
At the conclusion of Utah’s State Implementation Program (SIP) grant, while there have been many successes, lessons have been learned from the planning and implementation phase of Utah’s nurse residency programs. The following is a compilation of feedback from the eight-nurse residency programs developed in the SIP 1 grant:

Programmatic Lessons Learned

1. Allow Nurse Residency Program Curriculum to be Individualized to Each Setting

A “one size fits all” curriculum model would not have worked in Utah. Each hospital corporation needed to have their nurse residency program tailored to their specific needs. Our Utah SIP program staff found that each hospital site had particular pride and ownership in their individualized programs. For example, Huntsman Cancer Hospital is a specialty hospital, necessitating a more intensive oncology curriculum whereas Utah Valley Regional Medical Center’s nurse residency program has a sizeable enrollment of rural nurses, which requires a different training and practice focus. In summary, if our Utah SIP program mandated a specific curriculum with a considerably high price point, program participation would have failed.

2. An Engaged Education Partner is Key to a Successful New Nurse Residency Program

The Utah SIP model includes an acute care hospital partnering with a higher nursing education program. This partnership is key to developing curriculum, ensuring a seamless progression from the nursing school capstone experience, and in providing academic resources such as use of university simulation labs. Each nurse residency coordinator also had a resource to call upon if there were questions or guidance needed. A future goal of the residency programs is to determine ways the education partner can continue to be more involved after the curriculum development phase is completed.

3. Simulation is an Important Teaching Method in Nurse Residency Programs

All of the nurse residency programs reported that having simulation as a teaching method was essential to the success of their programs. The education partner with the hospital was critical in assuring that these venues were made available.

4. Inter-Professional Team Care Management Training is Needed for New Nurse Residents

This is a critical skill that needs to be emphasized in nurse residency programs, as unanimously reported by the nurse residency coordinators. We have found that this information is not emphasized in nursing education programs and is an area of concern for new graduates. Care management was a focus of a recent grant at the University of Utah College of Nursing. The Utah Action Coalition for Health (UACH) is closely monitoring the outcomes of this grant for future applicability to our nurse residency programs.

5. Enrollment in Utah’s Nurse Residency Programs Must Include Associate Degree (AD) Nurses as well as Baccalaureate Prepared Nurses (BSNs)

Utah’s hospital nursing workforce is dependent upon associate degree nurse staffing. Through the UACH, efforts are presently being made to increase the percentage of our state’s workforce that is BSN prepared (goal of 80% by year 2020). Meanwhile, it would be shortsighted to limit new nurse residency program enrollment to only BSNs since the hospital workforce is currently between 40-50% of AD nurses. And most important, when AD nurses are enrolled in nurse residency programs, a strong message is conveyed to them about the importance of career planning, professionalism, and education progression, which has prompted many AD nurses to return to school to obtain their BSN degree.

6. Allow CCNE Accreditation to Occur When Individual Hospital Sites are Ready

Utah’s SIP program has nurse residency programs that are at different levels of operational maturity. The Salt Lake City Veteran’s Administration Hospital program has been running since the inception of the program. The Huntsman Cancer Hospital program has been operational since September 2014. Both of these programs are seeking the Commission on Collegiate Nursing Education (CCNE) accreditation in the fall of 2014. The Salt Lake VA Hospital has benefitted from the experience of other VA hospitals across the nation, particularly in regards to the accreditation process. Huntsman Cancer Hospital has a plethora of education resources available, and being closely related to the University of Utah, was in the position to begin accreditation at an early date. It would have been a serious mistake to mandate that all of the nurse residency programs begin to seek CCNE by a certain date. A key benefit of the Utah SIP program is that hospital nurse residency programs can become operational when they are ready and can learn from the experiences of “more seasoned” nurse residency programs. Again, a “one size fits all” mentality cannot be applied to seeking CCNE accreditation of individual hospital nurse residency programs.

7. Trained Mentors for Nurse Residents are Needed on All Hospital Shifts

Even though the curriculum for most nurse resident programs is offered during the daytime working hours (8 a.m. – 5 p.m.), the reality is that all nurse residents work on varying shifts in the hospital. We have found that most mentors and/preceptors are well-experienced nurses who often work the day shift. Experienced mentors and preceptors are needed on the afternoon and midnight shifts to help guide nurse residents. This is an area that many of our programs will be focusing on in the near future. In summary, greater capacity of experienced nurse mentors and preceptors are needed in the afternoon and midnight shifts in all of our nurse residency programs.

8. Trained and Consistent Preceptors are Needed for New Nurse Residents

Training for preceptors is just as important as the training for the nurse residents. Our nurse residency programs have reported that all nurses are not good candidates to be preceptors (i.e., not all nurses are good teachers or enjoy the role). It is also critical that a personality “fit” is made with the preceptor and individual nurse resident. One of our nurse residency coordinators uses this “rule of thumb” in assigning nurse residents to preceptors: Don’t overwhelm the preceptor with several new nurse residents to mentor and supervise. Just assign one preceptor to one nurse resident. In conclusion, all of our nurse residency programs reported that more preceptor training is needed and our SIP program group will be investigating preceptor training modules that we will distribute to the participating hospitals in the future.

9. Nurse Residency Program Evaluation Should Include Feedback from Physicians

Instead of just obtaining evaluation data from the nurse residents and the nurse residency coordinators, it would be advantageous to include feedback from the hospital physicians regarding their professional interactions with new RN graduate nurses and those that have completed the nurse residency program. It is our hypothesis that physicians would also see greater satisfaction and ease in working with nurse residents that have completed a one-year residency program, especially since inter-professional communication skills is a focus in the curriculum. We recommend collecting data from physicians on the effectiveness of nurse residency programs in the future.

10. Nurse Residency Curriculum Must Build on the Learning from Nursing Schools and Not Repeat Curriculum that was Previously Emphasized

Nurse Residents are licensed registered nurses and the respective nurse residency program curriculum must start building from this perspective. If curriculum is unduly repeated from that learned in nursing school, nurse residents will fail to see the usefulness of the program. Rather, each nurse residency program must build on past education and be responsive to the areas that nurse residents feel they need additional experience and/or exposure. This is not to say that key areas cannot be re-emphasized in nurse residency programs, but rather sensitivity to the learning needs of the nurse residents must be foremost.

11. Support of Hospital Unit RNs Key to the Success of Nurse Residency Programs

A common pitfall to avoid is for hospital unit RNs to see the nurse residency program as simply a program that takes away from their needed staffing. It is imperative that lines of communication are kept open between the nurse residency program staff and the individual hospital nursing units. Emphasizing the end benefit of the residency programs is important for unit RNs to understand. We believe this will directly result in reduced turnover, increased skills, improved confidence, etc. Finally, involving the hospital unit RNs

in the nurse residency curriculum development is also helpful in securing their “buy-in” of the program.

12. Do Not Use Nurse Residency Programs as a Re-Entry Training Program for RNs Who Have Been Out of the Workforce for a Length of Time

Nurse residency programs are designed for RNs that have just graduated and are not suited for re-training of RNs with inactive licenses who want to re-enter the workforce. This later group of RNs needs a more intensive training focus on skills and a refresher course on basic nursing theory and practices. Combining new RN graduates with RNs wanting to reactivate their licenses will “bog down” a nurse residency program and frustrate the new RN residents by covering material that is repetitious and boring to them. One of our nurse residency programs has allowed RNs with a current license, and not practiced in an acute care setting for approximately a year, to enroll in nurse residency programs. This practice has worked well as these nurses already have a basic nursing knowledge and skill set that does not need intensive re-training.

13. Considerable Variability were Found in Utah’s New Nurse Orientation Programs Prior to the Initiation of Nurse Residency Programs

An environmental scan was conducted in spring 2013 prior to the initiation of nurse residency programs. This scan found that there was considerable variability in the type and nomenclature of new nurse orientation programs. Some programs were called nurse orientation programs, internship programs, or residency programs that were not one year in length with CCNE based curriculum. Furthermore, there was wide variation in the length and learning content of these programs. An important first step in implementing a more standardized nurse residency program is to get agreement on terms used for nurse orientation, internship, and residency. This “common language” is critical to be in place before nurse residency program planning is begun.

14. Clearly Identify Nurse Residents as Registered Nurses

At one nurse residency site, hospital staff nurses were unclear whether nurse residents were nursing students or actual registered nurses. To ensure the role of the nurse resident is understood by all, education of the general nursing staff must occur prior to the beginning of a nurse residency program and when new cohorts of nurse residents begin. Nurse residents expressed concern that their role was sometimes misunderstood and were concerned that they were once again thought of as “nursing students”. It is essential that the nurse residency coordinators emphasize to all that only registered nurses are enrolled in the program.

15. Keep Lines of Communication Open with Hospital Chief Executive Officers (CEOs) and Chief Financial Officers (CFOs)

To ensure the financial and programmatic benefits of the nurse residency program are clearly understood by upper hospital management, nurse residency coordinators must periodically update their CEOs and CFOs about the financial benefits incurred to hospital revenues and expenses, or “bottom line”. Sharing the benefits of the program through the REDCap data collected, specifically job satisfaction data and reduced turnover/increased retention of new nursing staff, is critical for management to know. Nursing costs are one of the largest cost centers in a hospital and positive financial benefits incurred by a more stable and satisfied nursing staff will have major positive financial impacts. The REDCap system has been ideal for easily generating reports for nurse residency coordinators to share with their CEOs and CFOs.

16. Share REDCap Data with Chief Nursing Officers (CNOs) and Quality Improvement (QI) Staff

Monitoring the trends in the Casey-Fink data collected through the REDCap system gives valuable data to CNOs and QI staff on the increasing confidence and skill levels of nurse residents. This directly translates into positive care outcomes for the patients in the nurse resident’s care.

Data Lessons Learned

1. Data are Essential and Systems Must be Designed to Make it Easy to Collect

The REDCap data collection system was designed to make it easy for nurses to use. The hospital nurse residency programs reported ease in using the REDCap system, as they required minimal training (one hour group training and individualized site training as requested). Our Utah SIP program also had the benefit of tapping a research statistician from the University of Utah College of Nursing, to help in the initial design of our data collection system. This expertise was essential in getting a system that nurses could understand and was easy to use. The SIP grant coordinator’s feedback was that the REDCap system was a perfect fit for the nurse residency programs.

2. Nurse Residency Retention and Termination Rates Should be Compared to Hospital Rates if Feasible

As part of the hospital reviews conducted by the Utah SIP program, the nurse residency and termination rates were reported and will continue to be monitored in the future. Our results showed very little turnover/high retention rates in our nurse residency programs. Future comparison of the nurse residency program retention and termination rates to the individual overall hospital nurse retention and termination rates may be advantageous. It is our hypothesis that the nurse residency retention rates would be much higher than the

overall hospital rates, due to the level of support offered in the nurse residency programs. However, our initial efforts at obtaining this overall hospital data have been met with some resistance. The hospital corporations have been reluctant in releasing this data as they see it as sensitive and proprietary. We will be exploring this area of data collection more fully in the near future.

3. Use the Education Partners to Help Nurse Residency Coordinators with Data Collection

As each nurse residency practice site is paired with an academic partner, assistance setting up the REDCap data collection system can be made easily available to the residency coordinator. This is an ideal project for a nurse in a mater's prepared nursing education program whom is much more comfortable and skilled with collecting and analyzing nursing data and with nursing research concepts in general. This partnership has enhanced the understanding and appreciation of the value of nursing research by our nurse residency practice coordinators.

Diversity Lessons Learned

1. Increasing Diversity Takes Effort and Results Must be Measured Over Time

As compared to other states, Utah's population is not very diverse. To no surprise, the nursing workforce and new RN graduates reflect this state characteristic. Utah's SIP program began by first implementing data collection systems to track diversity so that the extent of the problem could be understood and measured. The first most important step was to understand the environment and be able to have data available that adequately quantified the baseline ethnic, racial, and gender diversity of the nursing workforce. Future progress in gains in diversity can be then measured from this baseline. In addition, defining diversity for Utah is not as simple as racial, ethnic, and gender classifications. Because of our small minority population, Utah's SIP program adopted a broadened diversity definition to include rural nurses and those that are first-generation college students.

2. Explore Alternative Mechanisms to Evaluate Potential Nursing Students for Admission to University Nursing Programs

Additional research must occur to determine alternative admission criteria/evaluative methods for potential minority nursing students. Present nursing school admission criteria is very "test driven", which can present barriers for minority students who are entering nursing programs. Other institutional barriers need to be further identified, with emphasis on determining interventions to increase the pool of minority students admitted in the future.

3. Educate High School and Middle School Counselors on Professional Nursing Career Opportunities

High school and middle school counselors have an antiquated, inaccurate view of professional nursing. We found that many counselors view nursing as a “technical profession” and one that women could focus on before they start a family. Much work needs to occur in this area as these counselors are coaching our pipeline of future nursing students. Working closely with the Utah School Counselor’s Association is highly recommended as an avenue to educate school counselors on the value and true nature of professional nursing careers.

Overall Lessons Learned

1. Nursing is an Important Engine for Job Creation in Utah

Utah’s SIP program was fortunate to have the Utah Cluster Acceleration Program (UCAP) provide matching dollars for this grant. UCAP is a partnership between the Governor’s Office, Utah State Board of Regents, and the Department of Workforce Services. Periodic reports were made to UCAP throughout the 18-month grant period on how the matching funds had been expended and overall grant progress. UCAP representatives were very pleased about the nurse residency grant progress and subsequently, have invested considerable dollars in nursing as a future profession for job creation in Utah.

2. A Strong and Engaged SIP Oversight Committee is Critical to the Success of Nurse Residency Programs

The Nurse Residency Program Committee is composed of executive leadership from all of the hospital corporations in the state along with the nurse residency program coordinators and education partners. Having hospital corporate executive leadership in attendance at these meetings emphasizes the importance of the program and fosters sharing of best practices across companies. Furthermore, areas that could potentially jeopardize the program, such as confidentiality concerns, can openly be addressed and resolved to the satisfaction of all parties with executive leadership in attendance. During the first year of operations, Mountain Star Corporation was not yet participating in the grant. Because they did not want to be “left out” of the program with a possible disadvantage for future nurse recruiting, they joined the SIP grant and will begin a nurse residency program at St. Mark’s Hospital in August 2014. We are proud to report that all acute care hospital corporations in the state are now participating in the SIP grant. In conclusion, we believe the inclusive, strong participation of all acute care hospital corporations was critical to the overall success of the nurse residency programs.

3. Strong SIP Leads are Essential and the SIP Grant Coordinator Should be Employed by an Independent Organization

The success of Utah’s SIP program can directly be attributed to the strong presence and guidance of the grant co-leads, Dr. Maureen Keefe and Juliana Preston. Each of these leaders is actively engaged in the nurse residency programs and attends all coordinating meetings. Their sage advice and direction (from their extensive health care backgrounds and experiences) have guided our program planning and implementation efforts. In addition, it has helped that the program coordinator, Joan Gallegos, was employed by HealthInsight, a quality improvement agency that is independent from the hospitals and the nursing education institutions. The grant coordinator role must be objective and non-partisan, and not seen as doing the “bidding” of any particular hospital corporation.

4. State Action Coalitions (and their Member Organizations) Must Take a Strong Interest in Developing Nurse Residency Programs

The Utah SIP program credits success of the grant to the high level of interest and support of the program from the UACH organizations and members. Progress on the nurse residency program grant is a regular agenda item on the UACH meeting agendas. Constructive suggestions have been made at the UACH meeting, which has helped the program run smoothly. In particular, the UACH has the Utah Medical Education Council Executive Director as a member. His guidance was very helpful and in crafting the data collection system for the nurse residency programs.

Conclusion

The Utah Action Coalition for Health will continue to build on the lessons learned and the best practices identified in this grant. It is our hope that this lessons learned summary will be helpful to other organizations in developing their own nurse residency programs.