



# RNs in Transition: From Concept to Practice

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# DISCLOSURES

The presenters of this session disclose no relationships with commercial interest organizations.



# SYMPOSIUM OVERVIEW

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*

# ACTIVITY



**Are we talking to you?**

# RNS IN TRANSITION: FROM CONCEPT TO PRACTICE

## Purpose

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*
- The Carnegie Foundation (2010) *Report on the Foundations for Nursing*
- 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.

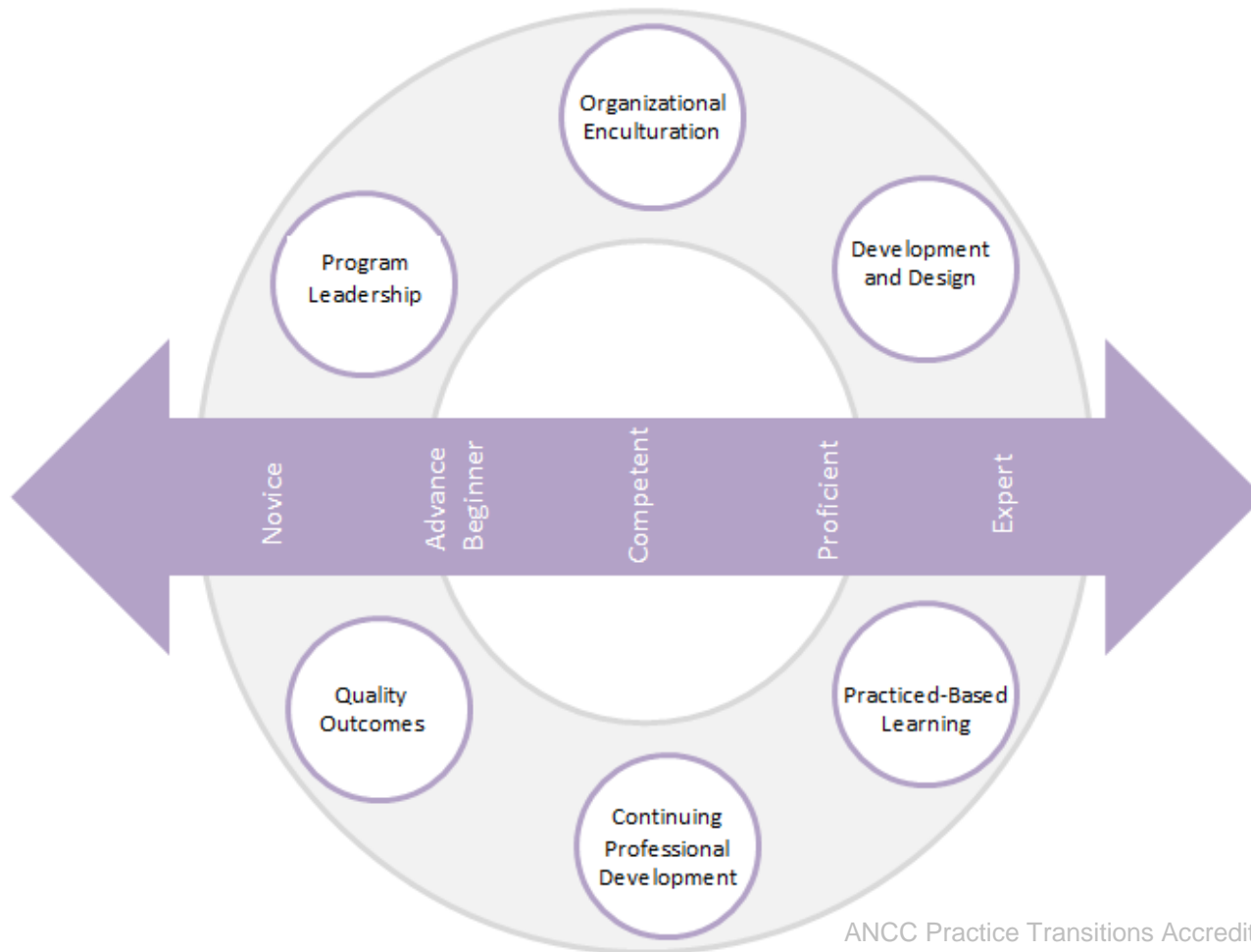
- State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning 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



# 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”?**



# ORGANIZATIONAL NEEDS ASSESSMENT

## How Ready Is Your Organization To Change



Magia-stroinosti.ru

**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

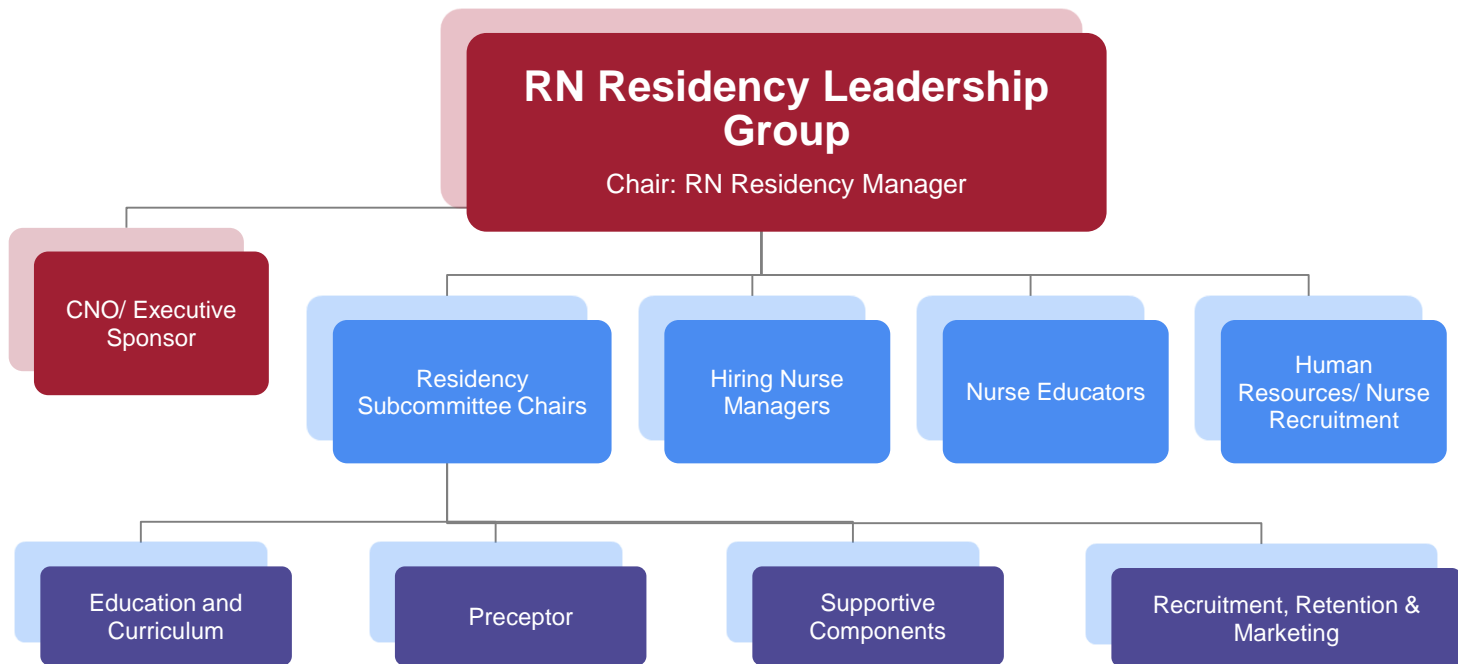


Gbb.org

**Stakeholder Support Is Not Just A Requirement, But A Necessity!**

# STAKEHOLDERS

## Shared Governance Structure



**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

# OBJECTIVES

- 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)
  - Expert workers can best describe and define their jobs
  - 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.”*

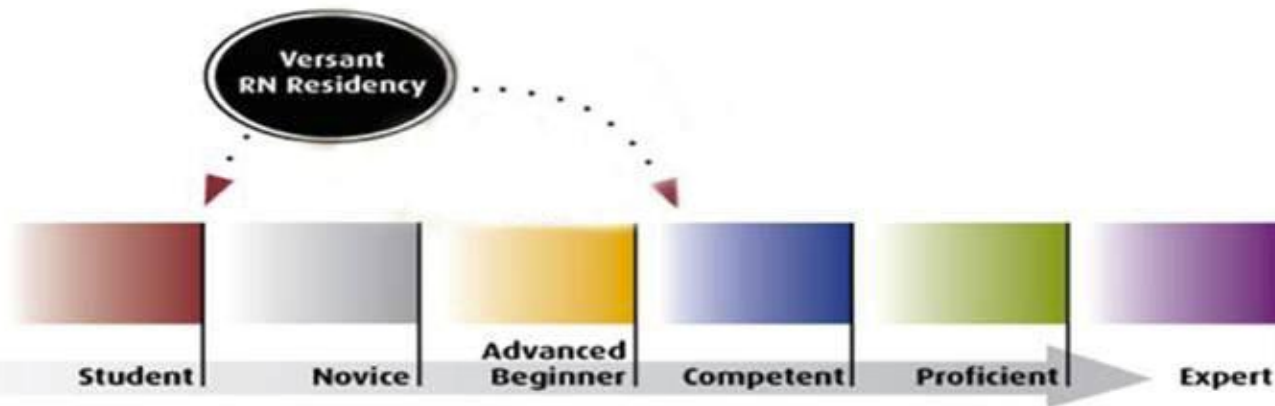
*~Alvin Toffler*



# 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

Performance Criteria Categories
<i>Safety*</i>
<i>Procedural</i>
<i>Teamwork/Collaboration*</i>
<i>Patient Centered Care*</i>
<i>Evidence Based Practice*</i>
<i>Quality Improvement*</i>
<i>Leadership</i>
<i>Informatics*</i>

\* 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**

<b>2</b>	<b>Coordinating Patient Care: Diagnostic Tests</b>
<b>OUTCOME STATEMENT: The nurse will coordinate the care of the patient undergoing diagnostic tests to provide safe patient care.</b>	
<b>Safety</b>	
<b>1.a</b>	Verifies patient with two patient identifiers
<b>1.b</b>	Adheres to hand hygiene and standard precautions
<b>1.c</b>	Verifies order is accurate, complete and clinically appropriate
<b>1.d</b>	Verifies consent is accurate and complete
<b>1.e</b>	Provides for patient privacy and confidentiality (e.g. HIPAA compliance and security of electronic health record [EHR])
<b>Procedural</b>	
<b>2.a</b>	Implements universal protocol (pre-procedural verification, site marking and Time-Out)
<b>2.b</b>	Facilitates transfer to appropriate department for test using appropriate transport equipment and monitoring devices if indicated
<b>2.c</b>	Administers non-pharmacologic and/or pharmacologic comfort measures as appropriate
<b>2.d</b>	Reassesses patient condition post-test
<b>2.e</b>	Implements post-test care/orders
<b>Teamwork and Collaboration</b>	
<b>3.a</b>	Communicates using a standardized method for hand-off communication that allows for questions and verification of information
<b>3.b</b>	Communicates to healthcare provider and interprofessional team when test and results are completed as indicated
<b>3.c</b>	Articulates clinically significant or critical findings in patient condition to healthcare provider, interprofessional team using a standardized communication method (e.g. SBAR/TeamSTEPPS)
<b>Patient-Centered Care</b>	
<b>4.a</b>	Introduces self and role to patient and care partners
<b>4.b</b>	Encourages patient and care partners to contribute in the plan of care
<b>4.c</b>	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
<b>4.d</b>	Integrates age and/or developmentally appropriate interventions to minimize stress associated with test
<b>4.e</b>	Implements individualized plan of care and updates as indicated
<b>Evidence-Based Practice</b>	
<b>5.a</b>	Discusses rationale, criteria and/or protocol for test
<b>5.b</b>	Discusses diagnostic results for patient's age and pathophysiology
<b>5.c</b>	Discusses patient's considerations including pathophysiology that may impact the patient's response to interventions
<b>Quality Improvement</b>	
<b>6.a</b>	Integrates measures to mitigate risks related to National Patient Safety Goals (NPSGs)
<b>6.b</b>	Implements quality initiatives and measures within the organization (e.g. core measures, NDNQI, HCAHPS) to achieve patient-centered desired outcomes
<b>Leadership</b>	
<b>7.a</b>	Facilitates communication and decisions between patient, care partners and interprofessional team
<b>Informatics</b>	
<b>8.a</b>	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)
<b>8.b</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



# MARRIED STATE

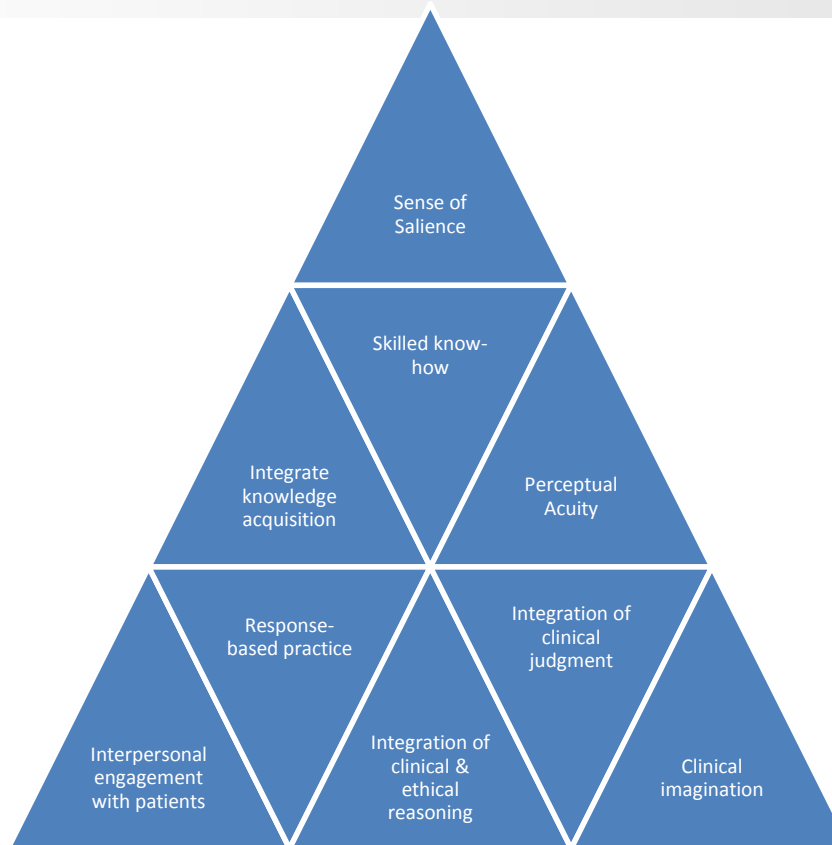
## Preceptor



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

## Resident

# PRACTICE-BASED LEARNING



*Benner, P., Hooper Kyriakidis, P., & Stannard, D. 2011*

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



# IMPLEMENTATION & START UP

## Timeline and Resources



12

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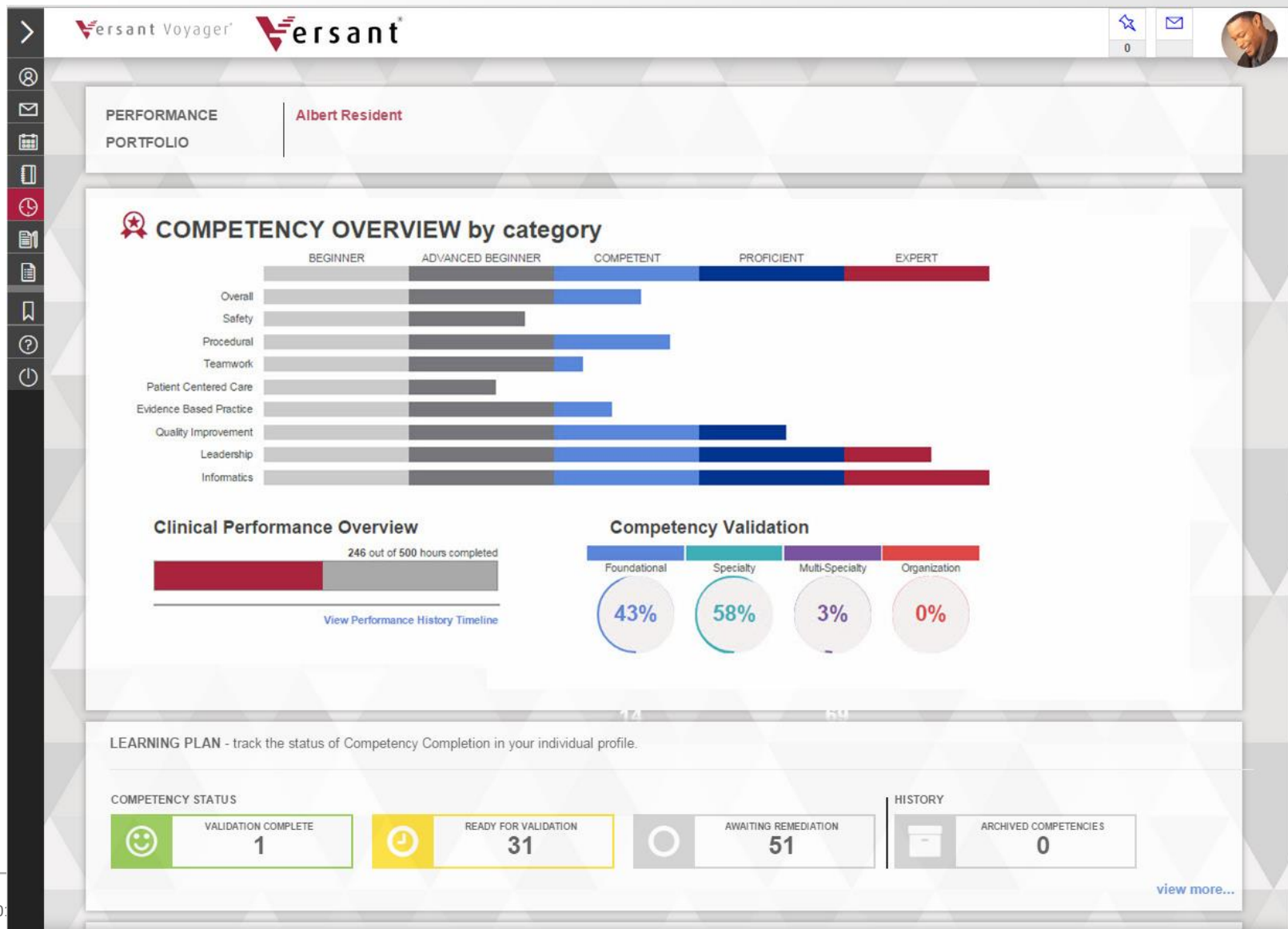
# IMPLEMENTATION

## A Resident's Perspective



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

# COMPETENCY MANAGEMENT



# Residency Sustainability: Professional Development and Program Outcomes

Jean Shinnars PhD, RN-BC

# 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.”*

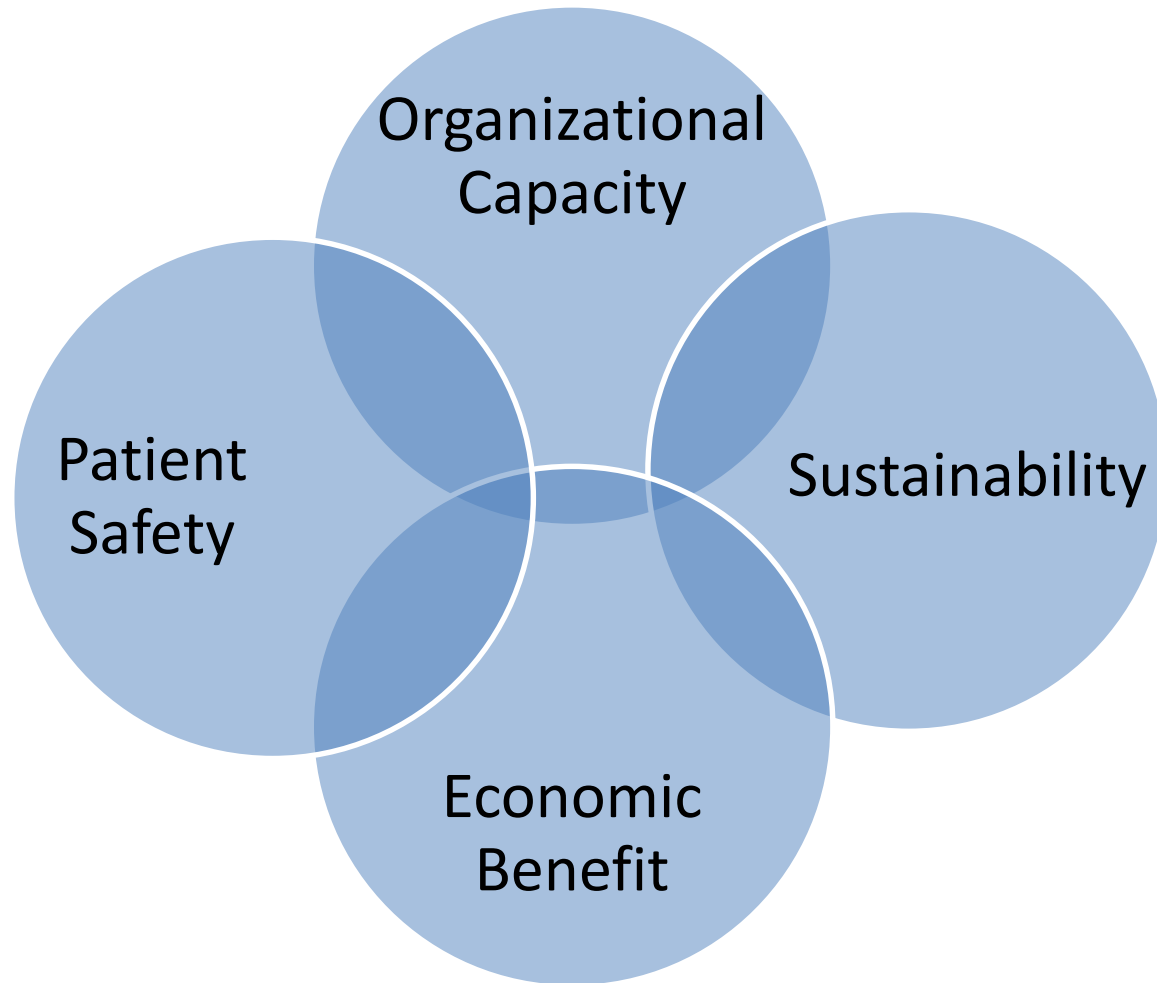
St. Elizabeth’s Hospital Belleville, IL 2014

*“... 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

## Competency-Driven Excellence



# PROGRAM OUTCOMES

- Performance and outcomes management
  - Ulrich, B., Krozek, C., Early, S., Africa, L. M., & Carman, M. L. (2010)
  - Goode, C. J., Lynn, M. R., McElroy, D., Bednash, G. D., & Murray, B. (2013)
- 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***



# 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 and work satisfaction
- Critical thinking and clinical reasoning
- Competence

## THE ORGANIZATION

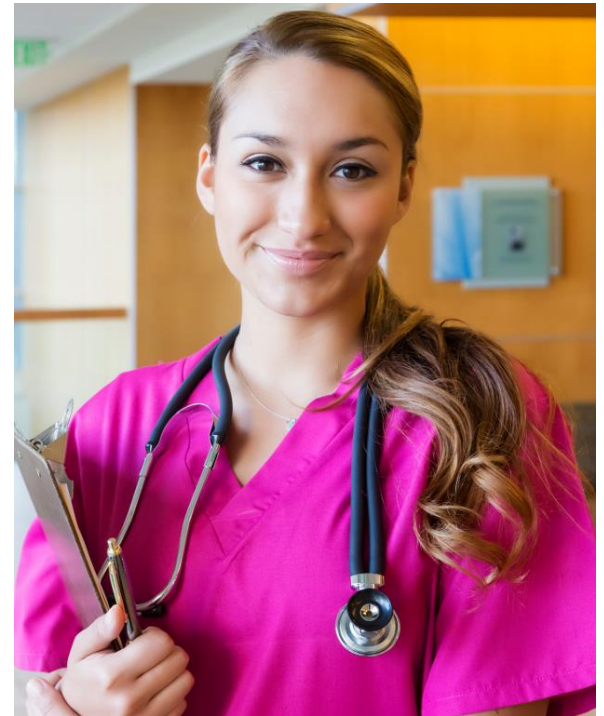
- Vacancy rates
- Turnover and turnover intention
- Leader/stakeholder satisfaction (interprofessional evaluation)
- Leader empowering behaviors
- Group cohesion
- Clinical outcomes: safety, error
- Patient satisfaction/ HCAHPS scores

**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***

## RNs in Transition: From Concept to Practice

1. Program leadership and support needed to implement a successful residency.
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Thank you!

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