

FUTURE OF NURSING™

Campaign for Action



Nursing Residency Programs, Transition to Practice (Part II)

Webinar Summary - March 27, 2014

Presenters:

Susan Reinhard, PhD, RN, FAAN, Senior Vice-President & Director, AARP Public Policy Institute; Chief Strategist, Center to Champion Nursing in America

Pat Farmer, DNP, FNP-c RN, Nurse Expert and Consultant, Center to Champion Nursing in America

Nikki West, MPH, Program Director. California Institute for Nursing & Health Care

Panelists:

Gayle Swift, RN, MSN, CNS, Director Special Projects, Sutter Medical Center, Santa Rosa

Dwight Wilson, MSN, RN, Chief Executive Officer, Mission Hospice & Home Care

Judith F. Karshmer, PhD, PMNCHS-BC, Dean School of Nursing & Health Professions University of San Francisco

Webinar Goals

- Showcase a successful non-traditional approach to nurse residencies
- Identify unique features of the California transition programs
- Share school and employer feedback

Background

Since the publication of the Institute of Medicine report, "*The Future of Nursing, Leading Change Advancing Health*," in 2010, evidence has continued to grow in support of innovative programs advancing the development and implementation of transition to practice programs.

Susan Reinhard of AARP notes that high quality nurse residencies improve the experience of new graduate nurses, increase their confidence and competence, and reduce the likelihood of

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* field-based teams, the [Action Coalitions](#) (ACs), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.

job changes in the first year of employment. This reduction in turnover has implications for health care quality and costs.

This webinar, Part II, features a program developed in California, with funding support from the Gordon and Betty Moore Foundation and other organizations. The GBMF contacted CCNA to help in disseminating this information, **Reinhard** said. Also in this webinar will be a panel discussion with three school and clinical program partners.

Overview

In recounting Part I of the webinar on nurse residencies, **Pat Farmer** of CCNA said that the benefits of the structured residency programs for entry into practice are becoming well known and there has been an upswing in programs offered in acute care settings.

Mentioned in the Part 1 webinar were the regulatory model under consideration by the National Council of State Boards of Nursing and the affiliated research study; the national accreditation of residency programs offered by American Association of Colleges of Nursing and the program available for purchase in collaboration with the University Healthsystem Consortium. Featured were the programs under development in various states, including residencies in acute care settings in Iowa and long term settings in New Jersey.

The California Institute for Nursing and Health Care is a nonprofit organization that serves as the state's nursing workforce center. As the Program Director, **Nikki West** says the focus is on program development to serve the needs of nursing academia and nurse employers. Beginning in late 2009, RN Transition to Practice programs were established, initially to address a need to increase employability of new graduate RNs.

However, **West** says that over time, and with a boost from the IOM Report which recommended implementation of nurse residency programs, this model has proven to greatly improve new graduate's competence and confidence in their first RN roles.

Why a New Model?

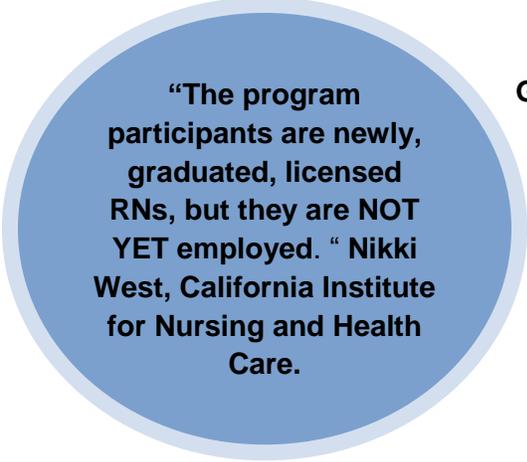
West said they were prompted to embark on a new approach to prepare RNs for practice for several reasons.

- ✓ In California, there are several excellent residency programs offered, similar to those highlighted in last week's webinar. **The initial impetus for a new model was simple – necessity.** In California, significant work was done to increase capacity in nursing schools. From 2004 to 2010, educational capacity increased 69% and the state rose in Ns per capita from 580 to 644 per 100,000.

- ✓ In late 2008, the economy began to plummet, triggering a cascade of events: fewer patients opted for elective surgeries and other treatments; experienced nurses worked

more; and nurses eligible for retirement delayed leaving the workforce as the value of their investment accounts dropped.

- ✓ Hospitals also faced financial hardships during this time, and found it easier and less expensive to hire experienced nurses than to bring on new graduates. This resulted in experienced nurses retaining or competing for jobs that new graduates had been expected to fill, with fewer jobs available.
- ✓ In 2010, California hospital RN vacancy rates dropped to an unprecedented low rate of 3.4% and turnover dropped to 8.2%, which is a big drop compared to 10.2% vacancy rates in 2005
- ✓ The economic climate over the past few years has temporarily concealed the chronic nurse shortage. Despite the masking of the issue with the economic downturn, the nation's health care system must prepare for an increasing demand for nurses. Not only will the economy shift, but the demand will be exacerbated by the demands of health care reform, and the increasing numbers of the aging population requiring more in the way of health care and chronic disease management.



“The program participants are newly, graduated, licensed RNs, but they are NOT YET employed.” Nikki West, California Institute for Nursing and Health Care.

Given our challenges with an increase in supply of new graduate RNs and decreased budget and demand for new graduate RNs in traditional settings, we sought a way to efficiently and consistently prepare new graduates for care settings of today and the future.

Funding

Finding the means to finance a new idea is key to its success. **West** said they are extremely grateful to have a partner in the Gordon and Betty Moore Foundation, which has engaged with our organization and several other schools and clinical sites, over the past 10 years as part of its nursing initiative.

The Moore Foundation took an active interest in retaining progress made to build the nursing workforce in our state, and asked the California Institute for Nursing and Health Care to work within the community to find a way to retain our nursing graduates and prepare them for the workforce.

Along with a major grant from the Moore Foundation, we were fortunate to receive additional funding from Kaiser Permanente. Local Workforce Investment Boards also contributed.

Who's Responsible?

In developing the model, several conversations took place regarding the “responsibility” for preparing new graduate RNs. The answer consistently landed on **joint responsibility** between schools and clinical sites. The solution needed to be a collaborative, joint approach.

So, the program is designed to be offered **through a school of nursing, which partners with one or multiple clinical facilities to provide the experience.**

The program is versatile enough that it prepares new graduate RNs for employment both within the hospital as well as in non-hospital settings. This is compelling as we seek ways to match the supply of nurses for the various community-based, ambulatory settings where care is being delivered.

Transition Program Goals

- Keep new graduate RNs engaged and improve their employability
- Offer training and exposure in various settings, some with limited resources
- Present careers in and outside the acute care setting as meaningful and challenging options as a first position post-licensure

West said initially, the program was established to help employ new graduate RNs. However, as the program gained traction, benefits have extended well beyond employability.

The program has facilitated matching nurses to clinical areas where they have discovered real passion, and has allowed sites that have not had resources or the ability to attract new graduates the chance to pull from a pool of fresh, dynamic nurses. The program structure has appealed to multiple audiences, including nursing schools, new graduate nurses, and a multitude of nurse employers as a feasible way to bridge RNs to careers in a variety of settings.

Academically Based

The transition program is hosted through a school of nursing, which is a **differentiating feature.** These programs are true academic-practice collaborative efforts. A nursing school agrees to offer a transition program and collaborates with one or more clinical sites, often starting with partners with whom they have affiliation agreements.

The program is offered either within the nursing department or through continuing education and is made available for either continuing education credit or school academic credit. The target for recruitment is a new graduate RN who has passed the boards, but who has yet to obtain an RN position.

Typically, the schools set eligibility as new RNs who have graduated within the past year. The school recruits both its own alumni as well as graduates from other nursing programs who plan to live and work in the area. Interested new graduates apply to the program and are accepted based on the strength of their application, which can include short answer questions and even an interview.

Once accepted, the enrolled RNs are covered through the school for worker's compensation and liability, and are therefore able to be precepted within the clinical setting. The school works with its clinical partners to customize its curriculum based on set standards across transition programs. The school provides didactic as well as clinical faculty. The clinical partners provide input to curriculum development, provide preceptors and a clinical setting for the preceptorship.

Program Structure

The program structure is modeled on best practice examples from traditional residencies. There is common structure to the curriculum across program locations.

All are approximately a school term in length, **12 to 18 weeks**, with the enrolled RNs participating approximately **24 hours per week**, to allow them time for non-RN work to cover expenses during the program. Programs are based around the Quality and Safety Education in Nursing, or QSEN, competencies, and are structured such that participants and preceptors are evaluated against a common competency survey.

Transition Program Characteristics

- Incorporate clinical, didactic, simulation, and web based learning
- Includes preceptors and special topic lecturers
- Role preparation made available to preceptors
- Evaluate employability, competence and confidence based on standard evaluation tools
- Award common Certificate of Completion



The programs are offered in a blended manner. On a set schedule, usually once per week or bi-weekly, participants attend classroom sessions in person on the school campus, and may also leverage simulation and/or a skills lab and online materials. Classroom learning is reinforced and expanded in the clinical setting by practicing with a preceptor. Clinical faculty, provided by the school, provide oversight and conduct site visits.

The preceptor and RN participant are provided with the same curriculum and learning objectives, with weekly goals described. To provide a standard for the precepted experience, education is offered to all preceptors through the school. Some provide an on-campus in-person preceptor welcome and education session, and others provide online training materials.

All transition programs are required to use the same participant evaluation tools and to enter evaluations into a common database. This provides consistency and is a way to build a statewide database to analyze and evaluate the program's impact across a large number of participants.

Another component of standardization is an industry-recognized co-branded **Certificate of Completion** which is awarded at program finish – often as part of a graduation celebration. The certificate includes branding by the California Institute for Nursing and Health Care and the host school.

Transition Program Curriculum

- Based on Quality and Safety Education in Nursing (QSEN) competencies
- Programs in acute care, long-term and post-acute care, primary care, home health & hospice, and care coordination
- Programs are customized based on local partners and needs, and often include special course topics such as wound care, end of life and palliative care

The model has applicability in a number of settings. Though consistent with the QSEN competencies, the concepts are extended into various environments. Schools can partner with hospitals as well as with ambulatory care settings, and we've seen success with transition program RN preceptorships in clinics, home health, hospice, and schools of nursing.

Though the schools provide the lead faculty, many programs have incorporated **guest lecturers** from the clinical practice environment, providing a true academic-practice collaborative approach to teaching. To develop the curriculum, school and clinical partners meet at the program start to discuss hiring needs, gaps that may exist in new graduate development, and focus on those skills and competencies to prepare RNs who will best meet local demands.

Roles and Responsibilities.

The academic partner collaborates with one or many clinical sites to host the program, enrolls newly graduated and licensed RNs, covers liability and worker's compensation, provides faculty, and offers classroom and simulation experiences.

- **The clinical sites** – one or multiple – collaborate with the academic partner to contribute to the curriculum development, offer a preceptor and practice setting, and may provide guest lectures, such as end-of-life care or wound care. The preceptors agree to follow the curriculum, provide meaningful experiences for the transition program RN, utilize training available to them as needed, and complete the competency evaluation tools.
- The role of the **California Institute for Nursing and Health Care** is to be the overarching **sponsor** and bring statewide consistency to the model across program locations. We provide the basic structure and criteria for the curriculum and a clear framework. We also provide project templates and best practice recommendations for implementation, based on learnings from launching program sites across the state over the past several years. We provide the standard set of evaluation tools and house the database where all evaluation data is stored. Lastly, we issue the Certificate of Completion.

Evaluation Tools

West says that evaluation tools are a key feature of the program. All sites that offer a transition program consistently use the **same set of evaluation tools**. With input from a statewide Advisory Committee, we developed a robust evaluation plan to measure program impact, with competence and confidence assessed at program start and again upon completion.

A standout evaluation tool is the **QSEN-based competency assessment tool**, which both the preceptors and participants administer pre- and post-program. All tools are provided online with information stored in a central location. Data can be filtered by school, by date, and by various other program attributes.

There is also data and evaluation tools we are in the process of gathering or are fine-tuning. Specifically, we are identifying the true cost to offer a program, and working with school and clinical site partners to understand actual and in-kind expenditures.

We also seek to learn about the actual first work experience and how the transition program RN performs compared to RNs who have not been through a program. And we are eager to identify savings to employers in the form of staff retention. We have developed tools to capture this information, and are in the process of identifying funding to expand our pool of data and conduct a thorough analysis.

Transition RNS are Getting Jobs

- They are marketable and in demand.
- Single statewide data collection
- Analysis demonstrates increase in RN competence and confidence
- Of initial 188 participants completing survey:
 - 73% were employed two months after program completion

- 84% were employed three months after program completion

All of the effort and analysis is paying off, says **West**. “These programs are making a difference.”

An initial evaluation of the data from pilot programs over 2010-2012 shows an increase in RN competence and confidence from program start to completion. The programs are meeting our initial goal of employing new graduates. Compared to statewide survey findings showing an average of 59% of new grads finding jobs, transition program participant employment is much higher.

In addition to these benefits, clinical partners appreciate taking part in the experience, working collaboratively with the schools to watch participants increase competence and confidence. For organizations that don't have traditional residencies, this model provides a meaningful opportunity for new graduate RN development and a potential pool for recruitment and hiring.

Expansion and Replication:

- 20+ Academic-practice transition program partnerships have formed across CA using this framework
- Each uses core evaluation tools and provides a consistent Certificate of Completion
- >1,500 new graduate RNs have participated since Winter 2010
- Expanding programs to incorporate experienced or graduate level RNs transitioning into new practice areas

Initially in 2009, we were funded by the Gordon and Betty Moore Foundation to establish four pilot sites. Since then, the program has expanded and has been offered in over 20 school-based locations across the state.

The initial grant and funders allowed 330 new graduate RNs to participate and we are up to **1,500** who have been enrolled. My organization is tracking program locations, and all participants and preceptors are entering evaluation data into a single database that we house. We are building a body of evidence to promote the value of transition programs, and believe these programs can be useful in the short- and long-term as an option to prepare new graduate RNs for the myriad of roles and care settings where they will be needed.

Panel Discussion

The webinar featured representatives of different health care settings and their experiences with the nurses transition program.

Gayle Swift, RN, MSN, CNS, Director, Special Projects Sutter Medical Center, Santa Rosa,

Nikki: As a hospital-based nurse employer, what motivated you to participate in a transition program as opposed to offering a traditional employer-based residency?

Gayle: As may be the case with other hospitals in certain parts of the country, our facility was facing a **perfect storm**: With the economic downturn, our nurses were not retiring, and we had no positions available. We were seeing a change in payer mix, and simply had no funds to hire new grads into a preceptor or residency program. We calculated there would be as many as 25% of our nursing staff retiring in 2015 and we needed to be proactive in hiring and training new grads- it takes time to help them become clinically competent.

Nikki: You are a big proponent of this model. In speaking with you, you've stated you're grateful for the program. What is it that has worked for your facility?

Gayle: The experience has really allowed us to be innovative and to partner with academia to support the clinical education process. Through the program, we have gained access to the school's SIM lab and benefitted from faculty and online educational support. The evaluation tools have been extremely helpful. The Casey Fink survey taken before and after validated their clinical readiness, and we have incorporated elements of the QSEN competency assessment tool into how we evaluate our staff.

It has been a real gift to assist with the new grad training without first committing to hiring them. However, that being said, 23 out of the 26 from our first group were hired. They were so well prepared that they were hired into per diem positions, which we had never been able to do. This saved on our recruitment and orientation costs.

Dwight Wilson, MSN, RN Chief Executive Officer Mission Hospice & Home Care

Nikki: After hearing from the hospital side, let's now switch to someone who comes from a setting which is a somewhat non-traditional for a new graduate. Dwight Wilson runs Mission Hospice and Home Care, a small but growing organization. Total census has grown from 25 in the hospice 6 years ago to now 195.

Why participate in this program when you can hire at will? Why place your limited staff resources into this?

Dwight: That is a fair question. I am a believer in mentoring new students. Students provide value to an agency of any size. Organizations that invest in developing and growing staff are stronger and my staff's mentoring abilities have definitely strengthened.

I've been involved in the program over several years at this point, and have recognized tangible results. One interesting benefit to this program has been the cultural diversity brought to my organization via the recruitment and participant enrollment efforts of our school partner. By bringing in students from different cultural backgrounds, my staff has become more cognizant of how to communicate with patients of cultural backgrounds. We have hired about 50% of the transition program participants that we've precepted. By hiring a transition RN, we know what we're getting.

Judith F. Karshmer, PhD, PMNCHS-BC, Dean, School of Nursing & Health Professions
University of San Francisco.

Nikki: We've highlighted program benefits but know that nothing is completely rosy. I've invited a school leader to join us and have asked her to speak about some of the challenges with program implementation as well as with long-term sustainability.

Judy Karshmer is Dean of Nursing & Health Professions at the University of San Francisco and has led a transition program focused entirely on preparation of new graduate RNs in ambulatory care. Judy, we've heard about program benefits. Please share an honest description of challenges and considerations you're facing as you look beyond grant funding to continue to offer the program.

Judy: Nikki, you are correct. The program has proven a big success at USF, with nearly 100% of our transition RNs in demand and securing jobs very quickly.

However, as we've learned over the past few years while we've honed the program specifics, there are several challenges and considerations when providing this type of program offering. Despite considerable program interest from our clinical partners and new graduate RNs, there are factors that make any transition program challenging to sustain. Programs are dependent upon the **willingness of partners** to provide qualified preceptors. Many clinical sites are limited in the number of preceptors they can provide between meeting the needs of both pre-licensure students and new graduate nurses.

Schools of nursing are concerned they will lose clinical sites and preceptors for student nurses to transition program placements. It may be difficult to secure qualified clinical faculty to supervise the program participants and program development and implementation is a significant workload on school and clinical site partners.

Nikki: Your program has been primarily financed over the past five or so cohorts through grant funding. As you seek a more sustainable means of financing a transition program, what are your options?

Judy: There are a few different business models for continuing to offer the programs. Some school-clinical site partners have already moved away from soft funds and are financing the programs in different ways.

They include a combination of employer supplements and self support through tuition paid by the participant. Of course, finding additional grant funding to help support the program would not hurt, either.

For further information on the transition residency program, contact:

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Last Notes

Farmer of CCNA said one critical part of the content mentioned by the speakers, is the importance of gathering data. As new programs are developed, we know they must be evaluated carefully for their impact on nurse retention, expanding competencies of new nurses, improved patient outcomes, and of course health care costs. We encourage all grantees and other programs to include careful review of their impact and best practices that emerge. It is imperative that we share this information across settings.

The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

For more information from the Center to Champion Nursing in America about this webinar, technical assistance or other questions related to the Future of Nursing, Campaign for Action contact Michael Pheulpin at MPheulpin@aarp.org or 202-434-3882 or Andrew Bianco at abianco@aarp.org

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