Transition to Practice

American Nurses Credentialing Center Practice Transition Accreditation Program Update

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ne recommendation stated in the Institute of Medicine's (2010) The Future of Nursing: Leading Change, Advancing Health, report highlights the need for accrediting bodies to support transition-topractice or nurse residency programs. There is a great deal of research supporting how transition-to-practice programs can positively impact nurse retention and competency, thus improving quality patient care. The Commission on Collegiate Nursing Education (2015) has provided nurse residency and transition-to-practice program accreditation standards since 2008. In 2014, the American Nurses Credentialing Center (ANCC) unveiled an accreditation for residency and fellowship programs called the Practice Transition Accreditation Program (PTAP). This article provides a summary of an interview with the ANCC PTAP senior operations manager and an ANCC PTAP update, which may benefit nursing professional development (NPD) practitioners in the planning, implementation, and evaluation of transition-topractice programs.

Sheri Cosme, DNP, RN-BC, is the Senior Operations Manager of PTAP at the ANCC. She has been involved with residency programs for the last 10 years. Dr. Cosme has a passion for ensuring all nurses have a robust transition that provides them with time and support, so they can practice to the full extent of their licensure. Before

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Dr. Sheryl Cosme works for ANCC. Dr. Maryann Windey has disclosed that she has no significant relationship with, or financial interest in, any commercial companies pertaining to this article.

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moving to the ANCC, she was responsible for a nurse residency program at a major academic teaching facility in Washington, DC.

M. W.: How many programs are currently ANCC PTAP accredited?

S. C.: Since January 2015, nine programs have attained accreditation ranging from acute care to community health centers. The demographics of our accredited programs include four advanced practice registered nurse fellowship programs, one registered nurse fellowship, and four new graduate residencies. Seventy-five percent are stand-alone programs, and 30% represent system programs. The PTAP program is expected to double its number of accredited organizations by the end of 2017.

M. W.: Why has there been a significant increase of programs seeking accreditation?

S. C.: Over the last 2 years, NPD practitioners have been able to implement the criteria into their programs and know what the expectations are for accreditation from the ANCC. Similar to the Magnet[®] and Pathway programs at the ANCC, NPD practitioners need to read, understand, and implement the criteria.

M. W.: Why is accreditation important?

S. C.: By seeking accreditation, programs gain a third-party perspective on how they are meeting a set of evidence-based standards. It is the expectation that all medical and pharmacy residency programs become accredited; don't nurses deserve that as well to ensure high-quality programming? Attaining accreditation helps nursing meet the Institute of Medicine recommendation, and accrediting bodies are meeting that call.

M. W.: Can you share a little bit about the practice-based learning environment domain?

S. C.: The practice-based learning domain is what I like to call the "boots on the ground" portion of a residency or fellowship. This domain focuses on the learning that happens

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with a preceptor within the practice setting. Individual incremental goals and feedback are also incorporated in this domain to highlight how residents or fellows attain competence within the practice setting.

M. W.: Is there a strong focus on academic partners?

S. C.: In our standards, organizations are asked to identify their stakeholders. It is the organization's responsibility to identify who should help them build and advise the program. On the basis of the organization's internal and external partners, the organization defines their sources of support. Some organizations have active academic partners; some do not. It is up to that organization to decide whom they see as stakeholders.

M. W.: How can the ANCC PTAP program help organizations benchmark outcomes?

S. C.: The first step is to ensure organizations are using the same definitions for their outcomes. The ANCC PTAP program collects a variety of program outcomes through its criteria. In the fourth quarter of 2016, the ANCC released de-identified outcomes data to our accredited organizations. The goal is to continue to collect data over time with the hopes of publishing benchmarking data for all organizations in the future.

M. W.: What are some of the main barriers organizations face when seeking accreditation?

S. C.: Accrediting nursing residency and fellowship programs is a voluntary credential. One of the major barriers organizations face in seeking accreditation is organization confidence or readiness. Organizations considering becoming accredited can complete a gap analysis to identify strengths and opportunities for their residency or fellowship program. The ANCC has many tools that help organizations determine their readiness.

M. W.: How can NPD practitioners get more in-depth information about the ANCC PTAP standards?

S. C.: In 2016, the ANCC PTAP standards were clarified and made available in the ANCC resource center. We also started to offer program guidance workshops. Our workshop allows NPD practitioners the ability to clarify questions about the criteria and network with other programs. So often, NPD practitioners work in silos; this networking helps organizations work with and learn from each other. So far, we have had great feedback from the workshops, and participants have stated that it has built up their confidence.

M. W.: What can we expect in the future?

S. C.: Over the last 12 months, the ANCC PTAP program staff has been actively involved with Accreditation Council for Graduate Medical Education and American Society of Health-System Pharmacists in looking for common themes within our standards. One of the major similarities we all share is the clinical learning environment. The ANCC is an active participant on the National Collaborative for Interprofessional Clinical Learning Environment. Through the National Collaborative for Interprofessional Clinical Learning Environment, recommendations for healthcare organizations will be published on how to enhance the clinical learning environment for all learners.

CONCLUSION

There are many benefits to voluntary nurse residency or transition-to-practice accreditation. Regardless of the accrediting body, operational definitions can help us benchmark our programs. They set standards that will ensure our programs meet the needs of our key stakeholders and improve the quality of patient care. Even if organizations have not made the decision to seek accreditation for their residencies, it would behoove NPD practitioners to become familiar with transition-to-practice accreditations. Effective transition programs can improve retention, enhance competency, improve satisfaction, and provide a robust return on investment (ANCC, 2016).

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