Evaluation of NJ Acute Care Nurse Residency Programs

Principal Investigators:
Edna Cadmus PhD, RN, NEA-BC, FAAN
Teri Wurmsen PhD, MPH, RN, NEA-BC
NJCCN Mission

• Ensure that **competent future oriented**, diverse nursing providers are available in sufficient numbers and preparation to meet the demand of the evolving healthcare system in New Jersey.

• Transform the healthcare system through research and **innovative model** programs.

• Create a **central repository** for education, practice, and research related to nursing workforce.

• **Engage** academic/practice partners, inter-professional colleagues, government and legislative agencies, consumers, business and industry in workforce solutions.

• Promote a **positive image** for nursing.
National Findings

• Findings in 2nd report:
  • 3.9 - Transition-to-practice residency programs have been shown to **improve efficiency** of healthcare services and **retention** of new nurse graduates.
  • 3.10 - There are good models for RN residencies including the UHC/AACN (now Vizient/AACN) program, ANCC and CCNE accreditation and the NCSBN program.
  • 3.11 - Most transition-to-practice residency programs are hospital-based and focus on acute care.
  • 3.12 - Lack of funding has limited the growth of transition-to-practice residency programs.
  • 3.13 There is no major dashboard indicators for recommendation 3.

(NAM, 2015 p.3-22-3-23)
National Findings Continued

• Conclusion:
  
  • **Further evaluation of transition-to practice residencies is needed to prove their value with measurable outcomes; in particular, more attention is needed to determine the effect of these programs on patient outcomes.** Although robust evidence on the impact of nurse residencies on patient outcomes is lacking, the available evidence suggest that these program have **positive effects on retention and job satisfaction, both of which have implications for patient care.**

  • **Use of existing models could make the design, implementation and evaluation of these new programs easier and more efficient.**

  (NAM, 2015 p. 3-23)
Nursing Leadership Council

- 2016 Survey
  - N=25 hospitals
  - 50% (n=14) had a residency
  - 100% (n=14) Did not partner with a college or university
  - Outcomes measured retention and participant satisfaction
  - 48% (n=11) would be interested in a standardized curriculum
  - 52% (n=12) may be interested in a standardized curriculum
Aim

To describe how new graduates transition into practice in NJ acute care hospitals through the eyes of the new graduate, educator and CNO.
Primary Questions

• How do the new nurses perceive their transition into practice?

• How do the nurse educators perceive their current transition into practice program if they had one in place?

• How do the CNOs specifically see the transition into practice for new graduates?
Methodology

- IRB approval from Rutgers University
- Distributed through the NJHA and ONL/NJ
- Qualitative study
  - Six focus groups held (nurse residents, educators, and CNOs separately)
- Quantitative component
  - Ranked competencies from most to least using the *Nurse of the Future Core Competencies*®
## Sample

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<th>Type of Participant</th>
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## Demographics

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# Demographics

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<td>5 BSN</td>
<td>10 MSN</td>
<td>3 DNP</td>
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Findings

• **Pre-residency**

Six sub-categories emerged:

• *What I want as a new graduate*
• *Lack of or availability of residency programs*
• *Associate vs BSN as selection criteria*
• *Hiring practices*
• *Academic preparation of new graduates*
• *Change in Mind-set*
Pre-Residency

- **What I want as a new graduate**

- “I was looking for somewhere I could transition into practice smoothly, going into school from being a new grad in nursing is a huge job and a drastic change.”
Pre-Residency

- Lack of residency programs

“...I didn’t have a residency program. I got hired and a week later I was on the unit doing full-time. And that was really annoying in the very beginning. I expected some kind of orientation you know... Now looking back, I’m kinda really jealous.” (R)
Pre-Residency

- **AD vs BSN**

  “Not taking them in and not recognizing their potential, I think that we are doing them a disservice, I think we are doing nursing a disservice. ...I think at this time the school has created a curriculum where they are at the same quality of a BSN nurse.” (E)
Pre-Residency

- **Hiring Practices**

  “We usually go through three rotations and then you fill out your first choice and second choice. ...The good thing about our residency program – you’re not obligated to work certain contract when you finish it, so in case you don’t get the department you like you can leave.” (R)
Pre-Residency

• **Academic Preparation**

“*What was missing from the academic side is the actual work side...calling a doctor and taking orders, time management, ...communication with ancillary staff....*” (E)
Pre-Residency

- **Change in Mind-set**

“I know we’re in a room with academic educators...going right to be an NP and you’re twenty-four years old and you’ve never touched a patient under your own license.” (E)

“We’re training people to be APNs and the preceptors had the reaction we shouldn’t hire them anymore....” (C)
Preceptor

4 Sub-Categories:

• How many preceptors are the right number?

• Burnout

• Education

• Selection Criteria
Preceptor

• How many are the right number?

“I was a little bit jealous, because I could see that she had one preceptor the entire time that she was on both of the units, whereas I had been a month earlier, so I had skipped around with different preceptors and nobody knew where I was.” (R)
Preceptor

- **Burnout**

- *her preceptor was basically, I’m sick of you just do aide work for two weeks. ... I felt so bad for her. (R)*

- “We struggle because of the large number of people being oriented in any given time, preceptor burnout,” (C)
Preceptor

• Education

“We do have a preceptorship program and the thing that I find is that even though we offer it... a lot of people are not coming. So who is doing the precepting? People who are not formally trained. And so as a result of that you know the standardization is different. (E)
Preceptor

• **Selection Criteria**

“We’ve had to become very creative with the preceptors. What we’ve done is taken the preceptors at stages. Some are really good in the beginning, some in the middle and some at the end. The preceptors, I feel are really short-changed.” (C)

“We’ve been transitioning and putting younger and younger nurses as preceptors.” (C)
Structure of Program

- Orientation vs Residency
- Budget
- Commitment
- Program Length
- Methods of Teaching
- Content
Structure of Program

• Orientation vs Residency
  • Interpretation: Most hospitals have a week of a system or hospital orientation. Then there is confusion in terminology as to what orientation means vs a residency program and how they are integrated.

• Budget
  • Interpretation: Residencies are budgeted in a variety of ways. In many facilities, the nurse residents are included in a separate or centralized nursing budget so that it does not impact on the unit budget when the residents are expected to attend class.

• Commitment
  • Interpretation: New graduates may need to sign a contract or verbally agree that they must stay with the organization for a designated period of time. In some cases, if the resident leaves early he/she must pay back the organization for the investment made in the graduate’s development.
Structure of Program

• **Program Length**
  • Interpretation: The length of most programs are *6-12 months* in length dependent upon specialties. Specialty areas fluctuate as to length of program.

• **Methods of Teaching**
  • Interpretation: Inconsistencies in strategies used and how time is divided for the nurse resident exist. Methods of teaching include: didactic sessions, online learning modules and experiential learning activities including role play and simulation. Residents do not appreciate sitting in a classroom but prefer the more interactive experiential learning activities especially hands on practice and simulation. The nurse resident does not want to have PowerPoint presentations all day. In some residencies, graduates are able to achieve certifications such as telemetry. Educators could use support in how to create and implement high fidelity simulations and other experiential learning modalities.
Structure of Program

- **Content**
  - *Clarifying what the new graduate needs in terms of knowledge skill and attitudes is different based on the educator.*

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Nurse Resident Support

- Staff support
- Educator Support
- Organizational Work Environment
- Preceptor Support
- Manager Support
Nurse Resident Support

- **Staff Support**

  “When I was a new nurse I just got thrown into it right away, and they think that we’re getting it handed easy, and I think that’s where a lot of the negative feedback came in.” (R)

  “Still today unbelievably the eye rolling the head shaking the talking behind the person’s back and the new graduate knows that. So I think the selection of preceptors is paramount.” (C)
Nurse Resident Support

• **Educator Support**

“I think the education or the educator role, has become a catch basin for a lot of things.” (E)

“We have openings, we have needs, we have pages of opportunities yet administration is cost conservative, they’re afraid we’re going to have too many, but we don’t have enough... We’re paying agency....” (E)
Nurse Resident Support

- Organizational Work Environment Support

“...I’m sorry we have to take you off orientation, because we need you, and to be on your own. You can’t have a preceptor anymore and that was pretty scary.” (R)

“They had a big banner welcoming me to the unit...I felt very welcome.” (R)
Nurse Resident Support

• **Preceptor Support**

“That they should be
evaluated- if people can precept or maybe
some people really shouldn’t” (R)

“I was shoveled around
between a lot of people.” (R)

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**Qualities of an effective preceptor**

- 1) Good communication skills.
- 2) A professional role model.
- 3) Willing to invest time in preceptee.
- 4) A good listener and problem-solver.
- 5) Sensitive to the needs and inexperience of the preceptee.
- 6) Familiar with current theory and practice.
- 7) Competent and confident, in the preceptor role.
- 8) Non-judgmental attitude to co-workers
- 9) Assertiveness
- 10) Flexibility to change
- 11) Adaptability to individual teaching needs
Nurse Resident Support

- **Manager Support**

- “They’re being hammered about their budget, and yet they’re having to pay for these nurses to go to their residency” (E)

- “You don’t want to rush, you don’t want to do things in a hurry because who is going to pay the price the patient.” (R)
Evaluation

• **Interpretation:** Evaluation includes weekly meetings to determine how the nurse is progressing. Key factors measured long term include turnover and retention rates. Many organizations use the Casey-Fink tool to measure confidence. Data to benchmark against is not readily available which makes it difficult to make a cogent case.
  
  • **Tools Used**
  • **Turnover**
  • **ROI**
Evaluation

• **Tools Used**
  • Interpretation: The tool most often used by organizations for evaluation is the *Casey-Fink*, however some programs are using home grown or other means to evaluate residency programs.

• **Turnover**
  • Interpretation: *Turnover is a major indicator of success* of the residency. Usually measured once in 12 months.

• **ROI**
  • Interpretation: There is *no standardized way for return on investment to be measured statewide or nationally*. It is a cost to the organization based on the type of residency/role that the new nurse is being prepared for. CNOs would like to be able to present a strong business case and the availability of statewide or national benchmarks would help them to make the case.
Disruptive Innovation

1. The preceptor program is broken
2. Create a centralized database to collect the same data results for evaluating NJ nurse residency programs to build the business case statewide
3. Create an opportunity for a statewide residency program for acute care hospitals
4. Bullying and lateral violence needs to be addressed
5. Academe and practice need to work collectively on improving transitions into practice for new nurses
Curriculum focus on professional practice

Evaluation and benchmarking

Mandatory participation of new grads

Academic partnership

EBP project

Development of a professional portfolio

Interact with experts in organization

Vizient Model
Solutions

- Created 4 modules for preceptors
- Presented findings to CNO and Leadership Council
- Offered webinar with CNOs for Vizient/AACN product to create statewide model
- Determine if statewide collaborative of interest
- Disseminate findings via conferences and publications
- Transparency for new graduates
Join us for breakfast
Tomorrow at 7:30 am
with
Dr. Kimberly Glassman
NYC model