RNS IN TRANSITION: FROM CONCEPT TO PRACTICE

Learning Outcomes

Following this session participants should be able to:

• Describe and discuss the need for a standardized practice transition program
• Identify the 5 main components of a successful new graduate RN residency
• Outline the standards for PTAP Accreditation

CURRENTLY 2 ACCREDITING BODIES

<table>
<thead>
<tr>
<th>American Nurses Credentialing Center (ANCC)</th>
<th>Commission on Collegiate Nursing Education (CCNE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Leadership</td>
<td>Program Delivery</td>
</tr>
<tr>
<td>Organizational Enculturation</td>
<td>Institutional Commitment and Resources</td>
</tr>
<tr>
<td>Development &amp; Design</td>
<td>Curriculum</td>
</tr>
<tr>
<td>Practice-Based Learning</td>
<td>Professional Development</td>
</tr>
<tr>
<td>Nursing Professional Development</td>
<td>Assessment and Achievement of Program Outcomes</td>
</tr>
</tbody>
</table>

Lessons Learned From 10 Years of Research: “Accreditation of residencies is essential to ensure quality.” Goode et al., 2013
TERMINOLOGY

New Graduate RN Residency

- A planned, comprehensive period of time during which registered nurses with less than 12 months of experience can acquire the knowledge, skills and professional behaviors to deliver safe, quality care that meets defined (organizational or professional society) standards of practice; must be at least 6 months encompassing organizational orientation, practice-based experience, and supplemental activities to promote continuing professional development (ANCC, 2016)
- A series of learning sessions and other experiences that occurs continuously over a 12-month period and that is designed to assist new participants as they transition to their first professional nursing role. (CCNE, 2015)

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)

TERMINOLOGY

RN Transition Fellowship

A planned, comprehensive period of time during which registered nurses with 12 or more months of experience can acquire the knowledge, skills and professional behaviors to deliver safe, quality care that meets defined (organizational or professional society) standards of practice; may include organizational orientation; must include practice-based experience and supplemental activities to promote continuing professional development (ANCC, 2016)
A planned, comprehensive period of time during which currently licensed and certified advanced practice registered nurses can acquire the knowledge, skills and professional behaviors necessary to deliver quality care that meets standards of practice defined by a professional society or association or the applicant organization. The program may include organizational orientation, and must include practice-based experience and supplemental activities to promote nursing professional development (ANCC, 2016).

TERMINOLOGY
Advanced Practice RN Fellowship

EVIDENCE
Supporting the Development of an RN Residency

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

“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).

EVIDENCE
IOM Future of Nursing 2011

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.
NGNs who complete a standardized, inclusive NRP have higher levels of confidence, competence and retention (Ulrich et al., 2010)

- A note on retention. Problem with defining. Revised projections for supply and demand of RNs and LPNs (HRSA, 2017). RNs are leaving their organizations but not the profession (Barden, Cassidy, Ulrich, 2019) There will be less of a shortage than anticipated (Buerhaus, AONL, 2019)

- Nursing research needs to move to other areas: HWE, (includes incivility, resilience, professional development and patient outcomes)

- New nurses in hospitals with a limited onboarding experience had more errors and more negative safety practices, felt less competent, experienced more stress, reported less job satisfaction, and had twice the turnover at the end of a year when compared with the established and TTP groups. (Spector et al, 2015 p. 34)

Based on what we just discussed: Describe and discuss the need for a standardized practice transition program

Getting Started: Is Your Organization Ready?
ORGANIZATIONAL ASSESSMENT
How Ready Is Your Organization To Change

Why Do You As An Organization Need A Residency?

- Standardization
- Patient safety
- Organization development
- Outcomes & 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

**Stakeholder support Is not a nice to have but a necessity!

STAKEHOLDERS
Shared Governance Structure

A Shared Governance Structure Responsible for Establishing Organization-Specific Processes and Structures
**ORGANIZATIONAL ENCULTURATION**

- **Welcome event & recognition ceremony**
- Introductions to the interprofessional team
- Leadership rounding
- **PI/QI projects**
- Involvement in unit and organizational councils
- **Meaningful recognition**

The process by which participants are assimilated into the cultures, practices, and values of an organization or practice setting (ANCC, 2016)

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**VERSANT’S COMPETENCY-BASED SYSTEM**

Components of a Residency

A Disciplined, Integrated Approach that Drives Results for Safe Clinical Practice

**VERSANT’S COMPETENCY-BASED SYSTEM**

**Component 1:** Role-specific competencies
**Component 2:** Competency Gap Analysis
**Component 3:** Competency Gap Remediation
**Component 4:** Competency Validation
**Component 5:** Outcomes

**Supportive Components:** Self-care and Professional Development

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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 PROFILES
  • Based on specialty practice
  • Validated by experts

• OUTCOMES
  • Role-Specific and learner-focused
  • Meaningful performance criteria

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

• COMPETENCY VALIDATION
  • Demonstrate performance at point of care
  • Valid, reliable assessments

Lenburg, et al., 2009

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QUALITY & SAFETY EDUCATION FOR NURSES (QSEN) Competency Structure

<table>
<thead>
<tr>
<th>Performance Criteria Categories</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td></td>
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<tr>
<td>Procedural</td>
<td></td>
</tr>
<tr>
<td>Teamwork/Collaboration</td>
<td></td>
</tr>
<tr>
<td>Patient Centered Care</td>
<td></td>
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<tr>
<td>Evidence Based Practice</td>
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<td>Quality Improvement</td>
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<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: 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
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 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)
THE MARRIED STATE
An Approach to Precepting

Preceptor

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


PRACTICE-BASED LEARNING
Focused Learning in the Practice Setting where Preceptors, Mentors and Peers Guide Learning

- Sense of Salience
- Integrate knowledge
- Skilled know-how
- Perceptual Acuity
- Interpersonal engagement with patients
- Response-based practice
- Integration of clinical & ethical reasoning
- Integration of clinical judgment
- Clinical imagination

Commitment to Professional Development

- 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

- Performance and outcomes management
- Rigorous evaluation from all stakeholders
- Using evaluation data to improve processes: Continuous improvement
- Focus on research and development

PROGRAM OUTCOMES

RETURN ON INVESTMENT

High return on investment with cost savings

- Turnover rate among new grads dropped to 13% in 1 year, a substantial gain in workforce stability. Pine & Tart (2007)
- A NGRN residency program offers a cost-effective innovative approach ... Cost-benefit analyses suggest net savings between $10 and $50 per patient day when compared to traditional methods of orientation. Trepanier, Early, Ulrich & Cherry (2012)
- Staffing strategically using Transition to Practice Programs (TTPs) is one solution healthcare institutions should consider to benefit both the new graduate RN and the organization in cost containment. Africa (2017)
- ... a positive return on investment and provides additional evidence to support the business case ... the immediate investment in a NGRN TTP program has a financial benefit that accrues relatively quickly due to higher nurse retention rates. Silvestre et al., (2017)

PROGRAM ASSESSMENTS & EVALUATIONS

Assessments & Evaluations
- Professional Development Assessment (PDA) and follow up
- Locus of Control
- Motivation to Lead
- Psychological Capital (Mind Garden)
- 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
POTENTIAL OUTCOMES

THE NURSE
- Measured over 5 years
- Demographics
  - Age, education, previous work experience, why you chose the organization, why you chose nursing
- Successful completion
- Nurse satisfaction *correlates to Magnet eligibility criteria
- Work satisfaction
- Critical thinking and clinical reasoning
- Competence

THE ORGANIZATION
- Vacancy rates
- Turnover and turnover intention
  - are we really going to have a nursing shortage?
- 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!

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

IMPLICATIONS FOR PRACTICE

NPD Scope & Standards 2016

1. Learning facilitator
2. Change agent
3. Mentor
4. Leader
5. Champion for scientific inquiry
6. Advocate for NPD specialty
7. Partner for Practice Transitions

The NPD practitioner supports the transition of nurses and other healthcare team members across learning and practice environments, roles, and professional stages. (ANPD, 2016)
• AAN Policy Statement
  #3. NRPs will be designed, established, and administered in collaboration with an academic school or college of nursing and the hospital, since NRPs are considered postgraduate education after conferring the ADN or BSN degree.

ACADEMIC-PRACTICE PARTNERSHIPS

Considerations
• Hospital’s expectations of a NGRN’s competencies upon graduation can differ from their academic partner.
• Influencing the curriculum of a nursing school to align with the hospital’s expectation requires a special and well-developed relationship between the chief nurse executive and the dean of the nursing school.
• Not all residency programs are created equal and having a program that offers an evidence-based individualized educational plan is crucial to the success and satisfaction of the NGRNs.
• Utilizing a residency program that follows accreditation standards ensures an encompassing, standardized platform that supports quality and safety for nurses in transition.
• **Never force a NGRN into an area of practice. Allowing them to practice in their first area of choice greatly improves satisfaction and retention.**
ACCREDITATION
Why is it necessary?

AAN Policy Statement recommendation:
NRPs must be accredited to assure adherence to education, clinical standards, and accurate evaluation metrics. This essential recommendation assures NRPs are built with similar standards and evaluation methodology.

Lessons Learned From 10 Years of Research:
“Accreditation of residencies is essential to ensure quality.”
Goode et al., 2013

Accreditation is the voluntary process by which a nongovernmental agency or organization appraises and grants accredited status to institutions and/or programs or services that meet predetermined structure, process, and outcome criteria (ANCC, 2011)

AMERICAN ACADEMY OF NURSES POLICY STATEMENT
Nurse Residency Programs

1. The Joint Commission, CMS, and/or other appropriate regulatory bodies shall require all newly licensed RNs completion of an accredited new graduate NRP.
2. The Academy will explore federal and state mandates or incentives to achieve the 100% goal.
3. NRPs will be designed, established, and administered in collaboration with an academic school or college of nursing and the hospital, since NRPs are considered postgraduate education after conferring the ADN or BSN degree.
4. Hospital employers should utilize an evidence based NRP curriculum in a nationally recognized NRP to gain access to the educational materials and evaluation measures.
5. NRPs must be accredited to assure adherence to education, clinical standards, and accurate evaluation metrics. This essential recommendation assures NRPs are built with similar standards and evaluation methodology.
6. All NRPs will include curricular content on how to incorporate evidence into practice.
1. Describe and discuss the need for a standardized practice transition program
2. Identify the 5 main components of a successful new graduate RN residency
3. Outline the standards for PTAP Accreditation

FROM NAPA VALLEY AND THE SHORES OF LAKE MICHIGAN
Thank you!

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