The role of the RN is growing increasingly complex. It is difficult for schools of nursing to fully prepare new nurses with the capacity to practice at the level needed immediately upon graduation. Nurse residency programs have been put into place to help new graduate registered nurses’ transition to independent practice successfully providing training focused on developing additional knowledge, skills, and behaviors needed to provide safe, quality care. These programs have demonstrated much success in improving socialization, increasing evidence-based practice, decreasing turnover, improving confidence, competence, and job satisfaction in the new graduate nurse. Despite growing evidence demonstrating the benefits for new graduates, implementation of transition to practice programs is not without its challenges. Cost remains a major barrier for organizations implementing nurse residency programs despite the cost-benefit analysis related to turnover (Goode, Ponte, and Havens, 2016). With less than 40% of hospitals offering transition to practice support for new graduates, Goode et al., (2016) call for the necessity of government and philanthropic participation and support of nurse residency programs just as physician programs are supported.

Currently, there are very limited funds allocated to support the transition of new nurses to practice resulting in many new graduate nurses starting their career without the support necessary to reach competence at the rate needed in today’s healthcare environment. At the federal level there has been a large push for utilization of apprenticeships to prepare workers to fill both existing and newly created jobs or career paths and prepare workers for the future. Funding for industry-recognized apprenticeship programs is not going away. In fact, in June of 2019, the US Department of Labor announced the continued expansion of apprenticeship funding specifically in the areas of advanced manufacturing,
information technology, and none other than healthcare. Is it possible this could be the funding source nursing has been looking for to allow for continued development of their nursing workforce beyond their formal education? In the apprenticeship model employers provide a career pathway in which employees from various professions obtain paid work experience and classroom instruction to develop their skills essentially earning while they continue to learn. Sound familiar? We weren’t first to take notice of the striking similarity between the structure of a nurse residency program and the apprenticeship model.

In September of 2018, a national bulletin was released by the Department of Labor identifying a Registered Nurse Resident as an apprenticable occupation. The bulletin states that,

“The RN Resident apprenticeship begins after the Nurse is a licensed Registered Nurse participating in a specified training program that is standardized based on the area of specialization. The training includes; Orientation, combined unit based, precepted clinical experience and didactic instruction AND communication and critical thinking/problem-solving skills, along with the application of knowledge, skills and abilities or behavior to demonstrate consistently safe, quality, patient care.”

Nurse residency or transition-to-practice programs have been implemented as a way for newly licensed registered nurses to acquire additional knowledge, skills, and professional behaviors necessary to provide safe, quality care following completion of their formal education. Apprenticeships are an industry-driven, high-quality career pathway where employers can develop and prepare their future workforce. While different names are used to title each of these programs the side-by-side comparison below easily shows that while the language may be different the concepts are the same.
## Nurse Residency vs. Apprenticeship Comparison

<table>
<thead>
<tr>
<th></th>
<th>Nurse Residency</th>
<th>Apprenticeship</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition</strong></td>
<td>Planned, comprehensive program for newly licensed RNs with less than 12 months of experience to acquire knowledge, skills, and professional behaviors to deliver safe, quality care (ANCC, 2010).</td>
<td>A proven approach for preparing workers for jobs while meeting the needs of business for a highly-skilled workforce. It is an employer-driven, “learn-while-you-earn” model that combines on-the-job training, provided by the employer that hires the apprentice, with job-related instruction in curricula tied to the attainment of national skills standards (US DOL, n.d.).</td>
</tr>
<tr>
<td><strong>Length</strong></td>
<td>Program must be 6 months in length (ANCC, 2010) however, research shows then need for programs to span the first 12-months of the nurse’s career (Goode et al., 2016).</td>
<td>Apprenticeships vary in length based on the occupation and skill set required but typically last for a minimum of 1 year (US DOL, n.d.).</td>
</tr>
<tr>
<td><strong>Components</strong></td>
<td>Encompass organization orientation, practice-based learning, and supplemental activities to promote nursing professional development. (ANCC, 2010).</td>
<td>Enhances the knowledge and understanding of the occupation, through practical experience (on-the-job training), and participation in approved courses of job-related technical (orientation) and supplemental education (related instruction) (US DOL, n.d.).</td>
</tr>
<tr>
<td><strong>Hands-on Training</strong></td>
<td><strong>Practice-Based Learning</strong> – 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 (ANCC, 2010).</td>
<td><strong>On-the-Job Training (OJT)</strong> – Hands-on training from an experienced mentor at the job site. OJT is developed by mapping skills and knowledge the apprentice must learn throughout the program. The employers provide the mentors and identify skills and knowledge to be learned (US DOL, n.d.).</td>
</tr>
<tr>
<td><strong>Didactic Instruction</strong></td>
<td><strong>Nursing Professional Development</strong>- The process of pursuing learning activities to enhance professional competence and role performance, the ultimate outcomes</td>
<td><strong>Related Instruction</strong> - Apprentices receive related instruction that complements the OJT. Instruction delivers the technical and academic competencies that apply to</td>
</tr>
</tbody>
</table>
of which are the protection of the public and the provision of safe quality care (ANCC, 2010). the job. Education partners often collaborate with businesses to develop the curriculum based on the skills and knowledge needed for the job (US DOL, n.d.).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Support</td>
<td>All cost and resources to provide program is shouldered by the organization. Many organizations rely on foundations to support programs or are a cost center for the organization.</td>
<td>Businesses may qualify for state tax credits available for apprenticeship program sponsors. Workforce systems and other community partners may also choose to contribute funding for training, supplies or other aspects of apprenticeship programs. These benefits reduce an employer’s investment in apprenticeship training costs (US DOL, n.d.).</td>
</tr>
</tbody>
</table>

When looking at the evidence related to the necessity for transition to practice support of new graduate nurses and the availability of federal funds to apprenticeships specifically in the healthcare sector it has become apparent that we are entering a new era of transition to practice support, one in which we must utilize the federally funded apprenticeship opportunities.

According to Dr. Patricia Benner in her 2010 book, *Educating Nurses: A Call for Radical Transformation* the term ‘apprenticeship’ is used to explain how nurses learn during their professional education. She suggests three broad and inclusive apprenticeships that refer to the whole domain of professional knowledge and practice.

1. Apprenticeship to learn nursing knowledge and science.
2. Apprenticeship to learn skilled know-how and clinical reasoning.
3. Apprenticeship to learn ethical comportment and formation.

Benner refers to these as ‘high-end’ apprenticeships that utilize creative and critical thinking, questioning, and innovation central to learning the professional practice of nursing. Learning by doing, observing, and participating in practice. Apprenticeships include:

1. Externalizing and articulating key aspects of competent and expert performance.

2. Giving learners the chance for supervised experience.

3. Coaching during supervised practice to help learners understand, reflect on, and articulate their practice.

4. Helping novice learners recognize prioritizes and demands embedded in clinical situations.

5. Reflection on practice to help the learner develop a self-improving practice.

Benner et al., (2010) states:

“Apprenticing oneself to a health care team, a community of practice, and even to patients and families is essential for learners to grasp the nature of the clinical situation, gaining situated understanding, skill, and the ability to use knowledge,” (p. 26).

We realize that some may argue the use of the term apprenticeship or the use of money allocated for apprenticeships due to the traditional use of the terms both as a program for unskilled workers and free labor. Modern apprenticeships are much different than the days of the diploma nurse where hospital demands trumped the real education and learning that was to be taking place. The use of the term apprenticeship in no way tarnishes the profession of nursing or takes us back in time but instead shows that nurses are innovative and resourceful. If money won’t willingly be shared to support new nurses, the profession will innovate what they call a nurse residency program
and use the resources and funds already available. In fact, the Iowa Online Nurse Residency Program has already taken the steps to do so and has chosen to work with Iowa Workforce Development to provide the first-ever Educator-Sponsored Registered Nurse Resident Apprenticeship (See Figure 1). Using Registered Apprenticeships to fund the support necessary for new graduate nurses transitioning to practices is the logical next step towards shrinking the education-practice gap and strengthening our nursing workforce for the future.

Nicole Weathers MSN, RN
Online Nurse Residency Program Manager
University of Iowa College of Nursing
nicole-weathers@uiowa.edu
319-384-1676
References


