

GLOSSARY

Accreditation – A voluntary, peer-review, self-regulatory process by which non-governmental associations recognize educational institutions or transition-to-practice programs that have been found to meet or exceed standards and criteria for quality.

Accreditation, Contingent – An accreditation status in which the transition-to-practice meets most, but not all of the established standards and criteria for quality.

Administration, Sponsoring Organization – The administrative officers or executives with primary responsibility for carrying out the mission and purpose of the sponsoring organization, including, but not limited to: a president, chief executive officer (CEO), chief nursing officer (CNO), or chancellor.

Administrative Capacity – The actual capabilities and resources (i.e., fiscal, human, physical, and learning) available to the sponsoring organization that directly support the mission and purpose of the sponsoring organization in the achievement of a transition-to-practice program’s end-of-program learning outcomes and program outcomes.

Advanced Practice Registered Nurse (APRN) – A licensure status which may include: clinical nurse specialist, nurse practitioner, certified registered nurse anesthetist, or certified nurse midwife.

Alternative Methods of Delivery – Methods of delivering a transition-to-practice program or course/module that differ from traditional in-person/in-a-classroom instructional methods, including a variety of non-traditional means of interaction between nurse residents and program educators. Examples include, but are not limited to, instructional television (ITV), DVD/podcast learning packages, and online delivery. See distance education definitions below.

Asynchronous Learning – Learning and instruction that do not occur in the same place or at the same time.

Candidate Status/Candidacy – Candidate status is granted after a review of the sponsoring organization’s proposed transition-to-practice program and a determination that the program has the potential to achieve ACEN accreditation.

Clinical Reasoning – A process through which a nurse collects and analyzes information about a patient/client or a patient/client care situation and develops a plan of action to address identified patient/client needs. Includes evaluation of patient/client outcomes and self-reflection to enhance clinical reasoning in the future.

Closing Report – A written plan developed by a sponsoring organization that ceases to operate the transition-to-practice program or ceases to operate the program at a site. This applies to the closure of a sponsoring organization, an off-site location, or a branch location. The Closing Report requires ACEN approval in advance of implementation.

Communication – An interactive process through which ideas and expectations are transmitted to others.

Interpersonal – Communication, involving others, used to identify patient/client care needs.

Interprofessional – Communication, among healthcare professionals, used to identify and meet patient/client care goals and ensure patient/client safety.

Competent – having the necessary and sufficient ability, knowledge, skill, and experience to do something successfully and/or achieve a purpose.

Contemporary Nursing Practice – Professional nursing knowledge, skills, and behaviors that are based on current research and professional standards of the present time.

Contractual Agreement – An agreement between two (2) or more entities for the delivery of all or part of the elements used in a transition-to-practice program.

Consortia Relationship – A contractual agreement among healthcare agency(ies) and/or academic institutions for the purpose of developing standardized curriculum, policies, structures, and/or processes related to the delivery of a single transition-to-practice program.

Complaint – A formal allegation against a transition-to-practice program, typically expressed as a written, signed statement. A complaint is an assertion that a wrong or hardship was suffered specific to the individual’s participation in the sponsoring organization’s transition-to-practice program. A transition-to-practice program’s record of complaints must include all complaints filed since initial accreditation or reaccreditation, whichever was the last accreditation site visit.

Core Values – Those beliefs or ideals that form the foundation for the work of a sponsoring organization.

Criteria – Statements that identify the elements that need to be examined in evaluation of a Standard.

Curriculum Integrity – Demonstration of the soundness of a transition-to-practice curriculum that develops from the mission/philosophy in an organized manner across a sequence of courses/modules. The mission/philosophy and selected professional standards, guidelines, and competencies result in the program educators identifying end-of-program learning outcomes that are specific and measurable. Course/module learning outcomes should progress throughout the curriculum and must be consistent with the mission/philosophy and selected professional standards, guidelines, and competencies, and support achievement of the end-of-program learning outcomes.

Delivery Formats – Methods used to convey knowledge, skills, and behaviors from program educators to nurse residents. Methods include, but are not limited to, traditional in-person/in-a-classroom techniques (e.g., lecture and “flipped classroom”) and the use of synchronous and asynchronous technologies (e.g., online and simulation).

Distance Education – An educational method of delivery in which instruction occurs when a nurse resident and program educator are not in the same place. Instruction may be synchronous or asynchronous. Distance education may employ audio, video, and/or computer technologies and includes technology that is used to support regular and substantive interactions between a program educator and a nurse resident.

Distance Technology – Instructional methods that may include one-way or two-way transmissions, audio, video, the Internet, and/or computer technologies.

Diversity Concepts – Knowledge about persons, communities, regions, countries, cultures, and ethnicities other than one’s own; essential as a basis for the provision of culturally sensitive care.

Due Process – A disciplined, analytical decision-making procedure in which relevant standards are applied by a properly constituted and authorized body using a method that is based on published rules of procedure and is free of improper influence.

Educationally Qualified – Documented educational qualifications that prepare the program educator to facilitate nurse resident achievement of the end-of-program learning outcomes and program outcomes; program educators and nurse administrators must hold all educational qualifications required by the sponsoring organization and, as applicable the state and the sponsoring organization’s accrediting agency.

Employee Retention Rate – Percentage of nurse residents who are retained by the employer. The definition used by the ACEN for a transition-to-practice program employee retention rate is the number of nurse residents who remain employed with the employer from the time of enrollment in the first transition-to-practice course/module for the period of time specified by the program educators; the program must provide a rationale for the expected level of achievement it sets.

Evidence-Based – Actions, processes, or methodologies that are grounded in and flow from the translation of substantive and current research.

Expected Level of Achievement – A measurable index that reflects a desired outcome, often set as a desired percentage of achievement.

Experientially Qualified – Documented current or recent direct engagement in a significant manner in clinical nursing experiences for those whose role includes teaching; for those engaged in administration, documented current or recent direct engagement in a significant manner in administrative functions in nursing education or administration. Program educators and nurse administrators must hold all experiential qualifications required by the sponsoring organization, as applicable by the state, and by the sponsoring organization’s accrediting agency.

Graduate Degree – A master’s degree or doctoral degree.

Hybrid Education – An educational method of delivery in which instruction occurs using both distance and traditional education methods of delivery.

Information Literacy – The ability to identify what information is needed for a specific purpose and to access, evaluate, and use credible forms of information in achieving that purpose.

Instructional Technology – The method(s) and delivery system(s) used by program educators to convey course content to nurse residents.

Interprofessional – Sharing of information among two (2) or more healthcare professionals working together as a team with a common purpose and mutual respect.

Job Placement Rate – Percentage of nurse residents employed in a position for which a transition-to-practice program prepared them; the program must provide a rationale for the expected level of achievement set.

Leadership – The ability to guide and/or direct others to accomplish common goals through the use of teamwork and collaboration and principles of effective leadership.

Learning Experiences--Planned learning activities that are sufficient and appropriate to achieve the end-of-program learning outcomes and/or program outcomes, which are overseen by qualified program educators who provide feedback in support of learning.

Letter of Notification – A letter from the nurse administrator of a transition-to-practice program, or his/her designee, to the ACEN Chief Executive Officer summarizing a substantive change and pertinent information thereto appertaining.

Location – Site where a transition-to-practice program is delivered, in whole or part, including the main location and off-site location instructional sites.

Mission/Philosophy – The sponsoring organization statement that designates fundamental beliefs and characteristics and provides guidance and direction for a transition-to-practice program and services offered.

Nurse Administrator – The individual with responsibility and authority for the administrative and instructional activities of the transition-to-practice program(s) within the sponsoring organization.

Nurse Educator – Individuals who teach and evaluate nursing students enrolled in an academic nursing education program, the completion of which results in the awarding of an academic nursing certificate, diploma, or degree.

Nurse Resident – Participant in a transition-to-practice program who is allowed to enter the program per the policies of the sponsoring organization. Consistent with state regulatory agency requirements, nurse residents may be newly graduated from a nursing program, transitioning to a new level of nursing practice, or re-entering the workforce after an extended absence.

Nurse Resident Obligations – Commitments the nurse resident makes to the sponsoring organization in order to be accepted into and participate in the transition-to-practice program offered.

Outcome – A statement that reflects the achievement of an identified goal.

Course/Module Learning Outcomes/Objectives – Statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that the nurse resident should be able to demonstrate upon completion of the course/module. Course/module learning outcomes/objectives must be consistent with standards of contemporary nursing practice and support achievement of the end-of-program learning outcomes.

Course/module learning outcomes/course objectives:

- must be aligned and linked to the end-of-program learning outcomes;
- should have a single, measurable action;
- should support the nurse residents' achievement of the end-of-program learning outcomes and program outcomes;
- typically progress from “simple/advanced beginner” to “complex/full competent nurse” as nurse residents advance through a transition-to-practice curriculum; and
- organize, guide, and direct course curricular matters such as, but not limited to, the inclusion of content, learning activities, selection of practice learning experiences, evaluation methodologies, and selection of practice learning environments.

End-of-Program Learning Outcomes– Statements of learner-oriented expectations written in measurable terms that express the knowledge, skills, or behaviors that nurse residents should be able to demonstrate upon completion of a transition-to-practice program. End-of-program learning outcomes must be consistent with standards of contemporary nursing practice and level of licensure; end-of-program learning outcomes should also ensure that the nurse resident is sufficiently enculturated in the practice setting or healthcare agency.

End-of-program learning outcomes:

- are driven by established professional standards, guidelines, and role-specific competencies consistent with level of licensure;
- provide the framework for all curricular matters; and
- represent the point of transition from being nurse resident to being an independently functioning nurse assuming the responsibilities of stated roles in leadership, professional development, and safe clinical practice in contemporary healthcare environments consistent with level of licensure.

Program Outcomes – Measurable indicators that reflect the extent to which the purposes of a transition-to-practice program are achieved and by which program effectiveness is documented.

The ACEN specifies and requires the assessment of the following transition-to-practice program outcomes: program completion; nurse resident and employer program satisfaction; and, as applicable, job placement rates and employee retention rates. The assessment of ***additional*** program outcomes is the choice of the program and sponsoring organization.

Partnership – An agreement (formal relationship) between a sponsoring organization and an outside agent/agency to accomplish specific objectives and goals over a period of time.

Practice Learning Environments – Settings that facilitate nurse residents’ application of knowledge, skills, and behaviors in the performance of nursing responsibilities, as allowed by level of licensure and defined by the sponsoring organization, which support the achievement of the end-of-program learning outcomes and program outcomes. Settings include but are not limited to: acute-care and specialty hospitals, long-term care facilities, ambulatory care centers, physician offices, and community and home health care.

Practice Learning Experiences – Direct, hands-on, planned learning activities with appropriate patients/clients, interactions with the interprofessional team, and interactions with the patient's/client's family and friends that are sufficient and appropriate to achieve the end-of-program learning outcomes and program outcomes, and are overseen by qualified program educators and their designees (e.g., preceptor, nurse manager) who provide feedback in support of learning.

Preceptor – An academically and experientially qualified person who has received formal training to function as a resource and role model for nurse residents. Duties of the preceptor are developed by the sponsoring organization, consistent with sponsoring organization policies and state regulatory requirements, if applicable.

Prerequisite Course/Module – A course/module that is required prior to enrolling in or completing another course/module.

Professional Standards/Guidelines for Nursing Practice – A set of guidelines approved by a nationally recognized organization for use in the development and evaluation of a transition-to-practice curriculum. The most recent version/edition of the standards/guidelines must be used.

The standards/guidelines include, but are not limited to:

- AACN Essentials: Baccalaureate, Master’s, DNP, or Clinical Resources (American Association of Colleges of Nursing);
- Benner’s Stages of Clinical Competence;
- Core Competencies for Interprofessional Collaborative Practice© (Interprofessional Education Collaborative);
- Duchscher’s Stages of Transition Theory©;
- Health Professions Education: A Bridge to Quality© (Institute of Medicine);
- National Council of State Boards of Nursing: Transition to Practice Model™;
- Nurse Practitioner Core Competencies (NONPF, NTF Guidelines);
- Nursing: Scope and Standards of Practice© (American Nurses Association);
- NLN Competences for Graduates of Nursing Programs (National League for Nursing);
- Quality and Safety Education for Nurses (QSEN) Competencies;
- Standards of Practice and Educational Competencies for the Licensed; Practical/Vocational Transition-to-Practice Program (National Association for Practical Nurse Education and Services); and
- Statement on Clinical Nurse Specialist Practice and Education© (National Association of Clinical Nurse Specialists).

Program Completion Rate – Percentage of nurse residents who complete a transition-to-practice program within a period of time determined by the program educators. The definition used by the ACEN for a transition-to-practice program completion rate is the number of nurse residents who complete the program from enrollment in the first transition-to-practice course/module within the period of time specified by the program educators; program must provide a rationale for the expected level of achievement set.

Program educators – Individuals who teach and evaluate nurse residents enrolled in a transition-to-practice program, are academically qualified, and experientially qualified in the content areas in which they teach.

Program Educator’s Professional Development – Activities that facilitate a program educator’s maintenance or enhancement of expertise. Examples include, but are not limited to, certification, continuing education, formal advanced education, clinical practice, research, publications, and other scholarly activities.

Program Educator’s Workload – Percentages of time that reflect the manner in which the sponsoring organization characterizes, structures, and documents the nature of a program educator’s teaching and non-teaching responsibilities. Workload duties include, but are not limited to, teaching, advisement, administration, committee activity, service, clinical practice, research, and other scholarly activities.

Program Requirements – Commitments the program expects of the nurse residents who participate in the transition-to-practice program.

Program Length – Total time required to complete the defined transition-to-practice program, inclusive of all required prerequisite courses/modules. The rationale for the program length must be consistent with the purpose of the sponsoring organization and current research on best practices for transition-to-practice programs as identified by the sponsoring organization.

Program Outcomes – *See Outcomes.*

Program Satisfaction Rate – Percentage of nurse residents who express satisfaction with a transition-to-practice program within a defined period of time; the program must provide a rationale for the expected level of achievement set.

Program Type – The program offered to nurse residents based on the purpose of the transition-to-practice program, including but not limited to: the newly licensed nurse (within 12-months of licensure), the nurse who is re-entering the profession, and the nurse who is transitioning from one (1) practice specialty to another.

Published Documents – All written forms of communication distributed by a transition-to-practice program and/or sponsoring organization, including paper and electronic sources intended to inform the public.

Resources, Fiscal – The financial support required for securing the personnel, supplies, materials, equipment, and services necessary to ensure the achievement of the transition-to-practice end-of-program learning outcomes and program outcomes.

Resources, Physical – Equipment, classrooms, laboratories, offices, and other common spaces used by the nurse residents enrolled in a transition-to-practice program, and the program educators teaching the transition-to-practice program courses/modules that are necessary to ensure the achievement of the end-of-program learning outcomes and program outcomes.

Resources, Technological – The materials, activities, and technologies that facilitate the development of nurse residents’ knowledge, skills, and behaviors necessary to ensure the achievement of the transition-to-practice end-of-program learning outcomes and program outcomes.

Role-Specific Competencies – Expected, measurable levels of nurse resident performance upon completion of a transition-to-practice program that demonstrates the integration of specified knowledge, skills, and behaviors. Competencies may include, but are not limited to: specific knowledge areas, clinical judgments, and behaviors based upon the role and/or scope of practice after completion of the transition-to-practice program.

Single Transition-to-Practice Program – A transition-to-practice program that may be offered at more than one (1) location under the auspices of a single sponsoring organization; single chief nursing officer; offering the same curriculum with the same end-of-program learning outcomes for each program type; and using a shared systematic plan of evaluation.

Sponsoring Organization – The entity with overall responsibility and authority for the transition-to-practice program (e.g., university, college, hospital/medical center, career center).

Staff – Personnel who facilitate the attainment of the goals and outcomes of the transition-to-practice program, including clerical and other support persons. Staff do not include preceptors, program educators, or the nurse administrator.

Stakeholder – Any individual or group with an interest in but no direct responsibility for the development or delivery of a transition-to-practice program (e.g., patients/clients, non-nurse residents, non-program educators, non-sponsoring employers, healthcare providers, and citizens).

Standard – Agreed-upon expectations to measure quantity, extent, value, and education quality.

Substantive Change – A significant modification or expansion of the nature and scope of a transition-to-practice program. Refer to the policy Reporting Substantive Changes for Transition-to-Practice Programs.

Sufficient – Enough or adequate for the purpose of achieving the transition-to-practice end-of-program learning outcomes and program outcomes.

Sufficient Program Educators – Typically reflected by (1) the ratio of the number of program educators to the total number of nurse residents enrolled in all transition-to-practice program courses/modules required for a transition-to-practice program or programs; (2) the program educators’ workload; and (3) the non-program responsibilities required by the sponsoring organization.

Support Services – The services provided by the sponsoring organization that are available to facilitate the nurse residents in the transition from dependent to interdependent or independent practice at the level of licensure.

Sustainability of Resources – The capacity of the sponsoring organization to continue financial, human, and physical resources at a sufficient level to ensure that the end-of-program learning outcomes and program outcomes can be achieved.

Synchronous Learning – Learning and instruction that occur at the same time and in the same place.

Systematic Plan of Evaluation – A written performance improvement plan emphasizing the ongoing, comprehensive assessment of the transition-to-practice end-of-program learning outcomes and program outcomes. See Standard 5 in the Transition-to-Practice Standards and Criteria for the required elements in the performance improvement plan.

Traditional Education – An educational method of delivery in which instruction occurs when a student and instructor are in the place at the same time (e.g., face-to-face). This method of delivery may be web-enhanced/supported.

Transition-to-Practice Program – A comprehensive and formal program designed to facilitate a nurse resident's development of the knowledge, skills, attitudes, and behaviors necessary for the successful transition to professional practice within the level of licensure.

Value-Based Care – Employing safe, appropriate, and effective evidence-based care that takes into account a patient's/client's wishes and preferences with enduring results and at reasonable cost for the patient/client; Quality over Cost over Time.