency/RN or APRN Fellowship Program meets the ANCC PTAP criteria set forth herein, accreditation is awarded for a period of 3 years.

SYSTEM-WIDE PROGRAM ACCREDITATION

If a program implemented within a system applies for accreditation, and if any organization within the system fails to meet PTAP requirements, the system-wide program will not attain program accreditation.

ACCREDITED PROGRAM DIRECTORY

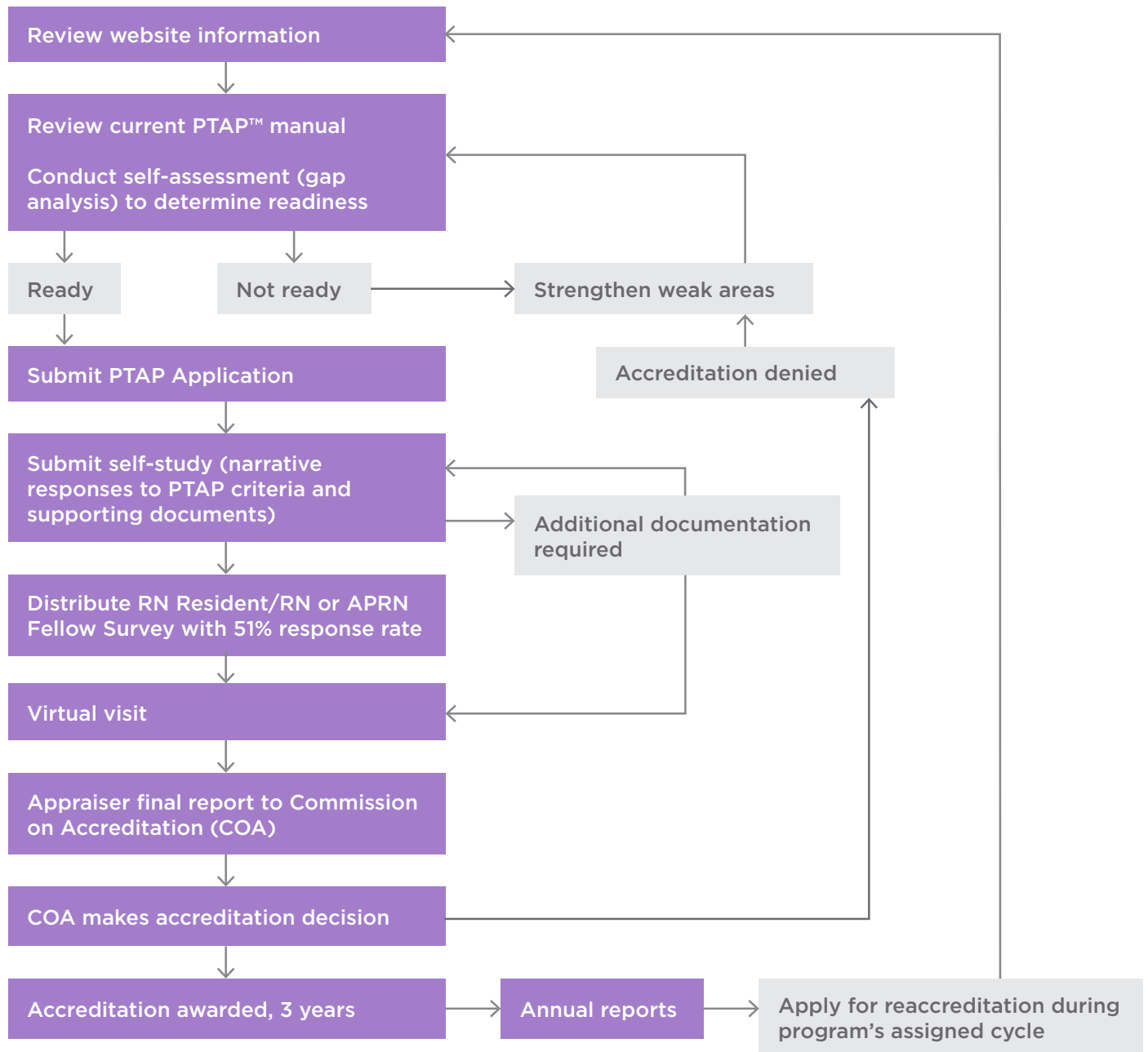
Names of accredited programs are posted on the ANCC Accreditation Program website, www.nursecredentialing.org/accreditation/practicetransition, in the “List of Accredited Practice Transition Programs.” The website posting includes the RN Residency/RN or APRN Fellowship Program name, address, and dates of accreditation.

APPEALING AN ADVERSE ACCREDITATION DECISION

The COA ensures that applicants seeking accreditation have the opportunity to appeal an adverse accreditation decision. An adverse accreditation decision may include probation, suspension, revocation, or denial of accreditation. Organizations wishing to appeal must have completed the accreditation process. Applicants may not appeal eligibility requirements, criteria upon which the Accreditation Program is based, the scoring rubric, the setting of passing scores, or appraisers' conclusions regarding the evaluation of the applicant's written documentation.

The applicant must submit an appeal in writing within 10 business days following notification of the adverse decision. The appeal must briefly state the reason(s) the applicant contests the decision. There is a nonrefundable appeal fee. For further information regarding the appeal process, please contact the Accreditation Program Office.

APPLICATION TIMELINE



3

PROGRAM SELF-STUDY

PROGRAM OVERVIEW (PO) AND REQUIRED PROGRAM DOCUMENTS

organizational chart

A diagram or other schematic used to depict informal and formal lines of communication and reporting relationships within the overall organization as well as for those involved in the RN Residency/ RN or APRN Fellowship Program.

position description

Description that clearly and concisely documents the duties and responsibilities specific to a role within an organization or practice setting, and its qualifications.

content

“Subject matter of education activity that relates to the educational objectives” (ANA & NNSDO, 2000).

competency(ies)

“An expected level of performance that integrates knowledge, skills, abilities, and judgment” (ANA, 2010b).

The program overview is an essential component of the application process that provides a context for understanding the RN Residency/RN or APRN Fellowship Program (“the program”) and the organization or practice setting(s) where the program is provided.

The applicant must submit the following documents and/or narratives, for which templates can be downloaded at www.nursecredentialing.org/accreditation/practicetransition.

PO: Contextual Information

- PO 1.** An executive summary of the program, including description of the organization or practice setting(s), program length, scope of the program, and number of residents/ fellows accepted annually.
- PO 2.** The **organizational chart** for nursing and/or medical services, including the program and other areas as applicable to reflect lines of authority.
- PO 3.** Eligibility criteria for program applicants, which must include graduation from an accredited nursing program, current unencumbered licensure (or international equivalent) as an RN/APRN, and certification as applicable to the program.
- PO 4.** A list of program goals.
- PO 5.** A list of program stakeholders, including roles in the organization.

PO: Program Leadership

- PO 6.** A list of organization leaders (examples Program Director, CNO/Executive Leader, Chief Medical Director, and other stakeholders) involved in the program planning, evaluation, or both as applicable.
- PO 7.** **Position description(s)** for the Program Director, individuals who develop or deliver program **content**, and individuals who validate **competencies**.
- PO 8.** A list of organizational or practice setting(s) committees on which the Program Director or a designee representing the program participates.

mission

“A statement of the good or benefit the healthcare organization intends to contribute, couched in the terms of an identified community, a set of services, and a specific level of cost or finance” (Griffith & White, 2002, p. 679).

vision

“An expansion of the mission that expresses intentions, philosophy, and organizational self-image” (Griffith & White, 2002, p. 984).

values

“An expansion of the mission that expresses basic rules of acceptable conduct, such as respect for human dignity or acceptance of equality” (Griffith & White, 2002, p. 984).

needs assessment

The process by which a discrepancy between what is desired and what exists is identified (ANCC, 2012).

interprofessional

Multiple health workers from different professional backgrounds collaborating to deliver the highest quality of care (Interprofessional Collaborative Expert Panel, 2011).

PO: Organizational Enculturation

- PO 9.** **Mission, vision,** and/or **values** of the organization or practice setting(s) in which the program is provided.
- PO 10.** Outline of organization or practice setting orientation curriculum for new residents/fellows.
- PO 11.** Outline of program orientation for new residents/fellows.

PO: Development and Design

PROGRAM FACULTY

- PO 12.** List all individuals involved in developing and delivering content for the program, its competencies, and its curriculum.
 - PO 12a.** Tools used to evaluate the performance of individuals developing and delivering content.
- PO 13.** List all individuals involved in evaluating resident/fellow performance in the practice-based learning environment (e.g., preceptors) in the 12 months immediately preceding the application date.
 - PO 13a.** Tools used to evaluate the performance of individuals evaluating resident/ fellow performance in the practice-based learning environment.
- PO 14.** Program materials used to prepare individuals evaluating resident/fellow performance in the practice setting(s). (Submit curriculum if available.)

PROGRAM CONTENT

- PO 15.** Tool(s) used to develop and evaluate program content (e.g., **needs assessment**).
- PO 16.** Crosswalk of program competencies against nationally recognized competencies, which must reflect
 - Quality and Safety Education for Nurses (QSEN),
 - Institute of Medicine (IOM) **interprofessional** competencies,
 - The National Organization of Nurse Practitioner Faculties (NONPF) or other organizations’ competencies for the APRN, or
 - A combination thereof, as applicable to the program.
- PO 17.** Program curriculum outline.

PO: Practice-Based Learning

PO 18. Evaluation tool(s) used to evaluate residents'/fellows' competency (**competency assessment tool**).

PO 18a. Representative example of a resident's or fellow's evaluation demonstrating the use of incremental goals.

PO: Nursing Professional Development

PO 19. A list of the nursing professional development opportunities that the program supports, including but not limited to any combination of the following opportunities:

- Academic progression of new residents/fellows (e.g., AD to BSN; BSN to MSN; BSN to DNP; MSN to DNP)
- Career development (e.g., charge nurse role, preceptor role, mentor role, clinical ladder, etc.)
- **Certification**
- Committee participation in the unit, department, or organization
- Lifelong learning
 - Annual continuing education (e.g., conference support, paid education days)
 - **Evidence-based practice**
 - Quality improvement
 - Research
- Participation in professional organizations

PO: Quality Outcomes

PO 20. A list and brief description of quality outcome measures used to evaluate the program, including target benchmarks. Submit one or more quality outcome measures from at least two of the following categories:

Nursing Professional Development

Suggested measures may include but are not limited to the following measures:

- Academic progression of new residents/fellows (e.g., AD to BSN; BSN to MSN; BSN to DNP; MSN to DNP)
- Academic progression of preceptors or other key program stakeholders
- Leadership ability (resident/fellow)
- Organizational advancements in areas such as presentations, publications, evidence-based projects implemented, and research studies
- Residents/fellows in leadership roles after completion of program

competency assessment tool

A method that captures objective and subjective data about the individual's knowledge base and actual performance and that is appropriate for the specific situation and the desired outcome of the competence evaluation (ANA, 2010b).

certification

A process by which a nongovernmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice. Its purpose is to assure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty (ANA, 1979).

evidence-based practice

"The integration of the best research evidence, educational and clinical expertise, and learner values to facilitate decision making" (Sackett et al., 2000).

nurse manager

Registered nurse with 24-hour/7-day accountability for the supervision of all registered nurses and other healthcare providers who deliver nursing care in an inpatient or outpatient area. The nurse manager is typically responsible for recruitment and retention, performance review, and professional development; is involved in the budget formulation process and quality outcomes; and helps plan for, organize, and lead the delivery of nursing care for a designated patient area (ANCC, 2014).

nurse (RN) satisfaction

Job satisfaction expressed by nurses working in hospital settings as determined by scaled responses to a uniform series of questions designed to elicit nursing staff attitudes toward specific aspects of their employment situation (ANCC, 2014).

turnover rate

Number of employees who resigned, retired, expired, or were terminated divided by the number employed during the same period (ANCC, 2014).

vacancy rate

Calculated as 1 minus full-time equivalents (FTEs)/whole-time equivalents (WTEs) employed divided by FTEs/WTEs budgeted times 100 (ANCC, 2014).

nurse-sensitive clinical indicators

“Measures and indicators that reflect the impact of nursing actions on outcomes” (ANA, 2009, p. 25)

Clinical Skills

Suggested measures may include but are not limited to:

- Clinical decision-making ability of the resident/fellow
- Clinical proficiency

Self-Reported

Suggested measures may include but are not limited to:

- CNO/Executive Leader satisfaction
- **Nurse Manager** satisfaction
- Organizational commitment
- Participant/**nurse (RN) satisfaction**
- Participant successful completion rate
- Preceptor satisfaction

Financial

Suggested measures may include but are not limited to:

- Return on investment
- **Turnover rate**
- **Vacancy rate**

Patient Outcomes

Suggested measures may include but are not limited to:

- Clinical outcomes: error rates, patient safety issues, efficiency, accuracy
- **Nurse-sensitive clinical indicators**

- PO 21.** Submit aggregated quality outcome data reflecting the measures identified in PO 20 that have been collected and evaluated over the past 18 months, or from initiation of program to present if less than 18 months.

PROGRAM CRITERIA

This section focuses on the PTAP criteria. Applicants will write a separate narrative to address each program criterion. A narrative is a description that concisely conveys how the requirements are present and operationalized within the program.

Narratives should be straightforward and should include minimal extraneous information. Descriptions of processes, programs, or policies must be accompanied by a specific example to illustrate how each is operationalized. Narratives demonstrate enculturation of the PTAP requirements within the program and are evidence that the program requirements have been met. Consider using examples from different practice settings within the program, as applicable.

Program Leadership (PL)

Program leadership refers to the provision of direction and guidance to the individuals involved in the process of assessing, planning, implementing, and evaluating activities in adherence to the ANCC PTAP criteria.

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

- PL 1.** The Program Director ensures that residents’/fellows’ learning needs are met through actions such as evaluating aggregate residents’/fellows’ evaluation results, **stakeholder** feedback, and quality outcomes.
- PL 2.** The Program Director is accountable for ensuring that all individuals supporting the program are appropriately oriented and trained to operationalize each component of the program as required for adherence to the ANCC criteria.
- PL 3.** The Program Director demonstrates leadership through direction and guidance given to all stakeholders involved in the program.
- PL 4.** The Program Director demonstrates continual engagement in improving quality outcomes for the program (refer to outcomes stated in PO 20).
- PL 5.** The Program Director advocates for human, material, and financial **resources** to ensure that the program achieves its goals related to quality outcome measures (refer to goals stated in PO 4).
- PL 6.** Executive leaders of the organization or practice setting(s) where the program is provided are committed to the goals of the program.

stakeholder

“An individual or group who has a vested interest in the outcome of a program” (ANA & NNSDO, 2000).

resources

Available human, material, and financial assets used to support and promote an environment focused on quality and outcome measures.

Organizational Enculturation (OE)

Organizational enculturation is the process by which participants are assimilated into the culture, practices, and values of an organization or practice setting(s).

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

- OE 1.** The goals of the program are aligned with the mission, vision, and/or values of the organization or practice setting(s).
- OE 2.** Residents/fellows are appropriately oriented to the program, including the applicable professional and clinical **scope and standards of practice** within the organization or practice setting(s), e.g., ANA Nursing Scope and Standards of Practice, **specialty** standards of practice, or **consensus-based competencies**.
- OE 3.** Residents/fellows are appropriately assimilated into the culture, practices, and values of the organization or practice setting(s).

Development and Design (DD)

Development and design is the process of determining infrastructure, process, and competency requirements to meet a program's defined objectives, requirements, and goals.

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

PROGRAM FACULTY

- DD 1.** Individuals who are selected to develop, implement, and maintain the program have documented expertise in adult education, program development, or content expertise in subject matter, or a combination thereof.
- DD 2.** Individuals delivering course content in the program have documented content expertise and the ability to present content effectively.
- DD 3.** Individuals validating competencies of residents/fellows have been appropriately trained and evaluated.

scope of practice

"The who, what, where, when, why, and how of nursing practice that addresses the range of practice activities common to all registered nurses" (ANA, 2010b).

standards of practice

Standards that describe a competent level of nursing care as demonstrated by the nursing process (ANA, 2010b).

specialty

A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

consensus-based competencies

The set of competencies determined by experts from organization(s) representing the role or specialty. Validation is sought by a larger group of stakeholders. Feedback from stakeholders is returned to the panel of experts to prepare final document, and be endorsed (APRN Consensus Work Group, 2008).

PROGRAM CONTENT

- DD 4.** The program incorporates a process to develop or revise the program content based on data gathered through needs assessments.
- DD 5.** Curriculum chosen for the program is evidence-based, current, and appropriate for the scope and standards of practice in the clinical/specialty area.
- DD 6.** The curriculum includes content that supports the ability of a resident/fellow to
- Provide patient-centered care,
 - Apply quality improvement principles,
 - Function effectively within nursing and interprofessional teams (teamwork and collaboration),
 - Incorporate evidence-based practice,
 - Use informatics in practice, and
 - Apply basic safety design principles.
- DD 7.** Competencies developed for and evaluated in the program are appropriate for the scope and standards of practice or consensus-based competencies in the applicable clinical/specialty area(s). Scope and standards of practice or consensus-based competencies must be referenced.
- DD 8.** Standard processes are used to evaluate whether residents/fellows can demonstrate required competencies.

Practice-Based Learning (PBL)

Practice-based learning is learning that takes place in the practice setting under the guidance of preceptors, mentors, or other experienced healthcare professionals, or a combination thereof, and promotes the process of investigating and evaluating healthcare practices in the context of best-available evidence to continuously improve patient care delivery and patient health outcomes.

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

mentorship

A confidential relationship between an experienced professional and a novice where there is an exchange of organizational values, culture, and professional knowledge that supports personal and career development (ANA, 2010; Campbell, 2007).

critical thinking

The process of gathering and seeking information, questioning and investigating, analyzing, evaluating, inferring, problem-solving, and applying theory (Chan, 2013).

clinical reasoning

“Process by which nurses and other clinicians make their judgments, and includes both the deliberate process of generating alternatives, weighing them against the evidence, and choosing the most appropriate, and those patterns that might be characterized as engaged, practical reasoning” (Tanner, 2006).

- PBL 1.** Individual incremental goals reflect the psychosocial and developmental needs of the resident or fellow.
- PBL 2.** Individual incremental goals are appropriate for the clinical practice setting(s) and scope and standards of practice or consensus-based competencies within the organization or practice setting(s).
- PBL 3.** The program incorporates methods to support residents/ fellows in identifying and addressing a learning need when a gap in knowledge, skill, or attitude is identified at the point of care.
- PBL 4.** The program includes a remediation process for residents/ fellows who are not successful in meeting incremental goals.
- PBL 5.** The program incorporates a process, and provides adequate time, for residents/ fellows to reflect on and incorporate feedback.
- PBL 6.** **Mentorship** outside of clinical practice is integrated into the program to facilitate lifelong learning.
- PBL 7.** Peer support is integrated into the program.
- PBL 8.** The program incorporates multimodal teaching-learning strategies that are appropriate for individual learners or specific content, or both.
- PBL 9.** The program teaches residents/fellows how to manage stress.
- PBL 10.** The program teaches residents/fellows how to manage role transition.
- PBL 11.** The program teaches residents/fellows time management.
- PBL 12.** The program teaches residents/fellows how to improve communication skills.
- PBL 13.** The program teaches residents/fellows **critical thinking** and **clinical reasoning** skills.
- PBL 14.** The program teaches residents/fellows how to apply ethical decision-making in the practice setting.
- PBL 15.** The program teaches residents/fellows how to work as members of an interprofessional team.

Nursing Professional Development (NPD)

Nursing professional development is “the lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of their career goals” (ANA & NNSDO, 2000).

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

NPD 1. The program supports nursing professional development (refer to opportunities stated in PO 19).

Quality Outcomes (QO)

Quality outcomes are measures of the overall impact of the RN Residency/RN or APRN Fellowship Program on the value/benefit to patients/clients, residents/fellows, and the organization or practice setting(s).

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

- QO 1.** The program incorporates a process for identifying quality outcome measures that are appropriate for the program (e.g., as noted in PO 20).
- QO 2.** The program uses a variety of stakeholders in the evaluation process as identified by the Program Director (refer to stakeholders identified in PO 5).
- QO 3.** The program is revised as needed to ensure quality outcome measures are achieved.
- QO 4.** Quality outcome data are shared with stakeholders, as appropriate.

4

SYSTEM-WIDE PROGRAM SELF-STUDY

program director

A registered nurse with a current, unencumbered license as an RN, a graduate degree or higher with either the baccalaureate or graduate degree in nursing, and education or experience in adult learning who is responsible for overall planning, implementation, and evaluation of the residency/fellowship program.

site clinical coordinator

A registered nurse with a current, valid license as an RN, a baccalaureate degree or higher in nursing, and education or experience in adult learning who acts as the organization representative for a system-wide program, and who has responsibility for ensuring that all components of the program are consistently operationalized within his or her assigned organization.

organization or practice setting(s)

The institution or facility where the RN Residency/ RN or APRN Fellowship is operationalized.

DEFINITION OF A SYSTEM-WIDE PROGRAM

System-Wide Program: A program that is managed through a central office for all organizations or practice settings involved in the program. The **Program Director** must be in charge of the residency/fellowship throughout the system. **Site Clinical Coordinators** can be utilized in organizations within the system to ensure program consistency. The program must be operationalized uniformly without deviation in each participating **organization or practice setting(s)**.

APPLICATION AS A SYSTEM-WIDE PROGRAM

Each organization or practice setting(s) included in the program application must demonstrate consistent development, implementation, and evaluation of the program included in the accreditation application. Applicants must write one response for each criterion item that demonstrates system-wide integration. Separate responses are not required from each organization or practice setting(s) participating in the system-wide program.

PROGRAM OVERVIEW (PO) AND REQUIRED PROGRAM DOCUMENTS

The program overview is an essential component of the application process that provides a context for understanding the RN Residency/ RN or APRN Fellowship Program (“the program”) and the organization or practice setting(s) where the program is provided.

The applicant must submit the following documents and/or narratives, for which templates can be downloaded at www.nursecredentialing.org/accreditation/practicetransition.

PO: Contextual Information

- PO 1.** An executive summary of the program, including description of the system, organizations or practice setting(s), program length, scope of the program, and number of residents/fellows accepted annually.
- PO 2.** An executive summary describing how the program is consistently operationalized throughout the system, e.g., policies, procedures, or other documents demonstrating evidence of consistency.

- PO 3.** The system **organizational chart** for nursing and/or medical services, including the program and other areas as applicable to reflect lines of authority.
- PO 4.** Provide system organizational chart including the Program Director’s lines of authority in each organization or practice setting, and depicting Site Clinical Coordinator’s lines to the Program Director.
- PO 5.** Eligibility criteria for program applicants, which must include graduation from an accredited nursing program, current unencumbered licensure (or international equivalent) as an RN/APRN, and certification as applicable to the program.
- PO 6.** A list of program goals.
- PO 7.** A list of program stakeholders, including roles in the organization. (Representation for all organizations or practice settings must be included.)

PO: Program Leadership

- PO 8.** A list of organization leaders (examples Program Director, CNO/ Executive Leader, Chief Medical Director, site clinical coordinators, and other stakeholders) involved in the program planning, evaluation, or both as applicable.
- PO 9.** **Position description(s)** for the Program Director, individuals who develop or deliver program content, site clinical coordinators, and individuals who validate **competencies**.
- PO 10.** A list of system and organization or practice setting(s) committees on which the Program Director or a designee representing the program participates. (The program must have representation on committees at the system level and within each organization.)

vision

“An expansion of the mission that expresses intentions, philosophy, and organizational self-image” (Griffith & White, 2002, p. 684).

values

“An expansion of the mission that expresses basic rules of acceptable conduct, such as respect for human dignity or acceptance of equality” (Griffith & White, 2002, p. 684).

PO: Organizational Enculturation

- PO 11.** **Mission, vision,** and/or **values** of the system and of each organization or practice setting in which the program is provided.
- PO 12.** Outline of organization or practice setting(s) orientation curriculum for new residents/fellows.
- PO 13.** Outline of program orientation for new residents/fellows.

organizational chart

A diagram or other schematic used to depict informal and formal lines of communication and reporting relationships within the overall organization as well as for those involved in the RN Residency/ RN or APRN Fellowship Program.

position description

Description that clearly and concisely documents the duties and responsibilities specific to a role within an organization or practice setting, and its qualifications.

competency(ies)

“An expected level of performance that integrates knowledge, skills, abilities, and judgment” (ANA, 2010b).

mission

“A statement of the good or benefit the healthcare organization intends to contribute, couched in the terms of an identified community, a set of services, and a specific level of cost or finance” (Griffith & White, 2002, p. 679).

needs assessment

The process by which a discrepancy between what is desired and what exists is identified (ANCC, 2012).

interprofessional

Multiple health workers from different professional backgrounds collaborating to deliver the highest quality of care (Interprofessional Collaborative Expert Panel, 2011).

competency assessment tool

A method that captures objective and subjective data about the individual's knowledge base and actual performance and that is appropriate for the specific situation and the desired outcome of the competence evaluation (ANA, 2010b).

PO: Development and Design

PROGRAM FACULTY

PO 14. List all individuals involved in developing and delivering content for the program, its competencies, and its curriculum.

PO 14a. Tools used to evaluate the performance of individuals developing and delivering content.

PO 15. List all individuals involved in evaluating resident/fellow performance in the practice-based learning environment (e.g., preceptors) in the 12 months immediately preceding the application date.

PO 15a. Tools used to evaluate the performance of individuals evaluating resident/ fellow performance in the practice-based learning environment.

PO 16. Program materials used to prepare individuals evaluating resident/fellow performance in the practice-based learning environment. (Submit curriculum if available.)

PROGRAM CONTENT

PO 17. Tool(s) used to develop and evaluate program content (e.g., **needs assessment**).

PO 18. Crosswalk of program competencies against nationally recognized competencies, which must reflect

- Quality and Safety Education for Nurses (QSEN),
- Institute of Medicine (IOM) **interprofessional** competencies,
- The National Organization of Nurse Practitioner Faculties (NONPF) or other organizations' competencies for the APRN, or
- A combination thereof, as applicable to the program.

PO 19. Program curriculum outline.

PO: Practice-Based Learning

PO 20. Evaluation tool(s) used to evaluate residents'/fellows' competency (**competency assessment tool**).

PO 20a. Representative example of a resident's or fellow's evaluation demonstrating the use of incremental goals.

PO: Nursing Professional Development

- PO 21.** A list of the nursing professional development opportunities that the program supports, including but not limited to any combination of the following opportunities:
- Academic progression of new residents/fellows (e.g., AD to BSN; BSN to MSN; BSN to DNP; MSN to DNP)
 - Career development (i.e., charge nurse role, preceptor role, mentor role, clinical ladder, etc.)
 - Certification
 - Committee participation in the unit, department, organization, or system
 - Lifelong learning
 - Annual continuing education (e.g., conference support, paid education days)
 - Evidence-based practice
 - Quality improvement
 - Research
 - Participation in professional organizations

PO: Quality Outcomes

- PO 22.** A list and brief description of quality outcome measures used to evaluate the program, including target benchmarks. Submit one or more quality outcome measures from at least two of the following categories:

Nursing Professional Development

Suggested measures may include but are not limited to the following measures:

- Academic progression of new residents/fellows (e.g., AD to BSN; BSN to MSN; BSN to DNP; MSN to DNP)
- Academic progression of preceptors or other key program stakeholders
- Leadership ability (resident/fellow)
- Organizational advancements in areas such as presentations, publications, evidence-based projects implemented, and research studies
- Residents/fellows in leadership roles after completion of program

nurse manager

Registered nurse with 24-hour/7-day accountability for the supervision of all registered nurses and other healthcare providers who deliver nursing care in an inpatient or outpatient area. The nurse manager is typically responsible for recruitment and retention, performance review, and professional development; is involved in the budget formulation process and quality outcomes; and helps plan for, organize, and lead the delivery of nursing care for a designated patient area (ANCC, 2014).

nurse (RN) satisfaction

Job satisfaction expressed by nurses working in hospital settings as determined by scaled responses to a uniform series of questions designed to elicit nursing staff attitudes toward specific aspects of their employment situation (ANCC, 2014).

turnover rate

Number of employees who resigned, retired, expired, or were terminated divided by the number employed during the same period (ANCC, 2014).

vacancy rate

Calculated as 1 minus full-time equivalents (FTEs)/whole-time equivalents (WTEs) employed divided by FTEs/WTEs budgeted times 100 (ANCC, 2014).

nurse-sensitive clinical indicators

“Measures and indicators that reflect the impact of nursing actions on outcomes” (ANA, 2009, p. 25).

Clinical Skills

Suggested measures may include but are not limited to:

- Clinical decision-making ability of the resident/fellow
- Clinical proficiency

Self-Reported

Suggested measures may include but are not limited to:

- CNO/Executive Leader satisfaction
- **Nurse Manager** satisfaction
- Organizational commitment
- Participant/**nurse (RN) satisfaction**
- Participant successful completion
- Preceptor satisfaction

Financial

Suggested measures may include but are not limited to:

- Return on investment
- **Turnover rate**
- **Vacancy rate**

Patient Outcomes

Suggested measures may include but are not limited to:

- Clinical outcomes: error rates, patient safety issues, efficiency, accuracy
- **Nurse-sensitive clinical indicators**

- PO 23.** Submit aggregated quality outcome data reflecting the measures identified in PO 22 that have been collected and evaluated over the past 18 months, or from initiation of program to present if less than 18 months.

PROGRAM CRITERIA

This section focuses on the PTAP criteria. Applicants will write a separate narrative to address each program criterion. A narrative is a description that concisely conveys how the requirements are present and operationalized within the program.

Narratives should be straightforward and should include minimal extraneous information. Descriptions of processes, programs, or policies must be accompanied by a specific example to illustrate how each is operationalized. Narratives demonstrate enculturation of the PTAP requirements within the program and are evidence that the program requirements have been met. Use examples from different practice settings within the program, as applicable.

Program Leadership (PL)

Program leadership refers to the provision of direction and guidance to the individuals involved in the process of assessing, planning, implementing, and evaluating activities in adherence to the ANCC PTAP criteria.

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

- PL 1.** The Program Director ensures that residents’/fellows’ learning needs are met through actions such as evaluating aggregate residents’/fellows’ evaluation results, **stakeholder** feedback, and quality outcomes.
- PL 2.** The Program Director is accountable for ensuring that all individuals supporting the program are appropriately oriented and trained to operationalize each component of the program as required for adherence to the ANCC criteria.
- PL 3.** The Program Director demonstrates leadership through direction and guidance given to all stakeholders involved in the program.
- PL 4.** The Program Director is accountable for Site Clinical Coordinators in operationalizing of the program.
- PL 5.** The Program Director demonstrates continual engagement in improving quality outcomes for the program (refer to outcomes stated in PO 22).
- PL 6.** The Program Director advocates for human, material, and financial **resources** to ensure that the program achieves its goals related to quality outcome measures (refer to goals stated in PO 6).
- PL 7.** Executive leaders of the system and of each organization or practice setting where the program is provided are committed to the goals of the program.

stakeholder

“An individual or group who has a vested interest in the outcome of a program” (ANA & NNSDO, 2000).

resources

Available human, material, and financial assets used to support and promote an environment focused on quality and outcome measures.

Organizational Enculturation (OE)

Organizational enculturation is the process by which participants are assimilated into the culture, practices, and values of an organization or practice setting(s).

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

scope of practice

“The who, what, where, when, why, and how of nursing practice that addresses the range of practice activities common to all registered nurses” (ANA, Nursing: Scope and Standards of Practice, 2010b).

standards of practice

Standards that describe a competent level of nursing care as demonstrated by the nursing process (ANA, 2010b).

consensus-based competencies

The set of competencies determined through experts from organization(s) representing the role or specialty. Validation is sought by a larger group of stakeholders. Feedback from stakeholders is returned to the panel of experts to prepare a final document, and endorsed (APRN Consensus Work Group, 2008).

content expert

An individual with documented qualifications demonstrating education and/or experience in a particular subject matter (ANCC, 2012).

- OE 1.** The goals of the program are aligned with the mission, vision, and/or values of the system and of the organization or practice setting(s).
- OE 2.** Residents/fellows are appropriately oriented to the program, including the applicable professional and clinical **scope and standards of practice** within the system and organization or practice setting(s), e.g., ANA Nursing Scope and Standards of Practice, specialty standards of practice, or **consensus-based competencies**.
- OE 3.** Residents/fellows are appropriately assimilated into the culture, practices, and values of the system and organization or practice setting(s).

Development and Design (DD)

Development and design is the process of determining infrastructure, process, and competency requirements to meet a program's defined objectives, requirements, and goals.

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

PROGRAM FACULTY

- DD 1.** Individuals who are selected to develop, implement, and maintain the program have documented expertise in adult education, program development, or **content expertise** in subject matter, or a combination thereof. (Representation from each organization must be included in those selected to develop, implement, and maintain the program.)
- DD 2.** Individuals delivering course content in the program have documented content expertise and the ability to present content effectively.
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PROGRAM CONTENT

- DD 4.** The program incorporates a process to develop or revise the program content based on data gathered through needs assessments.
- DD 5.** Curriculum chosen for the program is evidence-based, current, and appropriate for the scope and standards of practice in the clinical/**specialty** area.
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- Provide patient-centered care,
 - Apply quality improvement principles,
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- DD 7.** Competencies developed for and evaluated in the program are appropriate for the scope and standards of practice or consensus-based competencies in the applicable clinical/specialty area(s). Scope and standards of practice or consensus-based competencies must be referenced.
- DD 8.** Standard processes are used to evaluate whether residents/fellows can demonstrate required competencies.

specialty

A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

Practice-Based Learning (PBL)

Practice-based learning is learning that takes place in the practice setting under the guidance of preceptors, mentors, or other experienced healthcare professionals, or a combination thereof, and promotes the process of investigating and evaluating healthcare practices in the context of best-available evidence to continuously improve patient care delivery and patient health outcomes.

Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

mentorship

A confidential relationship between an experienced professional and a novice where there is an exchange of organizational values, culture, and professional knowledge that supports personal and career development (ANA, 2010; Campbell, 2007).

critical thinking

The process of gathering and seeking information, questioning and investigating, analyzing, evaluating, inferring, problem-solving, and applying theory (Chan, 2013).

clinical reasoning

“Process by which nurses and other clinicians make their judgments, and includes both the deliberate process of generating alternatives, weighing them against the evidence, and choosing the most appropriate, and those patterns that might be characterized as engaged, practical reasoning” (Tanner, 2006).

- PBL 1.** Individual incremental goals reflect the psychosocial and developmental needs of the resident or fellow.
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Describe and, using an example, demonstrate how each of the following criteria is met. Each response must include a succinct narrative description of the process used AND an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.

- QO 1.** The program incorporates a process for identifying quality outcome measures that are appropriate for the program (e.g., as noted in PO 22).
- QO 2.** The program uses a variety of stakeholders in the evaluation process, as identified by the Program Director (refer to stakeholders identified in PO 7).
- QO 3.** The program is revised as needed to ensure quality outcome measures are achieved.
- QO 4.** Quality outcome data are shared with stakeholders, as appropriate

5

THE RN/APRN RESIDENT/FELLOW SURVEY

The RN/APRN resident/fellow survey is an integral part of the assessment process for practice transition programs that apply for accreditation. The survey invites residents/fellows who have participated in the program within the past 12 months, or who are currently in the program, to share their perceptions of the RN Residency/RN or APRN Fellowship. Responses from the survey provide additional evidence to inform the Commission on Accreditation's decision.

PLANNING THE SURVEY

On the application form, applicant programs will indicate the number of residents/fellows who have participated in the program in the 12 months immediately preceding submission of the application. Residents/fellows who have completed the program, are currently in the program, or have left without completing the program within that time frame are to be included in this number. At least 51% of this number must respond to the survey in order for the program to move forward in the accreditation process.

It is important to prepare residents/fellows because their input is instrumental to achieving program accreditation. The following are some suggested ways to achieve this:

- Introduce the fact that a survey will be conducted as part of the Practice Transition Accreditation Program (PTAP) application process.
- Share with the residents/fellows their role in achieving program accreditation.
- Educate residents/fellows about the PTAP criteria.
- Assure residents/fellows that the survey is confidential.
- Provide residents/fellows with the PTAP survey FAQs.
- Ensure that the computers used to administer the survey have Internet access.
- Use creative strategies to encourage participation.
- Do not use coercion in administration of the survey.

ADMINISTERING THE SURVEY

The Accreditation Program Office will provide the applicant Program Director with survey instructions once the completed self-study package has been received. These instructions will include a unique link through which residents/fellows will access the survey for that program. The survey link will be closed after 30 calendar days.

Programs should provide each resident/fellow with the following resources:

- Use of the organization's computers
- Instructions from the Accreditation Program Office on how to access and complete the survey

Throughout the survey period, the Accreditation Program Office will send weekly response rates to inform the Program Director of progress toward the total. Final survey results are not shared with the applicant until notification of the final accreditation decision. All individual responses will remain confidential.

6

RESPONSIBILITIES OF ACCREDITED PROGRAMS

ACCREDITATION STATEMENT

All communications, marketing materials, certificates, and other documents that refer to the RN Residency/RN or APRN Fellowship Program's ANCC-accredited status must contain the official accreditation statement, beginning and ending on a line separate from other text and written as follows:

[Name of RN Residency/RN or APRN Fellowship Program] is accredited as a Practice Transition Program by the American Nurses Credentialing Center's Commission on Accreditation.

ANNUAL REPORTING

For the program to maintain accredited status, the RN Residency/RN or APRN Fellowship Program Director or designee must submit an annual report, along with any additional documents requested by the Accreditation Program Office, and comply with all PTAP policies and procedures.

If for any reason a Program Director is unable to submit the required annual reporting documentation within the required time frame, the Program Director must contact the Accreditation Program Office as soon as possible. If the Accreditation Program Office does not receive the required documents by the due date and the Program Director fails to notify the Accreditation Program Office regarding the delay, accreditation status may be suspended or revoked. The Program Director will receive written notification of the suspension or revocation decision from the Commission on Accreditation (COA).

VOLUNTARY TERMINATION

The Program Director may voluntarily terminate the program's accreditation at any time. To electively terminate accreditation, the Program Director must notify the ANCC Accreditation Program Office in writing.

The written notice of voluntary termination must contain

- Effective date of voluntary termination, which must be at least 30 days after the date that appears on the written notice;
- Reason for voluntary termination; and
- Copy of notification provided to residents/fellows currently participating or accepted in the program.

This notice may be sent by email with confirmation of receipt to practicetransition@ana.org. It may also be sent by certified mail or common carrier with signature confirmation, addressed to:

American Nurses Credentialing Center
Attn: Accreditation Program Office – PTAP
8515 Georgia Ave., Suite 400
Silver Spring, MD 20910

On or before the date on which voluntary termination is effective, the RN Residency/ RN or APRN Fellowship Program and Program Director must cease

- Referring to the program in any way as ANCC-accredited;
- Using the ANCC accreditation statement; and
- Using ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

Programs that voluntarily terminate accreditation in good standing with ANCC may reapply at any time.

PROBATION, SUSPENSION, AND REVOCATION

An accredited program may be placed on probation or its accreditation may be suspended and/or revoked as a result of **ANY** of these actions:

- Violation of any federal, state, or local laws or regulations that affect the organization's ability to adhere to ANCC accreditation criteria;
- Failure to maintain compliance with accreditation criteria;
- COA investigation and verification of written complaints or charges by consumers or others;
- Refusal to comply with a COA investigation;
- Misrepresentation;

- Misuse of the ANCC accreditation statement; and
- Misuse of ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

Suspended or revoked organizations **must immediately cease**

- Referring to themselves in any way as ANCC-accredited;
- Using the ANCC accreditation statement; and
- Using ANCC intellectual property, including but not limited to trademarks, trade names, and logos.

The Director of Accreditation will notify the accredited program in writing of probation, suspension, or revocation of accreditation. Neither probation nor suspension is a prerequisite to revocation. At its sole discretion, the COA may revoke accreditation without first suspending accreditation.

Suspended programs may apply for reinstatement within 120 days of the suspension date. To apply for reinstatement of accreditation, the accredited program must submit documentation demonstrating violation correction and the applicable reinstatement fee. Reinstatement may be granted if the suspended program adequately demonstrates that it will fully adhere to the ANCC PTAP criteria and requisites upon reinstatement. Accredited programs that have been reinstated may be required to submit progress reports to the COA. Suspended programs that fail to apply for reinstatement within 120 days shall have their accreditation revoked.

Accredited programs that have had their accreditation status revoked may not apply for ANCC accreditation for 2 years from the date of revocation. Programs seeking accreditation after revocation are considered new applicants.

Programs that have had their accreditation status suspended or revoked will be removed from the ANCC Directory of Accredited Practice Transition Programs. If an accredited program believes that its suspension or revocation is improper, the program (Appellant) may submit an appeal in writing. Please contact the Accreditation Program Office for further information regarding the appeal process. The Appellant will retain the accreditation status held prior to the COA decision from which it appeals.

PROBATION

The COA at its discretion may decide to place an accredited program on probation for a defined period of time when it deems a violation or misconduct to be curable. An accredited program that is placed on probation will still be able to state it is accredited during the probationary period; however, during the probationary period the accredited program is expected to take steps to correct the issues giving rise to the decision to place the accredited program on probation. A program placed on probation will be notified in writing by the Director of the accreditation program of the cause for probation, the duration of the probation, and the required corrective action. If, at the conclusion of the probationary period, the accredited program cannot demonstrate that sufficient corrective action has taken place, the COA reserves the right to suspend or revoke accreditation.

MONITORING COMPLIANCE WITH PROGRAM REQUIREMENTS

PTAP applicants and Program Directors are expected to notify the Accreditation Program Office by email or letter of changes or events that might affect their ability to meet or continue to meet PTAP requirements. Changes must be reported

- At the time of application submission;
- During the phase between application acceptance and written documentation; and
- Throughout all phases of the appraisal process or the 3-year monitoring period after receipt of program accreditation.

Notification of Changes. Applicants and current Program Directors must notify ANCC within 7 business days of the occurrence or discovery of

- Changes that alter the information provided in the current application, including change of address or name;
- A decision to not submit written documentation after application;
- Change in Chief Nursing Officer (CNO), Program Director, or Site Clinical Coordinators (as applicable to practice setting);
- Loss of nursing license or other disciplinary action for the CNO, Program Director, or Site Clinical Coordinators (as applicable to practice setting);
- Change in ownership;
- Changes or events that impair the ability to meet or continue to meet PTAP requirements or make the program ineligible for accreditation or reaccreditation;
- Indication of potential instability (e.g., labor strike, reduction in force, bankruptcy); and
- Change in an organization's status within a system.

Notification of Events. Applicants and current Program Directors must notify the Accreditation Program Office of events involving

- Adverse media coverage related to the RN Residency/RN or APRN Fellowship;
- Any finally and fully adjudicated unfair labor practice charges or adverse decisions related to discrimination or other legal violations involving registered nurses, practitioners, or physicians in the workplace; and
- Suspension or exclusion from federal or state healthcare programs.

Written notification of such changes and events should be sent by email with confirmation of receipt to practicetransition@ana.org within 10 business days of their discovery. It may also be sent by certified mail or common carrier with signature confirmation, addressed to:

American Nurses Credentialing Center
Attn: Accreditation Program Office — PTAP
8515 Georgia Ave., Suite 400
Silver Spring, MD 20910

GLOSSARY

accreditation

The voluntary process by which a nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (time-limited) (ANCC, 2012).

advanced practice registered nurse (APRN)

A registered nurse who has met advanced educational and clinical practice requirements beyond the 2 to 4 years of basic nursing education required of all RNs. Under this umbrella are four principal types of APRNs: nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified registered nurse anesthetists (ANCC, 2014).

APRN fellowship

Planned, comprehensive program through which currently licensed advanced practice registered nurses (APRNs) can acquire the knowledge, skills, and professional behaviors necessary to deliver safe, quality care that meets defined (organizational or professional society) standards of practice; may include organizational orientation; must include practice-based experience and supplemental activities to promote nursing professional development.

certification

A process by which a nongovernmental agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice. Its purpose is to assure various publics that an individual has mastered a body of knowledge and acquired skills in a particular specialty (ANA, 1979).

clinical reasoning

“Process by which nurses and other clinicians make their judgments, and includes both the deliberate process of generating alternatives, weighing them against the evidence, and choosing the most appropriate, and those patterns that might be characterized as engaged, practical reasoning” (Tanner, 2006).

cohort

A person or persons who share common characteristics or experience within a defined period.

commission on accreditation (COA)

Appointed by and accountable to the ANCC Board of Directors, this body is responsible for development and implementation of the ANCC program for accreditation of continuing nursing education. The COA is composed of at least nine members selected from CNE stakeholder communities such as accredited organizations, consumers, nursing evaluation, and adult education (ANCC Primary Accreditation Application Manual, 2012).

competence

Performance at an expected level (ANA, 2010b).

competency(ies)

“An expected level of performance that integrates knowledge, skills, abilities, and judgment” (ANA, 2010b).

competency assessment tool

A method that captures objective and subjective data about the individual’s knowledge base and actual performance and that is appropriate for the specific situation and the desired outcome of the competence evaluation (ANA, 2010b).

consensus-based competencies

The set of competencies determined by experts from organization(s) representing the role or specialty. Validation is sought by a larger group of stakeholders. Feedback from stakeholders is returned to the panel of experts to prepare final document and be endorsed (APRN Consensus Work Group, 2008).

content

“Subject matter of education activity that relates to the educational objectives” (ANA & NNSDO, 2000).

content expert

An individual with documented qualifications demonstrating education and/or experience in a particular subject matter (ANCC, 2012).

continuing competence

“The ongoing commitment of a registered nurse to integrate and apply the knowledge, skills, and judgment with the attitudes, values and beliefs required to practice safely, effectively and ethically in a designated role and setting” (Case di Leonardi & Biel, 2012).

critical thinking

The process of gathering and seeking information, questioning, investigating, analyzing, evaluating, inferring, problem-solving, and applying theory (Chan, 2013).

development and design

The process of determining infrastructure, process, and competency requirements to meet a program’s defined objectives, requirements, and goals.

evidence-based practice

“The integration of the best research evidence, educational and clinical expertise, and learner values to facilitate decision making” (Sackett et al., 2000).

experienced nurse

A registered nurse with more than 12 months of clinical experience.

fellow

An RN or APRN who has graduated from an accredited nursing program, is licensed, and is participating in a fellowship program.

interprofessional

Multiple health workers from different professional backgrounds collaborating to deliver the highest quality of care (Interprofessional Collaborative Expert Panel, 2011).

interprofessional collaborative practice

“When multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care” (WHO, 2010).

mentor

“An experienced nurse who has developed expertise and can be a strong force in shaping a nurse’s identity as a professional” (Anthony, 2006, p. 73). Mentoring can include providing information, advice, support, and ideas. Typically mentors and mentees have a long-lasting relationship.

mentorship

A confidential relationship between an experienced professional and a novice where there is an exchange of organizational values, culture, and professional knowledge that supports personal and career development (ANA, 2010; Campbell, 2007).

mission

“A statement of the good or benefit the healthcare organization intends to contribute, couched in the terms of an identified community, a set of services, and a specific level of cost or finance” (Griffith & White, 2002, p. 679).

needs assessment

The process by which a discrepancy between what is desired and what exists is identified (ANCC, 2012).

new graduate nurse

A nurse who has completed his or her nursing education and is in the first year of employment as a registered or licensed professional nurse. New graduates are generally novice nurses who have limited clinical experience and require orientation, guidance, mentorship, and safe learning environments to transition into beginning nursing practice (Benner, Tanner, Chesla, 2009).

nurse manager

Registered nurse with 24-hour/7-day accountability for the supervision of all registered nurses and other healthcare providers who deliver nursing care in an inpatient or outpatient area. The nurse manager is typically responsible for recruitment and retention, performance review, and professional development; is involved in the budget formulation process and quality outcomes; and helps plan for, organize, and lead the delivery of nursing care for a designated patient area (ANCC, 2014).

nurse (RN) satisfaction

Job satisfaction expressed by nurses working in hospital settings as determined by scaled responses to a uniform series of questions designed to elicit nursing staff attitudes toward specific aspects of their employment situation (ANCC, 2014).

nurse-sensitive clinical indicators

“Measures and indicators that reflect the impact of nursing actions on outcomes” (ANA, 2009, p. 25).

nursing professional development

“The lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of their career goals” (ANA & NNSDO, 2000).

organization or practice setting

The institution or facility where the RN Residency/RN or APRN Fellowship Program is operationalized.

organizational chart

A diagram or other schematic used to depict informal and formal lines of communication and reporting relationships within the overall organization as well as for those involved in the RN Residency/RN or APRN Fellowship Program.

organizational enculturation

The process by which participants are assimilated into the culture, practices, and values of an organization or practice setting(s).

orientation

“The educational process of introducing individuals who are new to the organization or department to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting” (ANA & NNSDO, 2000).

outcome measurement

“The process of observing, describing, and quantifying predefined indicators of outcomes of performance” (ANA & NNSDO, 2010).

outcomes

Quantitative and qualitative evidence related to the impact of structure and process on the patient, nursing workforce, organization, and consumer. These outcomes are dynamic and measurable and may be reported at an individual unit, department, population, or organizational level. Donabedian defined outcomes as the “changes (desirable or undesirable) in individuals and populations that can be attributed to health care” (Donabedian, 2003, p. 46) (ANCC Magnet® Application Manual, 2014).

point of care learning

“The learning which occurs at the time and place (whether virtual or actual) of a health professional/patient encounter” (AACN and AAMC, 2010).

position description

Description that clearly and concisely documents the duties and responsibilities specific to a role within an organization or practice setting(s), and its qualifications.

practice-based learning

Learning that takes place in the practice setting under the guidance of preceptors, mentors, or other experienced healthcare professionals, or a combination thereof, and promotes the process of investigating and evaluating healthcare practices in the context of best-available evidence to continuously improve patient care delivery and patient health outcomes (ACGME, 2009; Leeman & Sandelowski, 2012).

practice setting

The institution or facility where the RN Residency/RN or APRN Fellowship Program is operationalized.

practice transition

A formal program of active learning for nurses implemented across all settings and designed to support their progression from an education environment to a practice setting or between practice settings.

preceptor(s)

“An experienced individual to teach, guide, and assist another who is learning a role..The preceptor relationship often has a specific time limitation, and specific responsibilities of the preceptor and preceptee are clearly outlined” (Grossman & Valiga, 2013).

preceptorship

A defined period of time in which two people work together so that the less experienced person can learn and apply knowledge and skills in the practice setting with the help of the more experienced person (Mosby, 2009).

program director

A registered nurse with a current, unencumbered license as an RN (or international equivalent), a graduate degree or higher with either the baccalaureate or graduate degree in nursing (or international equivalent), and education or experience in adult learning who is responsible for overall planning, implementation, and evaluation of the residency/fellowship program.

program leadership

The provision of direction and guidance to the individuals involved in the process of assessing, planning, implementing, and evaluating activities in adherence to the ANCC PTAP criteria.

quality outcomes

Measures of the overall impact of the RN Residency/RN or APRN Fellowship Program on the value/benefit to patients, clients, RN residents/fellows, and the organization or practice setting(s).

registered nurse (RN)

A nurse in the United States who holds state board licensure as a registered nurse or any new graduate or foreign nurse graduate who is awaiting state board examination results and is employed by a healthcare organization with responsibilities of an RN. In other countries, this individual will have registered with the appropriate regulatory body.

resident

An individual who has graduated from an accredited nursing program, is licensed, and is participating in a residency program.

resources

Available human, material, and financial assets used to support and promote an environment focused on quality and outcome measures.

RN fellowship

Planned, comprehensive program through which currently licensed registered nurses with 12 or more months of experience can acquire the knowledge, skills, and professional behaviors necessary to deliver safe, quality care that meets defined (organizational or professional society) standards of practice; may include organizational orientation; must include practice-based experience and supplemental activities to promote nursing professional development.

RN residency

Planned, comprehensive program through which currently licensed registered nurses with less than 12 months of experience can acquire the knowledge, skills, and professional behaviors necessary to deliver safe, quality care that meets defined (organizational or professional society) standards of practice; must be at least 6 months, encompassing organizational orientation, practice-based experience, and supplemental activities to promote nursing professional development.

scope of practice

“The who, what, where, when, why, and how of nursing practice that addresses the range of practice activities common to all registered nurses” (ANA, 2010b).

setting

A stand-alone practice venue within an organization. The term can be used interchangeably with facility where appropriate or necessary (ANCC Magnet® Application Manual, 2014).

site clinical coordinator

A registered nurse with a current, valid license as an RN, a baccalaureate degree or higher in nursing, and education or experience in adult learning who acts as the organization representative for a system-wide program, and who has responsibility for ensuring that all components of the program are consistently operationalized within his or her assigned organization.

specialty

A concentration in an area of nursing that has standards and that reflects a well-defined base of knowledge within the overall discipline of nursing.

stakeholder

“An individual or group who has a vested interest in the outcome of a program” (ANA & NNSDO, 2000).

standards of practice

Standards that describe a competent level of nursing care as demonstrated by the nursing process (ANA, 2010b).

system-wide program

A program that is run through a central office for all organizations involved in the program. The Program Director must be in charge of all components of the residency/fellowship throughout the system. Site Clinical Coordinators can be utilized in organizations within the system to ensure program consistency. The program must be operationalized uniformly (without deviation) in each organization participating in the accreditation application process.

teaching strategies

Instructional methods and techniques that are in accord with principles of adult learning (ANCC, 2012).

transition

Passage from one state, stage, subject, or place to another; a movement, development, or evolution from one form, stage, or style to another (<http://www.merriam-webster.com/dictionary/transition>).

turnover rate

Number of employees who resigned, retired, expired, or were terminated divided by the number employed during the same period (ANCC, 2014).

vacancy rate

Calculated as 1 minus full-time equivalents (FTEs)/whole-time equivalents (WTEs) employed divided by FTEs/WTEs budgeted times 100 (ANCC, 2014).

values

“An expansion of the mission that expresses basic rules of acceptable conduct, such as respect for human dignity or acceptance of equality” (Griffith & White, 2002, p. 684).

virtual visit

A conference between the applicant and the appraiser team via teleconference, telephone, or other electronic means to validate application findings. The appraiser team may request additional supporting evidence to seek clarification and verify compliance with accreditation criteria (ANCC Primary Accreditation Application Manual, 2012).

vision

“An expansion of the mission that expresses intentions, philosophy, and organizational self-image” (Griffith & White, 2002, p. 684).

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APPENDIX A: ELECTRONIC DOCUMENTATION SUBMISSION REQUIREMENTS

Practice Transition Accreditation Program™ (PTAP™) applications must be submitted electronically and meet the following requirements:

- **Files must be compatible with Microsoft Office applications.**
- **Required components:**
 - Practice Transition Accreditation Program Application
 - PTAP Self-Study (including Program Overview and narrative responses to Program Criteria)
 - Describe and, using an example, demonstrate how each of the criteria is met. Each response must include a succinct narrative description of the process used **AND** an example that illustrates how the criterion is operationalized in the RN Residency/RN or APRN Fellowship Program.
 - Self-study responses should be clear, concise and complete. A minimum of one paragraph per item (description and example) is required. One to two sentences is not a sufficient amount of evidence and will constitute a missing response.
 - Examples must be in narrative format. One example per criteria is needed. Referencing attachments or items in the program overview is not an acceptable response without an accompanying explanation and/or description.
 - Personnel Form for the RN Residency/RN or APRN Fellowship Program (or similar listing)
 - Faculty Form for the RN Residency/RN or APRN Fellowship Program (or similar listing)
 - Preceptor Form for the RN Residency/RN or APRN Fellowship Program (or similar listing)
- **Font:** Use a common, easy-to-read, 12-point font such as Arial, Times New Roman, Garamond, or Courier.
- **Page size:** Format as 8.5 inches by 11 inches with 1-inch margins.
- **PDF bookmarking is required.** Self-study submissions must be one comprehensive document.
 - Include instructions on how to navigate the files located in the electronic submission.
 - Table of Contents must be organized in the same order as in the Application Manual (i.e., Program Overview by Domain, then criteria narratives: Program Leadership, Organizational Enculturation, Development and Design, Practice-Based Learning, Nursing Professional Development, and Quality Outcomes).
- Prepare three separate USB drives containing the full application. One should be mailed to:
 - American Nurses Credentialing Center**
 - Attn: Accreditation Program Office — PTAP**
 - 8515 Georgia Ave., Suite 400**
 - Silver Spring, MD 20910**
- The other two should be mailed directly to the assigned appraisers.
- Glossary terms may be either built into the narrative or linked to the glossary.
- Graphs must be loaded into the document. Copy graphs from Excel into Word or create them in Word; do **not** embed a link to an Excel graph in the electronic document.
- All graphs, tables, and diagrams must be labeled by domain and criteria.
- No videos can be submitted.
- No laptops, tablets, or notebooks can be submitted.



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