Sherlock Holmes:
The case of the enigmatic nurse residency program.

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Objective:

1. Explore various components of a nurse residency program.
Joint Commission:

Recommended establishing a standardized post-graduate nurse residency program, a nursing equivalent of the Accreditation Council for Graduate Medical Education, and funding to support training.
Institute of Medicine
Recommendation # 3:

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) after they have completed a pre-licensure or advanced practice degree program or when they are transitioning into new clinical practice areas.
Magnet

Structural Empowerment:

Organizations must show that they facilitate the effective transition of RN’s and APRN’s into the work environment.
Structure
Who is developing, leading and managing Nurse Residency programs?

Director
Manager
Coordinator
Facilitator
Professional Development Specialist
Clinical Nurse Specialist
Where is the program housed?

Education department
Human Resources
Organizational Development
Reporting Structure:

Line unit managers
Executives
Lead faculty
Collegiate Deans and Chairs
Whatever the leader is called, it is a unique opportunity to navigate: academia continuing education professional development.
It is an opportunity to affect the long-term future of nursing!
Framework
Patricia Benner and The Dreyfus Model of Skill Acquisition:

Five Levels of Proficiency:
- Novice
- Advanced beginner
- Competent
- Proficient
- Expert
Merton’s Three Stage Theory of Professional Socialization:

Knowing = Academic Stage

Becoming = Transition Stage
(initial 3 months post-hire)

Affirming/Integrating = Integration Stage
(4 months to one year)
Content
Critical Elements:

Didactic Direct Instruction
Clinical Immersion
Competency Validation
Looping
Supportive Component: Mentoring
Supportive Component: Debriefing

Reality Shock: Identified Seven Management Skills:

- Delegation
- Collaborative Nurse-Physician Relationships
- Feedback to Promote Self-Confidence
- Autonomous Decision Making
- Prioritization
- Constructive Conflict Resolution
- Time Management

Commission on Collegiate Nursing Education:

Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs Curriculum

Leadership

Management of Patient Care Delivery

Resource Management

Communication

Conflict Management
Patient Outcomes

Management of the changing patient condition
Patient and family education
Pain management
Evidence-based skin care practice
Fall prevention
Medication administration
Infection control
(CCNE cont.)

Professional Role

Ethical decision making
End of life care
Cultural competence
Stress management
Evidence-based practice
Professional development
For Purchase
UHC/AACN:
University HealthSystems Consortium and the American Association of Colleges of Nursing Nurse Residency Program

This was formed in 2002 out of the desire of chief nursing officers for a better educated workforce in their clinical settings. Based on Patricia Benner Novice to Expert model.
UHC/AACN:

Primary Goal:
To develop a residency program that will take the novice learner from new graduate to a more competent provider.

One year program

Well designed and developed curriculum based on quality, safety and evidence-based practice

Multiple data collecting tools and analysis
UHC/AACN:
Multiple data collecting tools and analysis:
Casey Fink Graduate Nurse Experience Survey
Gerber Control Over Nursing Scale
McCloskey Mueller RN Job Satisfaction Scale
Versant RN Residency: The Journey from Knowledge to Knowing®:

A comprehensive education and training system, developed using Patricia Benner’s Novice to Expert framework.

An 18-week immersion program composed of approximately 80% clinical time and 20% classroom time.
Some programs consider the clinical orientation of new graduate nurses a Nurse Residency Program.
“Pre-licensure externships that take place outside the required student clinical hours, often sponsored by health care organizations may be referred to as Nurse Residency Programs.”

“Internships and orientation programs in clinical specialty areas are marketed as Nurse Residency Programs.”

2. Discuss the role of the nurse residency program in relation to bridging the education-to-practice gap.
The Gap:

IOM Recommendation:

80% BSN by 2025

Emphasized the need for nurse residency programs to transition new nurses from the school environment into actual practice.
Baccalaureate nursing education has been linked to better patient outcomes, therefore current hiring trends strongly favor BSN’s.

Enrollment in BSN programs increased 288% between 2003 and 2011.

As of 2008 half of all RNs held baccalaureate or graduate degrees.
“Within the nursing profession, there has been a long-understood gap between the knowledge and skills that students acquire in school and the knowledge and skills actually required on the job”

10.4% of hospital executives believed that nurse graduates were fully prepared to provide safe and effective care in hospital settings.

89.9% of school leaders believed that the new graduate nurses were fully prepared.
Perception is everything!

What are the perceived gaps:
What are the perceived gaps:

56% Hospital Administration
21% Nursing Faculty

Inadequate Clinical Training
What are the perceived gaps:

85% Hospital Administration

49% Nursing Faculty

Lack of Critical Thinking Skills
Areas of Agreement:

Top strengths:

- Use of Technology
- General Knowledge of Nursing

Weaknesses:

- Time Management and Prioritization
- Ability to Take Charge
- Doctor and Peer Communication
Ways to help overcome some of these gaps---real or perceived:

Provide the latest evidence-based practice information for nurses to use at the bedside and in the educational process.

Give students and newly graduated nurses plenty of time to practice both hard and soft skills.
Watson,
I believe I have found the answer:

The Nurse Residency Program!
3. Evaluate the effectiveness of the nurse residency program in the reduction of nurse turnover rates.
1974 Dr. Marlene Kramer 1st documented new graduate nurses transitioning from academic programs into the clinical setting in her publication “Reality Shock”.

New grads experienced high levels of fear, anxiety and frustration in the first 12 months of clinical practice.

These feelings have remained constant for over 40 years!
“It is estimated that it takes at least one year for a nurse to become proficient in a job.”
If the Nurse Residency Program saves the organization more money than it costs to develop and implement, then it pays for itself and demonstrates a positive return on investment for the organization.
New Graduate Nurse Turnover Is A Key Metric

Best figures found were reported by Yin and Jones (2013) that a hospital will spend 125% of a nurse’s salary to replace each one that leaves.

New Graduate Nurses are quickly becoming 10-15% of the total hospital RN staff in acute care facilities. (Berkow, Virkstis, Stewart & Conway, 2009)
New Graduate Nurse Turnover Is A Key Metric

Turnover rates at 12 months post hire have been reported from 13% to 75%. (Kovner, 2007 & Ulrich et al., 2010)

Kovner and colleagues (2007) found 24% of new graduate nurses resign by their second year of hire.
New Graduate Nurse Turnover Is A Key Metric

Study after study after study report on the success of Nurse Residency Programs and decreasing turnover rate.

Therefore, it must be true.

Happy smiling faces!
Now, lets get pragmatic .......

Consider:

How do we calculate turnover rates?

What is your current turnover rate?

What is the projected length of stay of someone that starts out at your institution as a new graduate nurse?

Difficult to find studies that report retention data after the first year.
Is reducing turnover the only reason to have a Nurse Residency Program?
To meet the needs of our patients, nurses must be competent, well prepared, confident and knowledgeable.

We need to assure that the new graduate nurse has a positive beginning experience and a strong clinical foundation for a long and productive career that provides quality care.
Establishes a positive learning environment
Maximizes available resources
Embeds essential competencies in learners
Validates that organizational program outcomes are being met
Institutional Commitment

Promotes life long learning

Facilitates professional socialization
MUSC Cumulative Retention Rate Over Four Years

- One Year Retention: 90% (Cohorts 1-13, N=537)
- Two Year Retention: 78% (Cohorts 1-13, N=537)
- Three Year Retention: 69% (Cohorts 1-8, N=268)
- Four Year Retention: 63% (Cohorts 1-4, N=142)
- Overall Retention: 75% (Cohorts 1-13, Years 1-4, N=537)
MUSC Cohort 1-13 Year One Retention Rates
MUSC Cohorts 1-13 Comparative Retention Rates
Conclusion:

We need nurses.
We need good nurses.
We need to help them become good nurses.
We need to do something to make this happen.

The world of nursing is ours.