RNs in Transition: From Concept to Practice

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DISCLOSURES

The presenters of this session disclose no relationships with commercial interest organizations.
1. Program leadership and support needed to implement a successful residency.
2. Evidence-based competency and curriculum development and design.
3. Program sustainability and program outcomes.

“... a standardized nursing residency program can appropriately prepare nurses to provide safe, high quality patient care in the complex and challenging environments of today’s hospitals.”

*Healthcare at the Crossroads, p. 37*
Are we talking to you?
The purpose of this symposium is to provide participants with components and strategies to design, implement, and evaluate an evidence-based RN residency. It speaks to all levels of stakeholder engagement while focusing on quality outcomes that impact the Resident, the organization, the profession, and the patients that we serve.

**Symposium Objectives**

- Describe key components of an evidence-based RN residency.
- Outline the structure, process, and outcomes of a successful RN residency.
WHY A RESIDENCY?
National Initiatives & Outcomes

- TJC (2005) *Health Care at the Crossroads*
- NCSBN (2015) *Transition to Practice Study in Hospital Settings.*
- Quality & Safety Education for Nurses (QSEN)

“From our data and other studies, we believe well structured, evidence-based practice transition programs that are individualized, supported by the institution, and include specialty knowledge are important for the new graduates” (Spector et al., 2015, p. 37).
WHY A RESIDENCY?

National Initiatives

IOM Recommendation 3: Implement nurse residency programs.

- 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 prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

The goal of every residency is to provide RNs in transition with a standardized, evidence-based program that contributes to an environment of excellence for nursing practice.

(Shinners, Ashlock & Brooks, 2014)
BACKGROUND

American Nurses Credentialing Center (ANCC)
Practice Transition Accreditation Model

ANCC Practice Transitions Accreditation Program, 2013
Residency Foundations: Organizational Support and Enculturation

Larissa Africa BSN, RN, MBA
OBJECTIVES

• Describe how organizational stakeholder support provides the foundation for a successful residency program
• Examine strategies where residency participants are enculturated into the organization.
MAGNET COMPONENTS
Organizational Support & Enculturation

• Leadership as program champions
• Congruence with organization mission, vision and values
• Transparency and accountability with strong communication at all levels
• Active stakeholder engagement & organization-wide commitment

“Leadership believes the NGN’s fresh perspective provides insight and ambition for initiating quality improvement in the workplace.” J. Desmond RM White Memorial Medical Center, Los Angeles, CA

“Participants reported developing a relationship with nursing leadership was crucial for the success of the project and provided further satisfaction for the group.” Shinners et al., in press
MAGNET COMPONENTS
II Structural Empowerment

Professional Engagement
SE1: The structure and process(es) enable all settings and roles to actively participate in organizational decision making groups such as committees councils, and task forces.

Commitment to Professional Development
SE 4: How the organization sets goals and supports professional development (e.g. preceptor development)
SE5: The structure and process(es) used by nursing to develop and provide continuing education programs for nurses at all levels and settings.
MAGNET COMPONENTS
II Structural Empowerment & Transformational Leadership

Teaching and Role Development
SE7: The structure and process(es) used by the organization to promote the teaching role of nurses.
SE8: How nursing facilitates the effective transition of new graduate nurses into the work environment.

Transformational Leadership

Advocacy and Influence

TL6: How the organization supports mentoring activities
BACKGROUND
Components of a Residency

Versant Role-specific Competency Profiles
Competency Gap Analysis
Competency Gap Remediation
Competency Validation
Outcomes
ORGANIZATIONAL NEEDS ASSESSMENT

- IOM recommendations
- Standardization
- Patient safety
- Organization development
- Research
- Participation in a best practice community
- Continuous quality improvement and development of nursing professionals
- Systems approach to transitioning nurses into the workforce
- Return on Investment
- Strategic staffing

Why Do You As An Organization Need A Residency?
ORGANIZATIONAL NEEDS ASSESSMENT

Are you “Cainotophobic”? 
Stakeholders are Key to Helping the Organization Understand What They Fear About the Change That Is Going to Happen
ORGANIZATIONAL NEEDS ASSESSMENT
To Change or Not to Change

Stakeholder Support Is Not Just A Requirement, But A Necessity!
A Shared Governance Structure Responsible for Establishing Organization-Specific Processes and Structures
CASE STUDY
Baptist Health South Florida

• 7 Hospital System
• 15,000 Employees
• First cohort = Aug. 2007
• Total number graduated = 1,235 (July 2015)

Leadership and Support Are Required to Implement A Successful Residency
CASE STUDY
Baptist Health South Florida

- Implementing a standardized transition model
- Clarifying expectations
- Holding each other accountable
- Communicating progress
- Using outcomes for continuous improvement
- Learning from mistakes and celebrating successes

Only Until the Whole Organization Actively Participates and Recognizes the Benefits of the Program Can Sustainability Be Achieved!
Residency Development, Design, and Implementation

Tammy Franqueiro BSN, RN-BC
• Review the development of competencies and supporting curricula for the residency program.
• List four residency roles and the education and training needed to develop those roles.
• Describe practice-based learning as a method of engagement for residency participants.

This session provides an overview of processes, models, and effective design principles that are foundational in developing a successful residency program.
DEVELOPMENT & DESIGN

Key Components

• Benner’s Novice to Expert Model
• Lenburg Competency Outcomes Performance Assessment Model
• Quality & Safety Education for Nursing (QSEN)
• Specialty Scope & Standards for Practice
• Married State Preceptor Model
• Developing A Curriculum (DACUM)
  o Expert workers can best describe and define their jobs
  o Solid foundation for curriculum development

“The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.”

~Alvin Toffler
DEVELOPMENT & DESIGN

Benner’s Novice to Expert

- Adult Learning Opportunities
- Fosters critical thinking with clinical scenarios & questioning
COMPETENCY-BASED EDUCATION & PERFORMANCE
Using the COPA Framework

- **Competency**
  - COMPETENCY PROFILES
    - Based on specialty practice
    - Validated by experts

- **Outcomes**
  - OUTCOMES
    - Role Specific and learner focused
    - Meaningful performance criteria

- **Performance**
  - INTERACTIVE LEARNING
    - Performance Support Tools (PSTs)
    - Integration of Knowledge, Skills & Attitude (KSAs)

- **Assessment**
  - COMPETENCY VALIDATION
    - Demonstrate performance at point of care
    - Valid, reliable assessments

Lenburg, et al., 2009
# QUALITY & SAFETY EDUCATION FOR NURSES (QSEN) Competency Structure

<table>
<thead>
<tr>
<th>Performance Criteria Categories</th>
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<tbody>
<tr>
<td>Safety*</td>
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<tr>
<td>Procedural</td>
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<tr>
<td>Teamwork/Collaboration*</td>
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<tr>
<td>Patient Centered Care*</td>
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<tr>
<td>Evidence Based Practice*</td>
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<tr>
<td>Quality Improvement*</td>
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<tr>
<td>Leadership</td>
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<tr>
<td>Informatics*</td>
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* QSEN (Quality and Safety Education for Nurses) Competencies

**Specialty Specific, Evidence Based Competencies**
NATIONAL PROFESSIONAL NURSING ORGANIZATION
SCOPE AND STANDARDS OF PRACTICE

We are Better Together
## OUTCOME STATEMENT: Coordinating Patient Care: Diagnostic Tests

The nurse will coordinate the care of the patient undergoing diagnostic tests to provide safe patient care.

### Safety
1. a. Verifies patient with two patient identifiers
1. b. Adheres to hand hygiene and standard precautions
1. c. Verifies order is accurate, complete and clinically appropriate
1. d. Verifies consent is accurate and complete
1. e. Provides for patient privacy and confidentiality (e.g. HIPAA compliance and security of electronic health record [EHR])

### Procedural
2. a. Implements universal protocol (pre-procedural verification, site marking and Time-Out)
2. b. Facilitates transfer to appropriate department for test using appropriate transport equipment and monitoring devices if indicated
2. c. Administers non-pharmacologic and/or pharmacologic comfort measures as appropriate
2. d. Reassesses patient condition post-test
2. e. Implements post-test care/orders

### Teamwork and Collaboration
3. a. Communicates using a standardized method for hand-off communication that allows for questions and verification of information
3. b. Communicates to healthcare provider and interprofessional team when test and results are completed as indicated
3. c. Articulates clinically significant or critical findings in patient condition to healthcare provider, interprofessional team using a standardized communication method (e.g. SBAR/TeamSTEPPS)

### Patient-Centered Care
4. a. Introduces self and role to patient and care partners
4. b. Encourages patient and care partners to contribute in the plan of care
4. c. Incorporates cultural, religious, developmental assessments and educational considerations of patient and care partners in the language that is best understood when providing instructions, education and plan of care
4. d. Integrates age and/or developmentally appropriate interventions to minimize stress associated with test
4. e. Implements individualized plan of care and updates as indicated

### Evidence-Based Practice
5. a. Discusses rationale, criteria and/or protocol for test
5. b. Discusses diagnostic results for patient’s age and pathophysiology
5. c. Discusses patient’s considerations including pathophysiology that may impact the patient’s response to interventions

### Quality Improvement
6. a. Integrates measures to mitigate risks related to National Patient Safety Goals (NPSGs)
6. b. Implements quality initiatives and measures within the organization (e.g. core measures, NDNQI, HCAHPS) to achieve patient-centered desired outcomes

### Leadership
7. a. Facilitates communication and decisions between patient, care partners and interprofessional team

### Informatics
8. a. Verifies accurate information is integrated into the EHR database to support patient care (e.g. patient preparation, transport, test performed, medication administration, assessments, interventions, patient response, patient return from test)
8. b. Demonstrates accurate and timely documentation of information into the electronic health record to support patient care (e.g. assessment findings, interprofessional communication)
RESIDENCY ROLES

- Resident
- Preceptor
- Mentor
- SME
- Debriefee
- Nurse Leader
Preceptor

Patient safety is priority
Increases confidence, time management and prioritization skills
Promotes collaboration
Increase in variety of experiences

Resident
Focused Learning in the Practice Setting where Preceptors, Mentors and Peers Guide Learning


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IMPLEMENTATION & START UP
Timeline and Resources
IMPLEMENTATION

A Resident’s Perspective

Residency Immersion includes at least 420 Clinical Hours & 100% Competency Validation
COMPETENCY MANAGEMENT

PERFORMANCE PORTFOLIO

Albert Resident

COMPETENCY OVERVIEW by category

BEGINNER ADVANCED BEGINNER COMPETENT PROFICIENT EXPERT

Overall Safety Procedure Teamwork Patient Centered Care Evidence Based Practice Quality Improvement Leadership Informatics

Clinical Performance Overview

240 out of 580 hours completed

View Performance History Timeline

Competency Validation

Foundational Specialty Multi-Specialty Organization

43% 58% 3% 0%

LEARNING PLAN - track the status of Competency Completion in your individual profile.

COMPETENCY STATUS

VALIDATION COMPLETE 1

READY FOR VALIDATION 31

AWAITING RENEWAL 51

HISTORY

ARCHIVED COMPETENCIES 0
Residency Sustainability: Professional Development and Program Outcomes

Jean Shinners PhD, RN-BC
Commitment to lifelong learning
Professional practice behaviors
Leadership role development
Critical thinking skills
Nurse competence
High-quality care based on best-available evidence
PI project during the residency
Improvement in nursing practice, nursing care delivery and patient outcomes.

“7 staff returned to school and completed BSNs, 3 additional staff are enrolled for BSN completion, 4 enrolled in graduate studies.”
St. Elizabeth’s Hospital Belleville, IL 2014

“… I started as a preceptor within 6 months of completing the residency. An opportunity came up for me to grow further while I was precepting so I applied for a patient care supervisor position on the floor. It’s been such a great experience!”
Baptist Health South Florida, FL 2014
PROGRAM OUTCOMES

Competency-Driven Excellence

Organizational Capacity

Patient Safety

Economic Benefit

Sustainability
PROGRAM OUTCOMES

• Performance and outcomes management

• Rigorous evaluation for all stakeholders

• Using evaluation data to improve processes: Continuous improvement

• Focus on research and development

• High return on investment with cost savings (Pine & Tart, 2007; Trepanier, Early, Ulrich, & Cherry, 2012)
PROGRAM ASSESSMENTS & EVALUATIONS

Assessments & Evaluations

• Professional Development Assessment (PDA) and follow up
• Locus of control
• Motivation to lead
• Psychological capital
• All aspects of the residency are evaluated: participant satisfaction, class/curriculum and subject matter expert (faculty), preceptor, mentoring & debriefing (Supportive Components)

“From quiet reflection will come effective action.”

Peter Drucker
THE NURSE
- Measured over 5 years
- Demographics
  - Age, education, previous work experience, why you chose the organization, why you chose nursing
- Successful completion
- Nurse and work satisfaction
- Critical thinking and clinical reasoning
- Competence

THE ORGANIZATION
- Vacancy rates
- Turnover and turnover intention
- Leader/stakeholder satisfaction (interprofessional evaluation)
- Leader empowering behaviors
- Group cohesion
- Clinical outcomes: safety, error
- Patient satisfaction/ HCAHPS scores

If it’s not measured it’s not managed!
POTENTIAL OUTCOMES
Nursing Professional Development

- Educational advancement
- Leadership development
- Alignment with a specialty association
- Certification
- Clinical ladder or other professional advancement

“Let us never consider ourselves finished nurses. We must be learning all of our lives.” Florence Nightingale
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Thank you!
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