Purpose:

The Nurse Residency Program (NRP) at Stanford Health Care has many unique facets that transforms how nurse residents are assimilated into professional nursing. According to Scott, Engelke & Swanson (2006), "new graduate nurses come into the profession through varied educational avenues and demonstrate a wide range of competence and confidence levels in their new roles (p. 75)." This presentation aims to highlight three main interventions that address the gap commonly seen in fragmented orientation programs to progress and support learners to obtain skill acquisition at the competency level.

First, the needs of the residents are supported during clinical learning sessions. Enhanced support is guided by faculty that allows residents to reflect on past events and emotionally support each other. “Support is critical to graduate nurse transition from novice to advanced beginner-level…especially in the first four weeks” (Scott et al., 2006, p 76). Lack of support is one reason new graduate nurses leave the profession within their first year. The intervention of unit rounding provides psychological support to the residents by Nursing Professional Development Specialists (NPDS). Unit rounding also allow NPDSs to support management teams and preceptors.

Second, a novel, new accelerated learning program, Foundations in Acute and Critical Care (FACC), has been incorporated into the residency program. The FACC program is a one-of-kind, hospital wide program, across multiple skill sets and service areas established to gain new knowledge and skills to care for intermediate care patients. Program participants are nursing students, nurse residents and experienced nurses.

Thirdly, the innovative redesign of the NRP curriculum, facilitates maximal learning opportunities for the residents across multiple specialties for learners at the novice to advanced beginner level. The redesign was intended to work synergically with the FACC program, updating teaching and learning methods to change passive learning environments into active and engaging learning sessions. By implementing a streamlined, standardized process of onboarding, we have been able to thoughtfully integrate the FACC teachings into the NRP and increase the amount of support to the residents in order to “develop proficiency, foster satisfaction, and encourage retention” (Scott et al., 2006, p. 77).

Methods

Hospital administration and Patient Care Managers has provided the leadership support needed. Residents are hired into a unit in pairs (at minimum) so from day one, they have someone on the unit who provided a naturally inherent level of support. Residents are connected to the entire cohort through email for networking and support of each other. Past nurse residents are paired with new nurse residents to establish a network to help accultur ate them into their unit and help with the socialization process of being a new professional. New residents have formal and informal periodic meetings with the unit educators, Clinical Nurse Specialist and the unit management. Weekly unit rounding by one or more NPDSs, utilized the Nursing Process Learning Evaluation Tool (NPLET), intended to assess the ability to transfer knowledge by applying the clinical reasoning model to clinical situations. Intentional rounding occurs more frequently in the first 10 weeks, ensuring the preceptors teaching styles are congruent with learning styles of the resident. Rounding supports real-time problem solving in addressing difficult situations (Johnstone, Kanitsaki, & Currie, 2008).
The 19 residents hired into the NRP program participate in all components of the FACC program. FACC training bridges the gap from nursing school to application in clinical practice by providing a foundation of clinical knowledge, case study sessions based off real world patient scenarios, and observed application at the bedside for core concept areas. The clinical reasoning model is the standard process utilized for each program component. FACC training is a series of eight classes held over a 12-week period whereby class content is centered around key physiological concepts over a three-week period that are each taught over a three-week period beginning with lecture, then on line self-paced computer modules, concluded by case study day. At the end of the 12-week training program, the goal is for nurse residents to demonstrate competent and safe care to the Intermediate care patient.

The redesign of the curriculum works synergistically with the FACC training program adding 12 eight-hour days of additional instruction. Management of Quality Patient Care and Professional Role and Leadership are the two domains that guide the concepts taught throughout the year. NRP seminars are eight hours and residents meet monthly for one year. The integration of the two programs has enhanced the number of faculty to support the residents in a coordinated way throughout the year. Innovative and creative teaching methodologies are used to create an active learning environment to engage residents in class and aid in retention of information. Several learner centered group activities, small group discussions, simulation, role play, and interactive games are utilized to stimulate learning.

Results:

Assessing the effectiveness of the various levels of support and networking is accomplished using Casey-Fink on line survey. Preliminary results of the initial survey Overall score 3.22 (n=18) benchmark 3.19. Scores historically tend to be lowest on the initial survey then rise thereafter, therefore the prediction of scores at six month and one-year are anticipated to rise.

FACC application to practice data is collected during unit rounds. Using the same NPLET scoring tool utilized for student responses for FACC case studies, we can see how residents are able to apply the concepts taught in class to their work environment and if they progress over time (Schuelke & Barnason, 2017). NPLET data has been collect and analysis is pending.

Seminar evaluations are collected at the end of each class to assess if the residents feel the information provided is a valuable use of their time. An online survey at the end of the year collects qualitative data regarding the curriculum. NRP retention data is continually assessed. The current retention rate for the 19 residents of the cohort is 95%.

In summary, the multifaceted interventions implemented provided the structure, environment, and support the nurse residents needed to accelerate a higher level of skills acquisition. The continued success of our nurse resident program is dependent on sustaining an enriching, up-to-date curriculum, providing a safe and structured learning environment, and dedicating sufficient faculty resources.

Title:
Bridging the Theory-to-Practice Gap: An Innovative Nurse Residency Program

Symposium

Keywords:
New graduate nurses, Nurse Resident and Transition to practice

References:


**Abstract Summary:**
Bridging the gap from nursing student to professional nurse is essential for long term success of the new graduate. Stanford Health Care has implemented three innovative approaches using a multifaceted approach to training programs, teaching methods, the support mechanisms established to foster success.

**Content Outline:**
1. Background
2. Program Goals
   1. Current design Overview
      1. FACC training Program
      2. Nurse Residency Program
         1. Curriculums design
         2. Teaching methodology
         3. Support
   3. Results
      1. On line surveys
      2. One-year retention
      3. Rounding

First Author
Lisa Muniz, MSN, MBA, RN
Professional Experience: Since 2015, I have served as the Nurse Residency Program Coordinator at Stanford Health Care. Prior to this, I was a Program Officer for 2 years with the Stanford Project Transform, which was an in situ simulation program focused on resuscitation and team communication.

Author Summary: Lisa Muniz is a Nursing Professional Development Specialist at Stanford Health Care. She received her master's degree in Nursing and Administration from the University of Phoenix. Currently holds a position as the Nurse Residency Program Coordinator.

Second Primary Presenting Author

Primary Presenting Author
Edward Burns, MSN, RN, PCCN-K Jr.
Stanford Health Care
Patient Care Services
Nursing Professional Development Specialist
Center for Education and Professional Development
Palo Alto CA
USA

Professional Experience: 2015-Present Stanford Health Care, Nursing Professional Development Specialist, Co-Principal, Foundations in Acute and Critical Care 2014-2015 Stanford Health Care, Staff Nurse 2012-2014 Scrips Health Care, Assistant Patient Care Manager

Author Summary: Edward M. Burns Jr., MSN, RN, PCCN-K is a Nursing Professional Development Specialist at Stanford Health Care, specializing in curriculum development and innovative teaching-learning methodologies. His nursing experience spans over 10 years in direct patient care, education, and administration in several Magnet organizations. He holds national certification as an American Association of Critical Care Nurse (AACN) Progressive Care Nurse, and a Caritas Coach through the Watson Caring Science Institute.