

Agenda Item 12:

RN Transition-to-Practice Programs

Presenter: Garrett Chan, PhD, APRN, RN, FAAN,
President & CEO, HealthImpact



RN Transition-To-Practice Programs

Spotlight on a transition-to-practice program and how such programs mitigate moral injury and burnout

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President & CEO

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HCAI HWET Council Meeting
May 29, 2025

HealthImpact California's Nursing Workforce and Policy Center

VISION - A highly skilled healthcare workforce to optimize health through innovation, interprofessional leadership, and nursing excellence.

MISSION - To shape health care through workforce strategy, convening stakeholders, and policy advocacy.

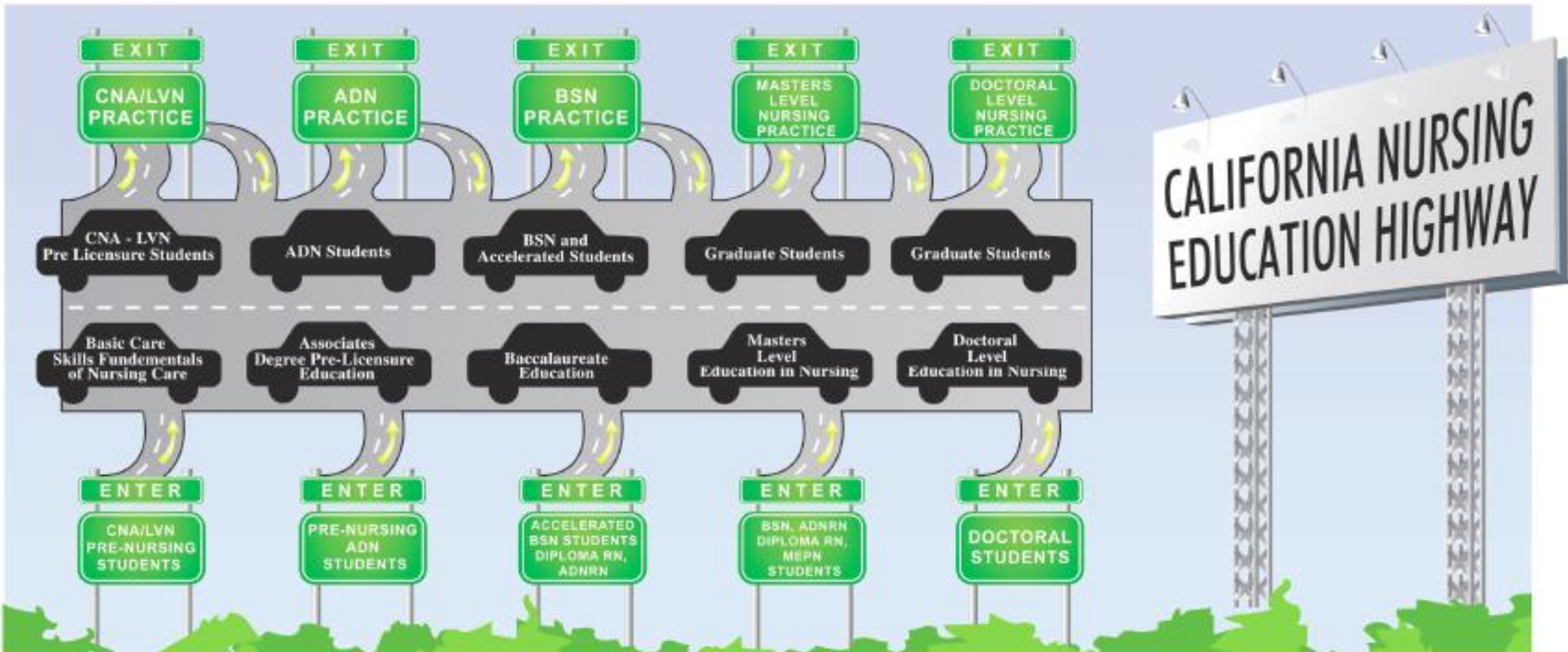
STRATEGISTS
CONVENORS
POLICY MAKERS
FUTURISTS



HealthImpact Workforce Strategy

- K-12 pipeline
- Pre-requisite education & Pre-nursing pathways
- Pre-licensure education
- Upskilling the workforce
- Innovative models of care
- Retention & Well-being
- Migration





RNs are educated as generalists yet need to specialize when they enter their first job

Background and Rationale

Current State for New Graduate Nurses

“The Future of Nursing 2020-2030 Report,” recommends an established standard of transition to practice programs, as a critical priority for new graduate nurses entering the emerging workforce.

How do we bridge this GAP?

2021

2020–2030

Trending to <75% Retention

“NSI National Health Care Retention & RN Staffing Report,” uncovered that 1 of every 4 New Grads is leaving within the 1st year! (NJSNA, 2020)

Background and Rationale

Why do New Nurses Leave?

Top Reasons

1. Stressful Work Environment
2. Feel unprepared/practice readiness
3. Lack of Good Management / Leadership
4. Burnout
5. Cognitive/affective response to work
6. Inadequate Staffing
7. Better Pay / Benefits

Between 18% - 33% of new graduate nurses leave the profession or their jobs

The recent “2020 California Newly Licensed RN Employment Survey Report,” with HealthImpact and the CA BRN.

HealthImpact, 2021

Kovner, Brewer, Fatehi, Jun, 2014

Lyu et al. 2024

Tate, 2022

Consideration of a Job Change in 1-2 Years	2019 N=2,242	2020 N=2,087
No	36.0%	32.1%
Yes, with same employer	22.8%	23.8%
Yes, with different employer	38.1%	41.1%
Yes, outside of nursing	1.3%	3.0%

Academic-Practice Gap (Practice Readiness)

- For recent nursing graduates, a practice readiness gap is simply defined as
 - The difference between what is happening in practice and what should be happening.
 - Suggesting that the graduate nurse
 - Does not know (a knowledge gap)
 - Does not know how (a skills gap)
 - Does not do /perform (a practice gap)
- What's the evidence?



**Table I. Performance Management Services, Inc. (PMSI) Assessments:
New Registered Nurse Hires Meeting Expectations (percent)**

	EXPERIENCED	INEXPERIENCED	
1995 through 2000			
22 hospitals	6,884 (62 percent)	3,536 (33 percent) ←	
1 ambulatory	Range 48 to 80 percent	Range 12 to 61 percent	
			2003
2001			24 freestanding hospitals
11 freestanding hospitals	2,298 (63 percent)	1,100 (26 percent) ←	4,254 (68 percent) → 1,766 (35 percent)
7 systems	Range 46 to 83 percent	Range 12 to 55 percent	Range 31 to 92 percent
1 ambulatory			Range 6 to 64 percent
			2004
2002			78 hospitals
9 freestanding hospitals	3,200 (72 percent)	1,376 (35 percent) ←	3,777 (66 percent) → 2,210 (30 percent)
14 systems	Range 42 to 90 percent	Range 13 to 67 percent	Range 38 to 84 percent
1 ambulatory			Range 3 to 56 percent
			TOTALS
			20,413
			10,988

Table 5.

Initial Clinical Judgment Assessment Results vs Reassessment Results

Traditional Internships	Initial Assessment (percent acceptable)	Reassessment (percent acceptable)
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Group 1 (n = 35)	23%	43%
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Group 2 (n = 45)	31%	38%
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Group 3 (n = 20)	25%	45%
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PBDS Strategies Used		
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Group 1 (n = 43)	36%	83%
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Group 2 (n = 65)	28%	63%
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Group 3 (n = 39)	36%	80%
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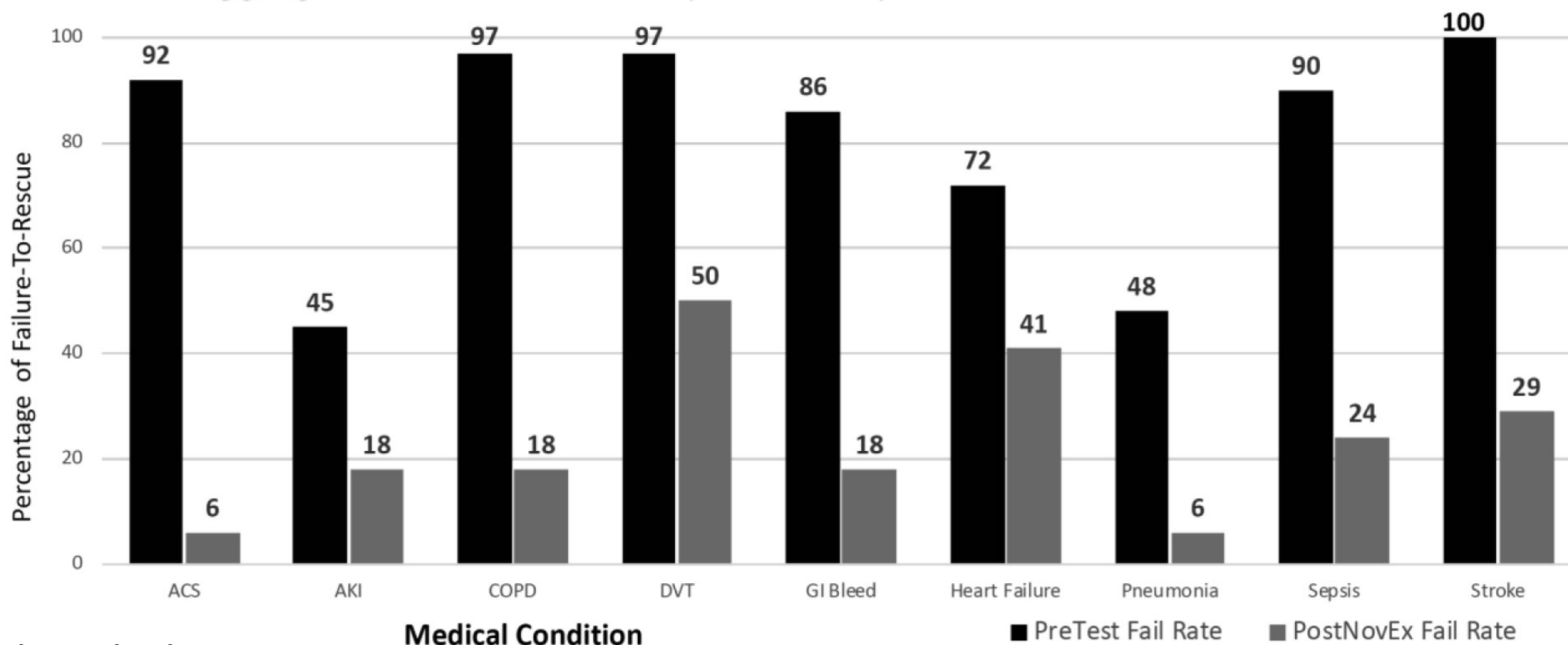
Group 4 (n = 15)	8%	75%
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PBDS= Performance-Based Development System

Del Bueno, 2005

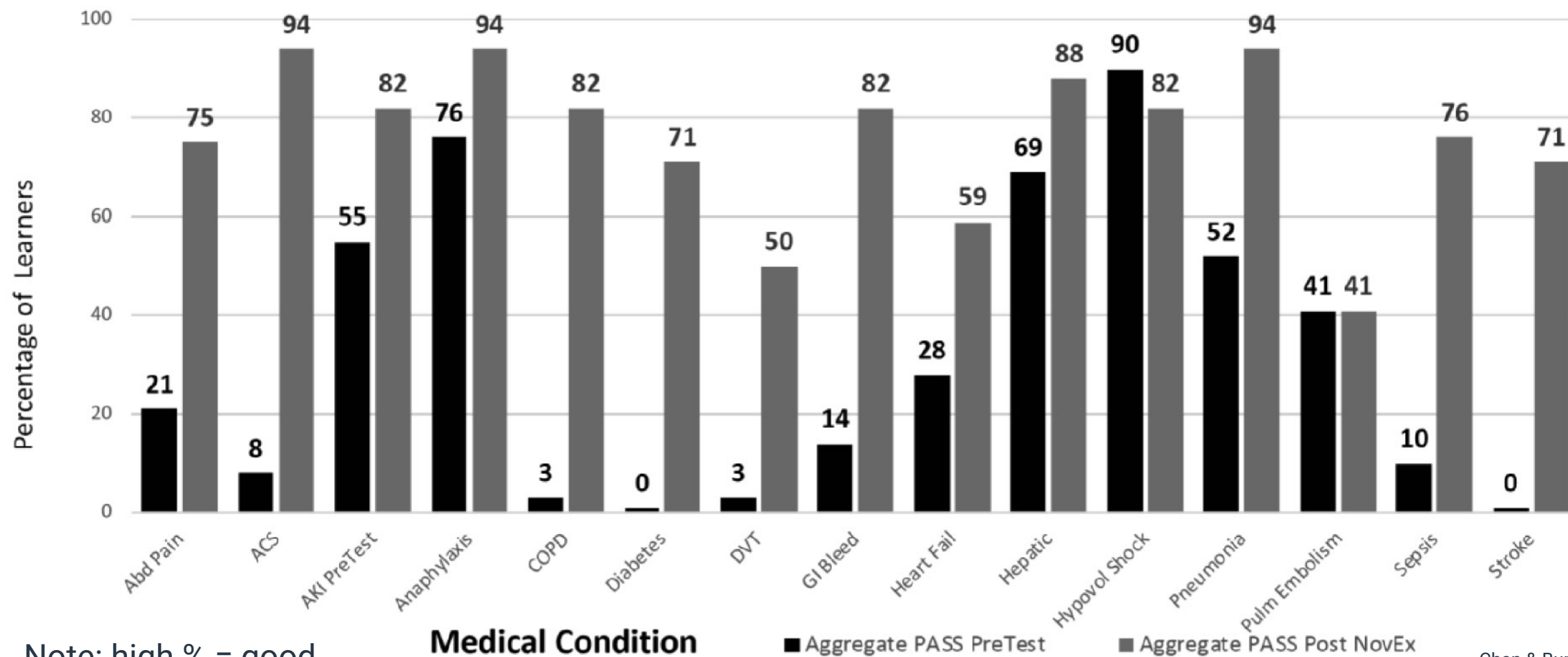
Impact of the Academic-Practice Gap

Aggregate Pre/Post Test Comparison: Top Failure-To-Rescue Conditions



Note: high % = bad

Aggregate Pre- vs PostTest Comparison: % Pass by Medical Condition



Note: high % = good

TABLE 2

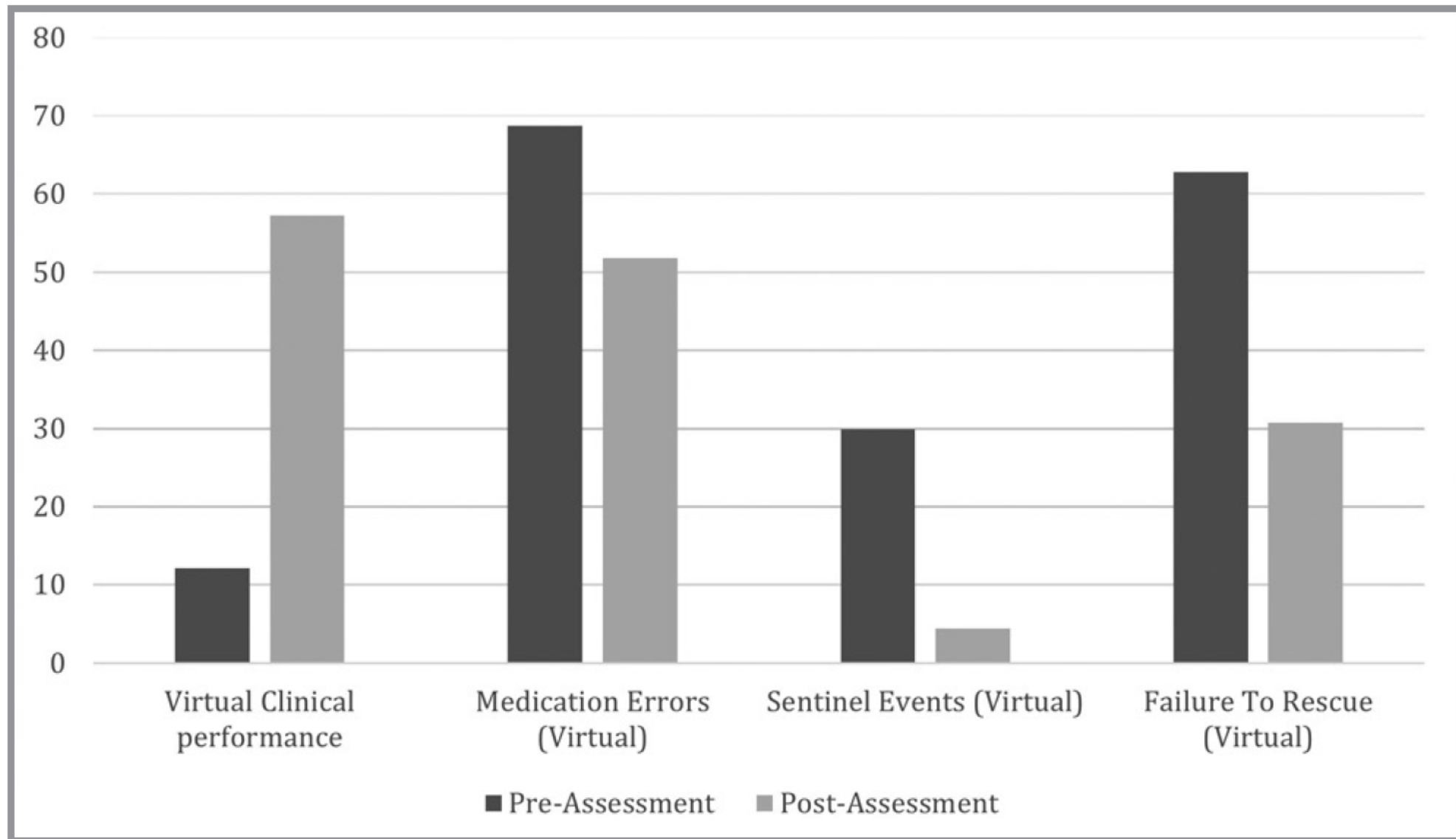
**PRETEST VERSUS POSTTEST SENTINEL EVENTS
BY CAUSE AND NUMBER OF ERRONEOUSLY
ADMINISTERED MEDICATIONS BY ROUTE**

No. of Patients With Sentinel Events: Medication Causes	Pretest (IV and IV Push)	Posttest (IV and IV Push)
Antihypertensive	37	3
Blood and blood products	26	1
Anticoagulants	15	1
Vasopressors	10	1
Electrolytes	9	1
Digoxin	3	0
Insulin	3	0
Amiodarone	2	0
Fentanyl	1	0
Atropine	1	0

**No. of Erroneously Adminis-
tered Medications by Route**

	Pretest	Posttest
IV push medications	78	9
IV medications	321	60
Blood and blood products	27	3
Other routes (e.g., oral, rectal, subcutaneous)	340	88
Total	766	160

Note. IV = intravenous.





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Crisis in Competency: A Defining Moment in Nursing Education

Joan M. Kavanagh, PhD, MSN, RN, NEA-BC, FAAN Patricia A. Sharpnack DNP, RN, CNE, NEA-BC, ANEF, FAAN



Article

Figures/Tables

January 31, 2021

DOI: 10.3912/OJIN.Vol26No01Man02

<https://doi.org/10.3912/OJIN.Vol26No01Man02>

Table 1. Site-Specific PBDS Assessment Data

Year	Sample Size	Opportunity for Growth	Opportunity for Growth	Acceptable
		Recognizing Urgency / Change in Patient Condition	Problem Management	
2015	<i>n</i> =1225	23%	54%	23%
2016	<i>n</i> =983	20%	59%	21%
2017	<i>n</i> =970	24%	59%	17%
2018	<i>n</i> =1047	31%	55%	15%
2019	<i>n</i> =1015	35%	55%	11%
2020 YTD	<i>n</i> =1222	38%	53%	9%
	April/May/Aug NGRN Subset <i>n</i> =726	39%	53%	8%

PBDS=
Performance-Based
Development
System



A Needed Paradigm Shift to Meet Society's Expectations of Expert Nursing Care

Guide to Nursing's Social Policy Statement

Understanding the
Profession from
Social Contract
to Social
Covenant

by Marsha D. M. Fowler,
PhD, MDiv, MS, RN, FAAN



Code of Ethics for Nurses

with Interpretive
Statements



Social Policy Statement

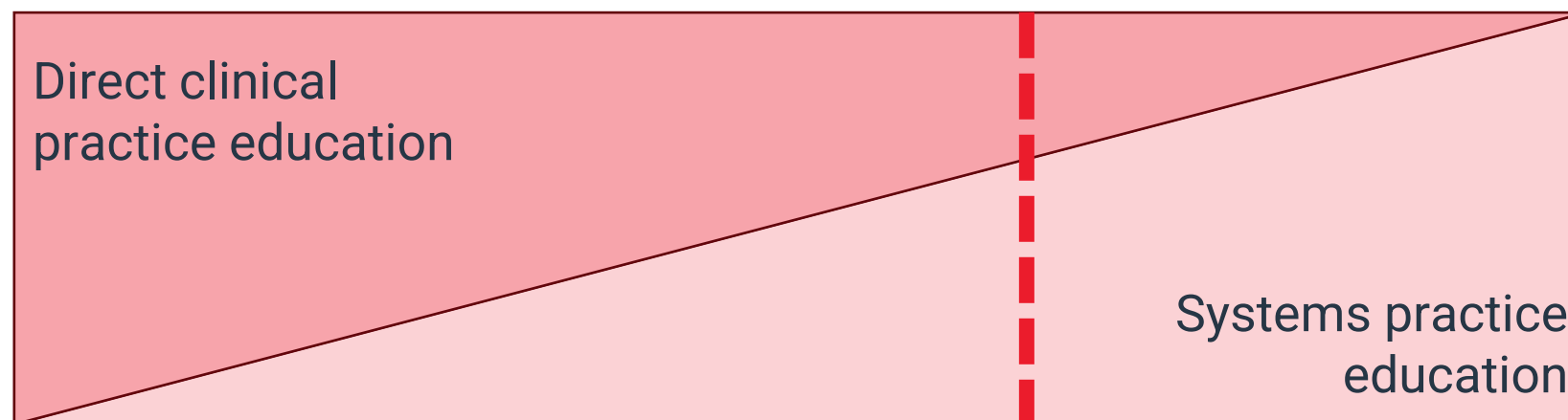
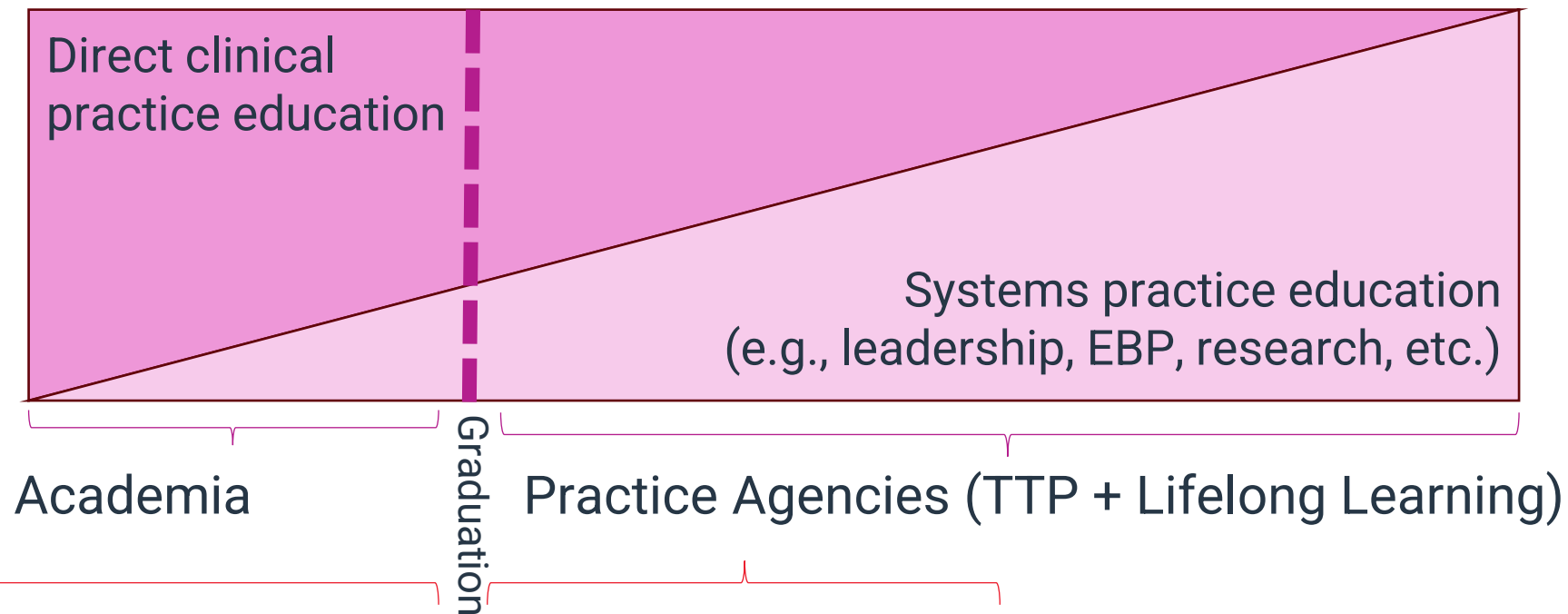
3. Knowledge, Skill, and Competence: That the profession will ensure the knowledge, skill, and competence of those newly entering practice and those in practice, at every level and in every role. This requires that the profession establish standards for education and practice, oversee education through accreditation, and address error, incompetence, unethical, unprofessional, or impaired practice.

Code of Ethics for Nurses

3.3 Performance Standards and Review Mechanisms

Inherent in professional nursing is a process of education and formation. That process involves the ongoing acquisition and development of the knowledge, skills, dispositions, practice experiences, commitment, relational maturity, and personal integrity essential for professional practice. Nurse educators, whether in academics or direct care settings, must ensure that basic competence and commitment to professional standards exist prior to entry into practice.

Current State



Needed State

Moral Distress- Kovanci & Ozbas, 2025

Causes	Effects	Coping
Violation of ethical principles <ul style="list-style-type: none"> Unnecessary treatments 	Physical <ul style="list-style-type: none"> Sleep disturbance 	Moral courage <ul style="list-style-type: none"> Compensating behavior
Team-based causes <ul style="list-style-type: none"> Witnessing substandard care 	Emotional <ul style="list-style-type: none"> Despair, sadness, inadequacy 	Moral resilience <ul style="list-style-type: none"> Development in knowledge/ skills
Institutional/admin causes <ul style="list-style-type: none"> Management ignoring ethical and moral problems 	Cognitive <ul style="list-style-type: none"> Thinking of the event often 	Moral disengagement <ul style="list-style-type: none"> Ignoring ethical and moral incidents
System-based causes <ul style="list-style-type: none"> Inadequate staffing 	Professional impacts <ul style="list-style-type: none"> Negative view of the profession 	
Causes of being a new graduate <ul style="list-style-type: none"> Fear of harming due to inexperience/lack of knowl. 		



RN Residency, Transition-To-Practice (TTP), and Post-Licensure Apprenticeship Programs

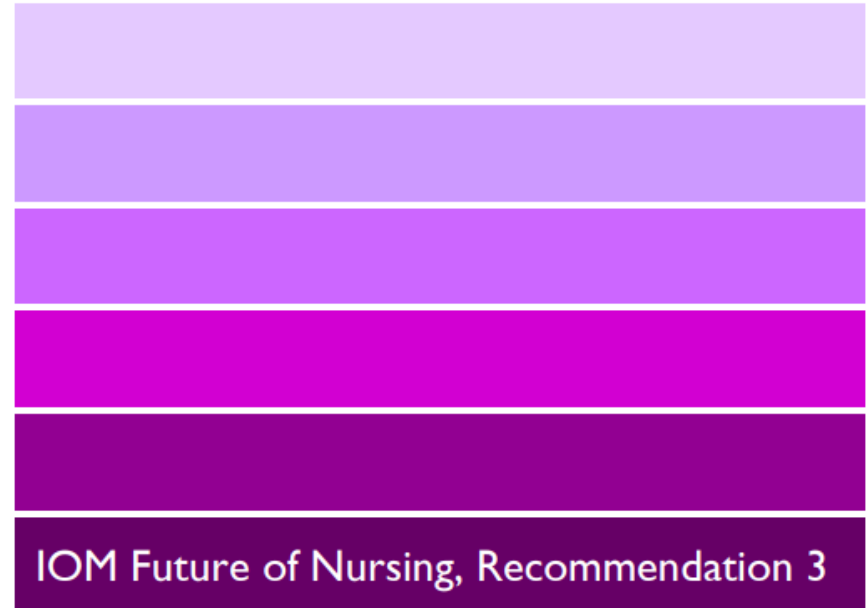
These terms are used interchangeably

- Structure of the program
- Processes including standards and guidelines
- Outcome measures
- Best practices

<https://healthimpact.org/wp-content/uploads/2017/08/Nurse-Residency-Programs-Definitions-and-Evidence-of-Best-Practices-Aug-2017-1.pdf>

NURSE RESIDENCY PROGRAMS:

Definitions and Evidence of Best Practices



IOM Future of Nursing, Recommendation 3

HealthImpact RN Specialty Apprenticeship Program Design

12-month program conducted through a competency-based approach and curriculum.

Provides 200 hours of “related supplemental instruction (RSI)” through various evidence-based teaching-learning methods.

“RSI” Scheduled separate from on-the-job experience working with a preceptor/mentor (provided by the employer).

Training and related instruction are guided by national standards of practice and competencies specific to each specialty area.

Curriculum created with the American Academy of Ambulatory Care Nursing competencies and standards of professional practice.

Cohort 1 Demographics: Cohort to CA Comparison

<i>Race/Ethnic Background</i>	<i>Apprenticeship Program</i>	<i>California (All State)</i>
Native American / Alaskan Native	0%	.4%
Asian	16%	15.2%
Black / African American	5%	5.6%
Native Hawaiian / Other Pacific Islander	32%	0.4%
White / Caucasian	21%	35.9%
Hispanic / Latino(a)	26%	39.5%
Multi-racial	0%	2.9%
Total Enrolled:	19	
Total Graduated:	15	
Retention Rate:	79%	

Reference: [California population by year, county, race, & more | USAFacts](#)

Cohort 2 Demographics: Cohort to CA Comparison

<i>Race/Ethnic Background</i>	<i>Apprenticeship Program</i>	<i>California (All State)</i>
Native American / Alaskan Native	0%	.4%
Asian	11%	15.2%
Black / African American	11%	5.6%
Native Hawaiian / Other Pacific Islander	22%	0.4%
White / Caucasian	0%	35.9%
Hispanic / Latino(a)	50%	39.5%
Multi-racial	0%	2.9%
Total Enrolled:	18	
Total Graduated:	17	
Retention Rate:	94.4%	

Reference: [California population by year, county, race, & more | USAFacts](#)

Conclusions

- Workforce development programs (i.e., RN residencies, transition-to-practices, and post-licensure apprenticeship programs) are key components to building the next generation of the healthcare workforce to provide high-quality and safe patient care.



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