

Nursing Residency Programs: Transition to Practice (Part I)

Webinar Summary

March 20, 2014

Presenters:

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Webinar Goals

- ✓ Inform the initiatives advancing nurse residency and those ready to advance
- ✓ Increase awareness of existing programs
- ✓ Share promising practices and innovative models to reduce duplication of work

This webinar and additional webinar resources can be found at www.campaignforaction.org/webinars

Overview

Susan Reinhard of AARP noted that many Action Coalitions are advancing work in the development and implementation of transition to practice programs. The Institute of Medicine report, *The Future of Nursing: Leading Change and Advancing Health* described the importance of structured programs for new nurse graduates. Evidence shows these programs enhance safety and

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.

quality of care as well as reducing employee turnover. Health care organizations across the U.S. need alternatives which are high quality and cost effective.

This webinar introduces the structured programs in Iowa and New Jersey for new nurse graduates and give an overview of their work in progress. This is the first part of a two-part series on nurse residencies and the transition to practice. Part two will be March 27 and feature a presentation describing the innovative program developed in California, with funding support from the Gordon and Betty Moore foundation

One of the primary roles at CCNA is to coordinate the *Campaign for Action* activities across states, said **Pat Farmer of CCNA**, in order to be able to accelerate progress on mutual goals and share resources. "From the national perspective we've seen a growing interest in the topic of nurse residency in the last year or two. Recent research validates a substantial upswing in residency programs offered, at least in acute care settings."

Today's objectives are to inform and accelerate those initiatives related to nurse residency, said **Farmer**, and to increase awareness of some high quality programs already in place so that those of you just beginning your work are aware of existing resources. In this webinar, there will be promising practices and innovative models, with the important goals of helping those who are ready to advance in this area, and reduce duplication of work being done

The impetus for establishing transition to practice programs comes from the IOM report, specifically recommendation three:

"State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition to practice program (nurse residency)...."

Like all aspects of the IOM report, this recommendation is evidence based, although the authors of the report called out the need for additional research to validate the benefits of the residency process. Since the publication of the report in 2010 we have in fact continued to see the evidence grow, **Farmer** said.

That research has focused on three key areas:

- ✓ The experience of new nurses themselves, who in spite of very high quality academic preparation often report feeling overwhelmed and ill prepared for patient acuity and complexity. There is good evidence that residency programs result in a reduction of role stress, and with an increased level of confidence.
- ✓ The benefit to employers, who report staff who are better prepared to cope with the increasingly complex work environment.
- ✓ And most importantly there is growing evidence of the impact on **patient safety** and health care costs through **reduction of turnover**. The research shows that between 1/3 and 2/3 of new graduate nurses change jobs within their first year of practice. The impact of nurse residency programs in reducing turnover rates has now been validated across a number of settings, and helps drive the business case for supporting program development or acquisition.

Farmer said there is widespread confusion about definitions and terminology used to describe residency programs.

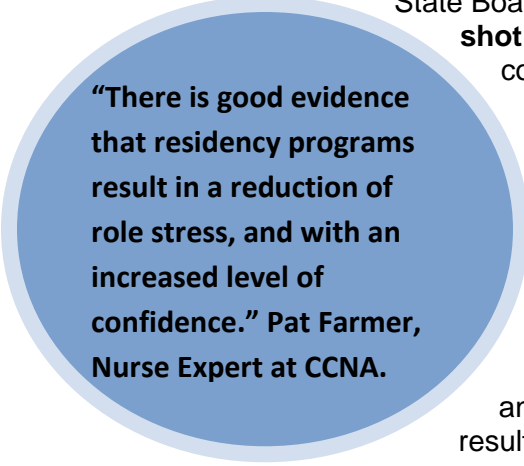
A study by the University Healthsystem Consortium found that while 85% of respondents said they did have residency programs, there was no uniformity to these programs at all. They varied in structure, in length, and in content. In fact, program length varied from 4 weeks to 2 years.

The title of the program is not necessarily definitive either. There are highly structured programs that last months and still are called orientation, and there are programs called transition to practice that are only a few weeks long.

Farmer emphasized that the webinar’s focus is on transition to practice residencies for newly graduated RNs. The IOM report called also for transition to advanced practice roles and for transitions to new roles within nursing but that isn’t under discussion in this webinar.

The National Perspective

There are major initiatives already in existence across the country. The National Council of State Boards of Nursing is considering a regulatory model. (See a **screen shot of their website** in the power point presentation). The council collaborated with a very broad group of stakeholders in developing this model, including more than 35 nursing organizations with representatives from both urban and rural areas.



“There is good evidence that residency programs result in a reduction of role stress, and with an increased level of confidence.” Pat Farmer, Nurse Expert at CCNA.

One of the very interesting things about this initiative is the associated research project, **Farmer** said. Phase One of their study includes nurses from all levels of education, and has patient outcome measures in both the residency intervention and a control group. Phase Two concluded last fall and includes nurses in settings outside of acute care. Study results will be released later this year.

The University Healthsystem Consortium has collaborated with the American Association of Colleges of Nursing to develop a comprehensive nurse residency program. (See a **screen shot** from their website on the power point.) AACN created accreditation standards for residency programs. Their own program is one year in length and is designed to be adaptable across a variety of settings. This model has been adopted across nearly 100 practice sites in 30 states, including a substantial presence in Wisconsin, Hawaii, Maryland and other states.

The IOM report mentioned the Versant program, which is a comprehensive 12 month residency, which has now been in place for nearly 15 years.

A number of states are advancing development of nurse residency projects with funds from the State Implementation Program grants. CCNA serves as the National Program Office for these Robert Wood Johnson Foundation grants. In addition to Iowa, there are five states who are using grant funds specifically on projects related to development or implementation of nurse residency programs within their state.

- ✓ Missouri has an emphasis on investigating nurse residency models scalable to rural and Critical Access Hospitals.
- ✓ Idaho's nurse residency project includes transitions *within* practice, specifically to roles of nurse educator and nurse leader
- ✓ Nevada just received funding with the second round of SIP grants and they are just beginning work
- ✓ Rhode Island has a statewide project which includes focus on community and long term care
- ✓ Utah is working with a statewide consortium of academic – practice partnerships and developing centralized resources for use by programs all across the state.

Iowa's Residency Program

Rita Frantz, co-lead of the Iowa AC said a statewide nurse residency program was identified as one of the priority goals of the **Action Coalition**. To accomplish this goal, a Task Force was convened that represented state level stakeholders from both acute and long term care, including nurse executives, nurse educators, leaders from five hospital-based residency programs, as well a new nurse graduate and a nursing student.

The Task Force was led by **Lori Forneris**, Chief Clinical Officer at Loring Hospital, a critical access rural hospital in Sac City, Iowa.

Support for development of the nurse residency program was a State Implementation Program (SIP) grant funded by RWJF with matching funds from several health systems in the state and The University of Iowa College of Nursing, Mercy Medical Center, Genesis Health System, Iowa Hospital Association and Unity Point-Des Moines

Forneris said the mission statement identified by the task force was to develop a standardized turn-key nurse residency program adaptable in any health care setting for newly licensed registered nurses. Two key components of this mission statement are that it needs to be ready to go with very little start-up or implementation costs and that it needs to be “adaptable” to all types or sizes of health care facilities.

The guiding principles of the project were that it was for new nurse graduates, separate from orientation and that it was evidence-based and includes cohort group discussion and preceptor training. It should be flexible for users, and culminate in an evidence-based or quality improvement project.

Steps for the Task Force

The task force work had several steps. The first step was to review research and best practices as well as seek clinical expertise in residency work. **Forneris** said they used evaluations of residency programs, the transition tool kit from NCSBN, the clinical expertise of Dr. Coleen Goode from the University of Colorado and The Advisory Board Company report on “Bridging the Preparation-Practice Gap,” which identified 36 competencies for new nurse graduates.

This review then drove the next step, determining the modules. They identified 12 main competencies to address in the residency program, with other competencies being threaded throughout each module.

The next step was to hire an **on-line design team**, and then develop each of the modules.

Development of preceptor training and cohorts, beta testing, and the final step of creating sustainability is presently in progress. There are over **150 nurses** participating in the beta testing phase, including new graduates, nurse leaders, and nurse educators from various health care settings.

Each of the **modules** has learning objectives, outcome statements, interactive learning techniques and applications as well as review questions. There are videos of clinical scenarios and testimonials embedded in almost every module. The modules take approximately 20-30 minutes to complete, depending on the speed of the user. There is also a resource tab for each module with reference lists and self-directed learning activities. These activities drive the on-line cohort discussion.

The modules are divided into three main categories, plus the module on Introduction to Practice. The main groupings are **Communication, Responsibilities of the Professional Nurse, and Decision-Making at the Point of Care.**

They are using the Casey-Fink Graduate Nurse Experience Survey as one of their evaluation tools. The survey will be given at the beginning, mid-point, and at the conclusion of the program. The **Transition From Student to Professional Nurse module** is designed to start after the general unit orientation and covers basic transition stages, professionalism, and the importance of reflection.

There are **four separate modules in the Communication category.** The first is Communicating with the Patient Care Providers, with key components being SBAR, CUS, and the when what, and why of calling physicians; Communicating with the Healthcare Team focuses on team work and hand-offs; Patient Education covers teach-back techniques; and the fourth module is Conflict management.

Responsibilities of **Professional Nurse Category of modules** cover safety, quality and evidence-based practice. These modules were placed in the middle because of the importance for the new graduate to have a basic knowledge as they begin the work of their individual projects. The second Casey-Fink survey is done after this grouping of modules.

The final grouping of modules deals with **decision-making** at the point of care. These modules include prioritization, delegation, critical thinking, time management and culturally responsive care. After the last module, the resident will complete the third and final Casey-Fink survey.

This is also when the evidence-based, quality improvement project is completed.

Evidence has shown that **support from a cohort of new nurse graduates** is extremely important in a residency program. One of the challenges was to create a cost-effective method for new nurse graduates at critical access hospitals and other small facilities to be part of a cohort of nurses transitioning to practice. As part of the on-line package, the new graduate will

have monthly synchronous discussions with their cohort, facilitated via live webinar with a **Nurse Residency Manager**.

Instead of using the on-line option, a facility may choose to conduct its own discussion sessions on-site. Large health systems in Iowa have expressed a strong interest in this blended model because the residents would receive consistent information from the online modules.

They also felt strongly about including an evidence-based or quality improvement project. The on-line nurse residency manager will be assisting and collaborating with the resident to help with each project.

In summary, unique features of this program are:

- ❖ innovation
- ❖ cost-effective
- ❖ meets the learning needs of the users
- ❖ has standardized information based on evidence and clinical expertise,
- ❖ is flexible and adaptable to any size of facility from Critical Access Hospitals to large urban hospitals and long term care facilities.

Franz said The Nurse Residency Task Force developed a fee schedule to sustain the online nurse residency program. Facilities that wish to enroll new RNs can opt to purchase one of two models of the program

- ✓ A “blended” model that provides nurse residents access to the online modules, which gives them the flexibility to learn on their own schedules. Under this model, discussions are conducted on-site by the nurse employer. Large facilities are most likely to be interested in this model. The cost is **\$200** per nurse resident and volume discounts are available.
- ✓ An “online” model has residents receiving didactic content through the online modules and monthly synchronous webinars with a residency manager employed by The University of Iowa College of Nursing. The residency manager also provides individual coaching and supports residents as they complete a quality improvement project for their facility. The online package costs **\$1000** per nurse resident for the 12 month program.

For more information on the Online Nurse Residency program, contact:

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An overview of the nurse residency modules is available at: <http://go.prepareiowa.com/url/ma>

New Jersey Long Term Care Residency Program

“It is essential, however, that residency programs outside of acute care settings be developed and evaluated.” Institute of Medicine 2010 report

New Jersey is developing residency programs outside of acute care and in long term care settings.

Dr. Edna Cadmus co-lead of the AC with her colleague **Dr. Susan Salmond**, both of Rutgers University said the RN residency program in long term care is being funded by CMS civil monetary penalties (\$1.6 million) money through working with the NJDOH. Civil penalties money is what is collected when there are citations in long term care facilities. “Our original intent was to obtain funding for all three settings: acute care, long term care, and home care, however, we have learned to follow the money in our project,” **Cadmus** said. The long term care project is also funded with \$32,000 from the Horizon Foundation.

We know that turnover of nurses in long term care is 37.7% in NJ as compared to 41% nationally. This rate has an impact on stability of the workforce which ultimately impacts on the quality and safety in organizations.

Additionally, **Cadmus** said, we know that LTC is not perceived by the new grad as a safe environment to begin their practice and also they believe that the hospital is the gold standard. “We want to change that perception and provide them with support in this transition period,” she said.

The HCANJ reached out to us initially to see if we could provide such a program. However more partners have become evolved since.

Currently in the development phase, the primary focus is on application and not on re-teaching what they know. To date we have recruited 20 facilities and are working now to collect some pre-implementation data.

The preceptor phase will include what it means to be a preceptor, the application of the Massachusetts, Nurse of the Future Core Competencies and the NICHE geriatric resource nurse competencies. The intent is for them to become GRNs during this process. The first phase is five days. The other eight days will be to add content as we evaluate the preceptor needs.

The new graduate phase will include: 10 days of the geriatric competency materials plus 9 days of the Massachusetts Core Competencies. Nurses will then rotate to other levels of care with a focus on transitions. They will also have 8 learning collaborative days based on what topics need greater reinforcement as well as debriefing.

Cadmus said they are using several evaluation tools with the different constituents. Demographic data will be collected on all and they will use the Casey-Fink tool, a job satisfaction tool, preceptor and preceptor tools and the Geriatric Institutional Assessment Profile. Organizational data will also be collected pre and post. We have engaged the Heldrich Center at Rutgers for the evaluation components.

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Last Notes

Farmer of CCNA emphasized the importance of gathering data in all these programs. As new programs are developed, they must be evaluated carefully for their impact on nurse retention, expanding competencies of new nurses, improved patient outcomes, and 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."

A reminder, you can post your residency related content to our online community through the CCNA website, on twitter or on facebook.

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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