

Registered Nurse Apprenticeship Toolkit



Registered Nurse Apprentice Toolkit

Tennessee Hospital Association

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Purpose:

The purpose of this program is to create an innovative workforce model that addresses issues in nursing shortages by reaching new, prospective learners. The apprenticeship model supports the recruitment and retention of nurses by providing access to education, a progressive pathway in nursing, and ease of transition to professional practice. Employment within an apprenticeship role provides support, mentorship, and application of competencies in the work environment. Earn-as-you-learn models, such as apprenticeships, have shown to accelerate the development of practice-ready nurses by increasing confidence, clinical reasoning, and skill acquisition. For employers, this creates a hiring and development pipeline that has shown reductions in orientation costs, increased retention, and ease towards transition to practice. If utilized effectively, nursing apprenticeships can have an impact on health outcomes, operational economics, health equity, and workforce sustainability.

Background:

The nursing profession faces mounting challenges including workforce shortages, high turnover, and an increasing demand for care. Traditional nursing education programs, while effective, often fall short in preparing graduates for the complexities of modern healthcare. Apprenticeships offer a promising solution by combining classroom learning with structured, hands-on clinical training in real-world settings.

In October 2022, the Tennessee Hospital Association (THA) released a healthcare workforce supply and demand study which projected a shortfall of 8,500 registered nurses to meet the state's demand by 2035. The Bureau of Labor and Statistics projects a nationwide increase of 6% (197,220) in employment for registered nurses (RN) and a 3% increase (16,900) for licensed practical nurses (LPN) by 2033.

Strategies to combat the nursing shortage are multifaceted as challenges in this landscape include shortages in nursing faculty, qualified preceptors, quality student experiences, workplace demands for staff nurses, and the complexities of high acuity patient care environments. Apprenticeship programs provide pathways for pre-licensure, transition to practice, and upskilling into specialty areas, which are examples of solutions to the challenges mentioned.

In 2023, THA's Department of Workforce Development hosted over a dozen collaborative meetings across the state between academic and healthcare system leaders. These meetings produced discussions on the workforce's needs of health systems and academic entities. In these collaborative groups, THA engaged in feedback from employers with experience in surrounding states with earn-as-you-learn and apprenticeship models in nursing, and the department was ultimately asked to work with key stakeholders to develop a framework and gain permission from the Tennessee Board of Nursing for the apprenticeship model.

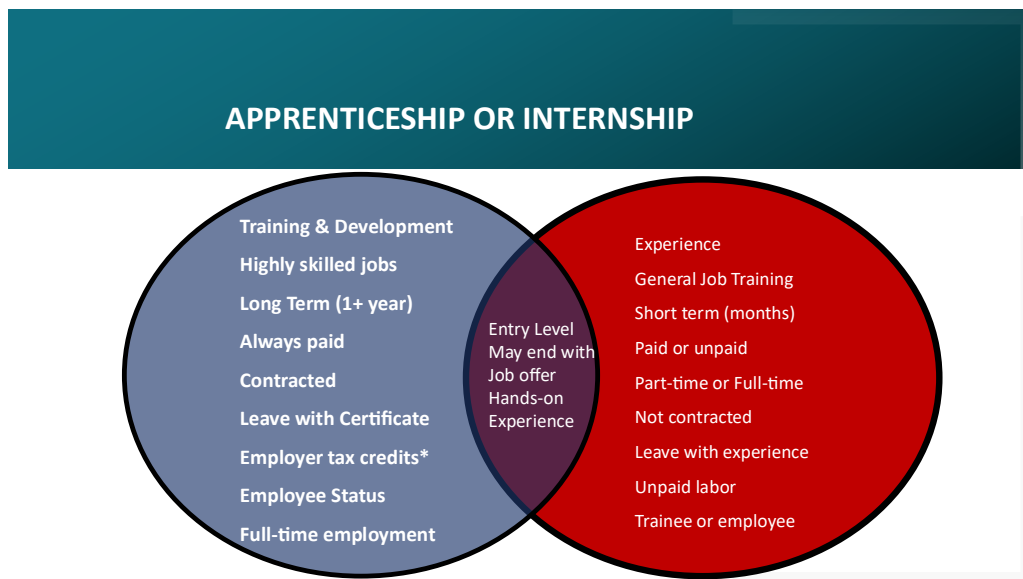
To guide this work, THA developed a statewide taskforce in 2024. This taskforce met to review the apprenticeship framework, programs from surrounding states, and various earn-as-you-learn program designs. The objective of this taskforce was to create standards and best practices for earn-as-you-learn models, such as apprenticeship. In addition to this taskforce, THA engaged with a variety of governmental, public, and private agencies and consulted with experts in apprenticeship, nursing education, and the nursing profession. THA, along with the TN Department of Labor and Workforce and the Office of Apprenticeship, collaborated with key stakeholders on this clinical learning model. Hospitals, academic organizations, rural health organizations, and long-term care organizations are engaged to support this work. Taskforce members and collaborative agencies are noted at the end of this document.

Apprenticeship Compared to Intern/Extern:

Traditional models of intern/externships in nursing are similar in nature to the registered apprenticeship model but have distinct differences and lack structure. The registered apprenticeship model provides an intentional model of collaboration and progression of an apprentice's training and competency development. Training and education are provided by the academic institution, following their standards as determined by state and national accreditation standards. Program participants follow program requirements through competency and skill progression, allowing for guided mentorship and acquisition of competencies while working for their employer. The employer fosters academic development and aids the apprentice's progression by creating a supportive environment and providing a qualified mentor. Apprenticeship relationships provide the employer with an opportunity to recruit and train employees as they develop within their organization, generating a smoother transition to practice and commitment to employment.

State and federal resources are provided to employers and apprenticeship participants with supportive and wrap-around services. Employment as an apprentice provides benefits to these prospective, long-term team members while they are working within the industry they are preparing to enter. Paid employment and training support increases accessibility and relieves the financial burden for learners.

In the diagram below, the gray side represents characteristics of apprenticeships, the red side represents characteristics of internships, and the purple part in the middle represents what both apprenticeships and internships offer.



Program Description:

The apprenticeship model is a clinical education model to enhance a student's confidence, clinical judgement, and skills acquisition. Partnership between the academic institution and healthcare employer provides employment for the student to earn wages while completing their training in the work environment. This student nurse apprentice role is situated within a healthcare system that offers a job description designed to support the students' required learning experiences, helping them meet academic standards and advance through their courses of study. As the student progresses in knowledge and skill development, so does their role. The student nurse is supported by a trained licensed nursing preceptor (mentor) for all work hours and guided in their clinical learning while gaining skills and competencies through application in the professional environment. The mentor provides constant feedback and documentation of progression to the academic institution to contribute to the student's evaluation.

The program consists of a progressive pathway within their role, providing a student nurse with 'basic' or entry level competencies, then progressing to 'advanced' level competencies. This progression is documented by the overseeing mentor as the student progresses within their

academic program and clinical competencies. This progression also provides a milestone for the student's wage progression and performance.

Definitions

1. **Approved Tennessee Nursing Education Program:** A prelicensure nursing education program approved by the Tennessee Board of Nursing. Approved nursing education programs may award clinical credit hours toward the students' nursing program requirements, if the training is congruent with the clinical course in which the clinical credit hours are awarded.
2. **Student Nurse:** A nursing student who is engaged in a registered apprenticeship.
3. **Program:** Registered apprenticeship program that creates an intentional partnership program and follows the criteria set by governing agencies, academic partners, and employer partners.
4. **Student Nurse skills listing and qualifications:** List of student nurse qualifications for basic and advanced student nurse duties, skills, and activities allowed for the student nurse.
5. **Competency validation:** The nursing program shall validate training and competency of fundamentals in nursing prior to the student completing those competencies; the employing agency shall document assessment of competency through direct observation and return demonstration by a licensed nurse as new skills are added throughout the training period.
6. **Direct Supervision:** Responsible licensed nurse is physically present in the facility and readily accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation. Direct supervision is required for all invasive procedures performed by the student nurse.
7. **Journey worker/Mentor/Supervising nurse:** A supervising licensed nurse RN or LPN serving in the role as mentor, this role is defined by the academic training program to meet accreditation requirements in the nursing student's program of study.
8. **Board:** Refers to the appropriate Tennessee state-level governing body (ex. nursing, education, etc.).
9. **Accreditation or certification body:** Refers to the appropriate accreditation body for the education program or practice related certification.

Apprenticeship Program Standards

Student Nurse, an individual who: Is actively enrolled in a Board approved nursing education program.

1. Is in good standing in a school of nursing.
2. Performs the clinical procedures and skills in alignment with competency and validation as determined by the academic and employer program, within the parameters of the student nurse role.

3. Performs services that must include the skills and competencies as defined by the student nurse program, with special consideration for those out-of-scope skills as listed in Appendix A.
4. Is participating in a program - with an employer who may provide additional training and upskilling within the role of an unlicensed student nurse, if the conditions of the role are preserved.
5. Has obtained fundamental validation of nursing skills from the nursing educational program.
6. is employed by a licensed healthcare facility where the clinical training is to be performed.

Competency Validation and Supervision

1. Licensed healthcare facilities may employ a student nurse to perform nursing skills, tasks, and activities, provided that such training, tasks, skills, and activities are performed under supervision by licensed nurses.
2. The nursing education program is responsible for validating the student nurse's education and competency in performing each nursing skill, which is done under the supervision of a licensed nurse at the healthcare facility. Skills not routinely validated by the education program may be assessed for competency by the clinical supervising nurse.
3. The supervising licensed nurse is responsible for validating a student nurse's competency to perform nursing skills or activities assigned to the student nurse in the clinical setting.
4. A supervising licensed nurse may suspend a student nurse due to poor performance and collaborate with the nursing education program to oversee remediation until the student nurse can perform at an acceptable skill level. Failure to perform at an acceptable level could result in dismissal from the program and failure of the nursing education program.

Student Nurse Program Standards:

1. Student Nurse Program is a competency-based program.
2. Student nurse to journey worker/preceptor/mentor ratio is 1 (one) student nurse to 1 (one) mentor during each individual clinical experience/working hour.
3. The employer will provide a student nurse with at least 2 (two) wage progressions based on advancement of skill and competence.
4. Competencies developed and approved by the Tennessee Board of Nursing may not be modified by the employer or related technical training program. Employers may provide additional training and competency development within the role of the student nurse under the conditions of mentor/preceptor/journey worker supervision.
5. The relationship between the journey worker/preceptor/mentor and the student nurse is supported by the nursing scope of practice, rules of delegation, and clinical training requirements by the Tennessee Board of Nursing Rules and Regulations.
6. Additional program elements for consideration when developing site programs at the site level can be found in Appendix C. These are not requirements of the program but may be incorporated.

Students Nurse Practice Standards:

1. Student nurses may perform Board-approved skills or activities in any licensed healthcare facility.
2. The student nurse's competency in performing nursing tasks, skills, advanced skills, or activities must be validated by the nursing education program or journey worker/mentor/supervising nurse prior to performing in the program.
3. The supervising licensed nurse or journey worker shall document competency validation in advance of any such independent performance or as required by facility policy.

Employer Requirements:

1. Employers will establish designated positions, titles, job descriptions, and facility policies to support the role of the student nurse.
2. Student Nurses are supported as employees for all clinical requirements of the academic program, regardless of the clinical site (i.e., all required training for the academic program of a student is considered employment hours).
3. All financial obligations, tuition and additional cost of attendance, of the student nurse for role-related training are supported by the employer agency (this cost is after acceptance of private, State, and Federal financial aid).
4. Student Nurse competencies as defined by the program must be included in the training and objectives for student nurses (Appendix A). Employers may provide additional training and competency development within the role of the student nurse under the conditions of mentor/preceptor/journey worker supervision.

Student Nurse post-graduation:

Post-graduation from a program, the student shall continue to function in the apprentice role until they qualify as a "graduate nurse" under Tennessee Code Annotated, Title 63, Chapter 7, Part 1.

Taskforce/Partners/Consultants

Taskforce Members			
Amy Rich	Cookeville Regional	Kasey Barna	TriStar Health
Lisa Smithgall	Ballad Health	Tilita Shaw	TriStar Health
Crystal Jackson	Vanderbilt Medical Center	Alisha Licata	Blount Memorial Hospital
Erin Tickle	Vanderbilt Medical Center	Amanda Waterman	Belmont University
Mary Ellen Sumeral	Baptist Healthcare	Sandy Murabito	Belmont University
Nikki Polis	Methodist Le Bonheur	Jennifer Spires	Cumberland University
Donna Whitehouse	Nashville State Community College	Carllie Woodroof	Lipscomb University
Patricia Jenkins	Roane State Community College	Morgan May	Ballad Health
Kim Hanna	Tennessee Tech	Max Tunstill	Lincoln Health
Cathy Stepter	Baptist College	Michelle Cash	Roane State Community College
Wendy Likes	UTHSC	Kae Flemming	Columbia State Community College
Ray Coe	TN Nurses Association	Jason Grindstaff	Cumberland University
Zachary Adams	Tennessee Board of Regents	Cameron Murphy	Saint Francis Hospital-Memphis
Jennifer Hitt	Christian Brothers University	Nicki Staples	Baptist Healthcare
Elizabeth Yorks	Ascension Saint Thomas	Courtney Nyange	Tennessee State University

Partner & Consulting Agencies:

Partners		Consultants	
Joy Jamerson	H-CAPS	Meredith Smith	Alabama Office of Apprenticeship
Kirk Lawson	Tennessee Nurses Association	Caralise Hunt	Auburn University
Jacy Warrell	Rural Health Association of Tennessee	Abby Bell	Auburn University
Reina Reddish	Healthcare Association of Tennessee	Melana Howe	Lake Region State College
Jothany Reed	Tennessee Board of Regents	Brittany Burke	Norton Healthcare
Shalondria Shaw	Tennessee Department of Labor, State Office of Apprenticeship	Bryce Warden	S.C.O.R.E.
Elizabeth Norton	Tennessee Department of Education	Nina Monroe	Rural Health Association of Tennessee
Sherry Richardson	Tennessee Board of Nursing	Elizabeth Cooper	Tennessee Board of Nursing

Appendix A

Registered Nurse Apprentice

Competency List

The following competencies may be performed by the Student Registered Nurse following competency validation from the nursing education program:

Basic Competencies
Perform hand hygiene
Apply personal protective equipment
Assist patients with ambulation, including but not exclusive to use of mobile assistive devices such as walkers, canes, crutches, gait belts, and wheelchairs
Position and transfer patients
Perform restorative care to include active and passive range-of-motion exercises and contracture care
Perform hygiene care including bed baths, urinary catheter care, and ostomy care
Assist patients with activities of daily living such as feeding, clothing, care of teeth and hair, toileting
Perform skin care and pressure ulcer prevention/turning
Apply sequential compression stockings and/or devices
Communicate with patients and families using therapeutic communication methods
Perform comprehensive physical assessment to include identification of normal and abnormal findings
Document assessments, vital signs, medications, etc.
Assist with admission and discharge of patients
Obtain vital signs, including blood pressure, pulse, respirations, height/weight, and oxygen saturation
Applies and obtains accurate telemetry or cardiac monitoring leads
Obtain blood glucose readings and appropriately document and disclose results
Perform 12-lead EKG
Administer enemas
Collect non-intravenous and non-arterial specimens

Perform wound care
Apply wound closure strips, removes bandages and staples/suture
Apply cold and heat therapies
Provide care for casts, traction, pins, and air splints
Insert, provide suction, and remove nasogastric tubes
Administer enteral and nasogastric tube feedings
Administer oxygen therapy and perform airway management
Administer Incentive Spirometer therapy
Provide oral, nasal, and tracheal suctioning
Apply restraints only as facility policy allows and under the supervision of the supervising (preceptor) nurse
Administer medications by oral, intra-muscular, intradermal, subcutaneous, optic, ophthalmic, nasal, nebulizer, or tube routes excluding racemic epinephrine by nebulizer. Administer narcotics only as allowed by facility policy and under the supervision of the supervising (preceptor) nurse.
Follow safety precautions for fall prevention, seizures, etc.
Perform end-of-life care
Perform post-mortem care

Advanced Competencies
Apply sterile gloves/surgical gowning and gloving
Participating in the evaluation of care administered by the interdisciplinary healthcare team
Empty and care for surgical drains such as Jackson-Pratts, Hemovacs, etc.
Insert and remove urinary catheters
Straight catheter insertion and removal
Insert intravenous (IV) catheters and provide IV therapy
Administer IV piggyback medications. IV push medications only administered if healthcare facility policy allows.

Preparing primary IV containers and tubing
Converting a primary IV line into a saline lock
Peripheral lab draw using a butterfly needle and syringe
Discontinue IV therapy
Perform endotracheal tube suctioning, care, and dressing changes
Perform central line dressing changes as healthcare facility policy allows
Perform sterile dressing procedures pending facility policy
Perform routine care of chest tubes
Assign tasks to other healthcare personnel
Perform assessments on adult patients, pediatric patients, pregnant patients, post-partum patients, and newborns
Care for patients in labor and delivery to include but not limited to applying and monitoring external fetal heart tone (FHT) and uterine contraction monitors (TOCO), monitoring internal FHT and uterine contraction monitors, conducting nonstress tests, checking for cervical dilation and effacement, obtaining vaginal cultures, assisting with epidurals, and assisting with deliveries.
Administer care of the newborn, including but not limited to assessing the cord and obtaining cord blood, determining Apgar scores, taking measurements, administering vitamin K, Hepatitis vaccine, and erythromycin ointment; and performing heel sticks for PKU and glucose monitoring, monitoring phototherapy, and assisting with circumcisions.
Manage post-partum care including but not limited to episiotomy care, assessing postpartum hemorrhage, and assisting with breastfeeding.

Skills that may **NOT** be performed by a student nurse include:

*These skills are designated by scope and accrediting agencies as **ONLY** performed by a licensed nurse. Please consult your specific agencies regarding any additional limitations.

- a. Administration and discontinuation of blood or blood products.
- b. Administration of IV chemotherapy. Taking verbal or phone orders without the presence of the licensed nurse preceptor.
- d. Transporting a patient alone when an RN is required.
- e. Providing second signature/check for controlled drugs, blood products, and medications listed as requiring independent double-checking.
- f. Witnessing consents.
- g. independent patient teaching (includes discharge teaching).
- h. Any skills in which the student nurse has not been trained by the nursing program or employer within their role and scope.

*** Please note that this is a stagnant document and changes to practice may occur. All competency and skill parameters should be reviewed and compared with the Tennessee Board of Nursing Rules & Statutes, as well as employer policies and procedures.**

Appendix B

Licensed Practical Student

Nurse Apprenticeship Competency List

**The following competencies may be performed by Licensed Practical Nurse
Students following competency validation by the nursing education program:**

Basic Competencies	PN Student Apprentice
Perform hand hygiene	Yes
Apply personal protective equipment	Yes
Assist patients with ambulation, including but not exclusive to use of mobile assistive devices such as walkers, canes, crutches, gait belts, and wheelchairs	Yes
Position and transfer patients	Yes
Perform restorative care to include active and passive range-of-motion exercises and contracture care	Yes
Perform hygiene care including bed baths, urinary catheter care, and ostomy care	Yes
Assist patients with activities of daily living such as feeding, clothing, care of teeth and hair, toileting	Yes
Perform skin care and pressure ulcer prevention/turning	Yes
Apply sequential compression stockings and/or devices	Yes
Communicate with patients and families using therapeutic communication methods	Yes
Perform comprehensive physical assessment to include identification of normal and abnormal findings	Yes
Document assessments, vital signs, medications, etc.	Yes
Assist with admission and discharge of patients	Yes. May not perform the initial intake assessment, may gather data and perform patient discharge
Obtain vital signs, including blood pressure, pulse, respirations, height/weight, and oxygen saturation	Yes

Obtain blood glucose readings and appropriately document and disclose results	Yes
Perform 12-lead EKG	Yes
Administer enemas	Yes
Perform ostomy care	Yes
Collect non-intravenous and non-arterial specimens	Yes
Perform wet to dry and clean dressings	Yes
Apply steri-strips, remove bandages and staples/suture	Yes
Apply cold and heat therapies	Yes
Provide care for casts, traction, pins, and air splints	Yes
Insert, provide suction, and remove nasogastric tubes	Yes
Administer enteral and nasogastric tube feedings	Yes
Administer oxygen therapy and perform airway management	Yes
Administer Incentive Spirometer therapy	Yes
Provide oral, nasal, and tracheal suctioning	Yes
Apply restraints only as facility policy allows and under the supervision of the supervising (preceptor) nurse	Yes
Administer medications by oral, intra-muscular, intradermal, subcutaneous, optic, ophthalmic, nasal, nebulizer, or tube routes excluding racemic epinephrine by nebulizer. Administer narcotics only as allowed by facility policy and under the supervision of the supervising (preceptor) nurse.	Yes
Follow safety precautions for fall prevention, seizures, etc.	Yes
Perform end-of-life care	Yes
Perform post-mortem care	Yes

Advanced Competencies	PN Student Apprentice
Apply sterile gloves/surgical gowning and gloving (may be performed in first period)	Yes
Empty and care for surgical drains such as Jackson-Pratts, Hemovacs, etc.	Yes
Insert and remove urinary catheters	Yes
Straight catheter insertion and removal	Yes
Insert intravenous (IV) catheters and provide IV therapy	Yes Note: LPNs may not start IVs on neonates

Administer IV piggyback medications. IV push medications only administered if healthcare facility policy allows.	Yes Note: LPNs may not administer IV push medications without specified training program
Preparing primary IV containers and tubing	Yes
Converting a primary IV line into a saline lock	Yes
The Peripheral lab draw using a butterfly needle and syringe	Yes
Discontinue IV therapy	Yes
Perform endotracheal tube suctioning, care, and dressing changes	Yes
Perform central line dressing changes as healthcare facility policy allows	Yes
Perform sterile dressing procedures pending facility policy	Yes
Perform routine care of chest tubes	Yes
Assign tasks to other healthcare personnel	May delegate to nursing assistants/care techs
Perform assessments on adult patients, pediatric patients, pregnant patients, post-partum patients, and newborns	Yes
Care for patients in labor and delivery to include but not limited to applying and monitoring external fetal heart tone (FHT) and uterine contraction monitors (TOCO), monitoring internal FHT and uterine contraction monitors, conducting nonstress tests, checking for cervical dilation and effacement, obtaining vaginal cultures, assisting with epidurals, and assisting with deliveries.	Yes
Administer care of the newborn, including but not limited to assessing the cord and obtaining cord blood, determining Apgar scores, taking measurements, administering vitamin K, Hepatitis vaccine, and erythromycin ointment; and performing heel sticks for PKU and glucose monitoring, monitoring phototherapy, and assisting with circumcisions.	Yes
Manage post-partum care including but not limited to episiotomy care, assessing postpartum hemorrhage, and assisting with breastfeeding.	Yes

Skills that may **NOT** be performed by a student licensed practical nurse apprentice include:

1. Administration and discontinuation of blood or blood products.
2. The following medications via IV push.
3. IV medication on patients weighing less than 80 pounds.
4. IV push medications in central lines.
5. Admission patient assessments.
6. Patient Plan of Care Development.
7. Taking verbal or phone orders without the presence of the licensed nurse.
8. Transporting a patient alone when an LPN or RN is required.
9. Providing second signature/check for controlled drugs, blood products, and medications listed as requiring independent double-checking.
10. Witnessing consents.
11. Any skills for which the student licensed practical nurse apprentice has not been cleared by the nursing education program.

*** Please note that this is a stagnant document and changes to practice may occur. All competency and skill parameters should be reviewed and compared with the Tennessee Board of Nursing Rules & Statutes, as well as employer policies and procedures.**

Appendix C

Program Elements for Consideration (Optional, not required)

These items were discussed by the THA Nurse Apprenticeship Taskforce during development of this toolkit. It was decided by the taskforce that these elements would be provided as items to consider, with instruction on these topics as advised by the taskforce.

1. Programs may include participant requirements such as GPA requirements, student track types (i.e. traditional, bridge, fast-track, etc.) as defined by the academic agency and employer.
2. Employment contracts for student nurses would be decided by the employer. This is **not** a requirement or best practice recommendation of the program by the Department of Labor or Tennessee Hospital Association based on current data and workforce trends.
3. Organizational Policy Review: Examples of policies where nursing apprenticeship practice could be addressed include delegation, students, unlicensed staff, documentation standards, medication delivery, etc.
4. Access to nursing systems and equipment including EHR, laboratory, medication systems, and medication pumps.
5. Job descriptions for nursing apprenticeship roles.
6. Upskilling and training opportunities. Consider all skills suitable for unlicensed assistive personnel or those in nursing supervision (i.e. EKG training, phlebotomy, equipment training).
7. Communication and competency validation tools for mentor (preceptor) documentation.

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