

Title:

The Kansas Nurse Leader Residency Program: A Clinical-Academic Partnership to Develop Nurse Leaders

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Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press. Peltzer, J. N., Ford, D. J., Shen, Q., Fischgrund, A., Teel, C. S., Pierce, J., Jamison, M., & Waldon, T. (2015). Exploring leadership roles, goals, and barriers among Kansas registered nurses: A descriptive cross-sectional study. *Nursing Outlook*, 63(2), 117-123. <http://dx.doi.org/10.1016/j.outlook.2015.01.003>.

Abstract Summary:

In this presentation we will describe the Kansas Nurse Leader Residency (KNLR) program, developed and implemented through a statewide clinical – academic partnership. The purpose of the KNLR is to foster leaders in four specialty areas: acute care, long-term care, public and school health from all quadrants of the state.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1. Explain how principles of partnership across diverse organizations can be applied in advancing leadership residency programs.	I. Background of the Kansas Action Coalition (KSAC) II. Collection of Kansas nursing workforce data, including leadership study III. Collaboration between an academic health center (AHC) and KSAC for leader residency program
2. Describe development and implementation of state level nurse residency programs.	IV. Creation of statewide KNLR leadership team V. Development of KNLR program VI. Implementation of KNLR program VII. Evaluation of KNLR program VIII. Successes, challenges, and next steps

Abstract Text:

Background: The IOM's seminal report, *Future of Nursing: Leading Change, Advancing Health*, offered 8 recommendations for nursing education, leadership, and practice (2011). As the largest sector of the US healthcare workforce, nurses are at the forefront in working with patients, families, and communities, across all levels of care. With such extensive involvement in the care of individuals and populations, nurses also should engage as full partners in improving the country's healthcare systems. With the

involvement of nurses from across Kansas the Kansas Action Coalition (KSAC) was formed in 2011, to promote education and leadership opportunities for nurses, as a means to advance care quality across settings. In 2013, the KSAC surveyed Kansas nurses about leadership, including goals, barriers, and needs. Nurses had a keen desire to develop their knowledge and skills for current or future leadership opportunities (Peltzer et al, 2015).

Methods: To help meet these goals, the KSAC partnered with an academic health center (AHC) to develop a statewide nurse leader residency program for nurses from four specialty areas: acute care, long-term care, public health, and school health within four regions of Kansas: northeast, northwest, southeast, and southwest. The premise for including these four specialty areas was that although leadership skills are necessary for nurses in every setting and role, public health and school nurses – who work with vulnerable children and families and hold key decision making roles – often are overlooked in leadership development opportunities. The team used a nurse residency program developed by an AHC nurse leader for acute care as a starting point for the KNLR program. They reached out to nurse leaders from other academic organizations and the four specialty areas across the state to create a core KNLR leadership team to further refine the program for relevance to the four specialty areas.

The six-month residency program, delivered through 4 online modules and 4 onsite meetings, has content about relationship and team development; quality, safety, and performance improvement methods; financial management, and strategic planning. The nurse leader residency program will be evaluated using multiple strategies. The nurse residents and mentors have completed a baseline assessment of the nurse residents' leadership skills and competencies, using a modified version of the American Organization of Nurse Executives' Nurse Manager Skills Inventory. The nurse residents and their mentors will complete the inventory to measure the residents' post-program leadership skills and competencies. Using participant and program facilitator program assessments, program fidelity will be evaluated for delivery, receipt, and enactment, i.e., that program content was delivered and received per the program protocol and that participants have used the content in their practice.

Following a year of planning, the KNLR enrolled a cohort of 36 nurse residents. The nurse residents represent the four specialty areas and the four geographic regions of the state. The nurse residents have identified a mentor with whom they work during the program. They also are completing a small leadership change project, intended to benefit the participant's organization and/or community. At the culmination of the program in July 2016, the nurse residents, mentors, and KNLR leadership team will meet in a central location for networking and sharing of the resident projects.

Results: The KNLR curriculum development, implementation, and evaluation processes will be explained. We will discuss the challenges that arose when implementing a state-wide program across multiple specialty areas of practice. We will explain how these challenges were addressed to ensure positive learning outcomes for the nurse residents. We will discuss the partnership between the ACH, the KSAC, schools of nursing, and other clinical organizations to ensure successful implementation of the KNLR program, and lessons learned from implementation of the residency project.