



Background

Since March 2000, the University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACN) have worked to develop strategies to address the nursing shortage, as well as enhance the expertise of the nursing workforce, to reduce practice errors, and to minimize the burnout caused by stress in under prepared professional nurses.

A small body of research addresses the preparation for clinical practice and the job satisfaction of the new graduate nurse. A study by Casey and Fink (JONA) found that new graduates have difficulty adjusting to their roles in the acute care setting and are often not supported by preceptors and others providing orientation and training. A study by the National Council of State Boards of Nursing (2002) found that health care employers perceive that newly licensed RNs are not fully prepared to perform common tasks in a basic practice setting. The employers view new RNs as especially deficient in recognizing abnormal physical and diagnostic findings, responding to emergencies, supervising care provided by others, and in psychomotor skills.

UHC and AACN agree that it is extremely challenging for schools of nursing to prepare new graduates to work in today's acute care hospital environment because of the high level of patient acuity. Recognizing these challenges, UHC conducted a study (2000) to find out what additional support was being offered to new graduate nurses employed in UHC hospitals. Eighty-five percent of the respondents indicated that they had an extended program to prepare new graduates to become competent practitioners; however, the survey showed that there was no uniformity to these programs. Programs varied in length, curriculum, and content, especially clinical content which ranged from 20% to 100%. The study showed that additional training and support for new nurses is needed to improve job satisfaction, reduce turnover, and enhance skills critical to patient safety. **This is particularly important because the shortage of experienced nurses means that recent graduates are becoming increasingly critical to providing adequate staffing and emphasizes the need for a standardized curriculum.**

Program Description

The UHC/AACN Nurse Residency Program is built on evidence-based curriculum that meets national residency standards. A one year program, the nurse residency uses a series of learning and work experiences to support graduate nurses as they transition into their first professional positions, and is designed for direct care roles in the hospital acute care setting. This proven program has evaluated retention, with most recent data showing an impressive retention rate of 94.3% for the first year of employment at 28 participating organizations. Outcomes data also demonstrates resident improvement in confidence, competence, ability to organize and prioritize, communication, leadership and a reduction in stress levels.

Program Objectives

By the end of the nurse residency program, the graduate nurses will:

- Transition from entry-level, advanced beginner nurse to competent professional nurse, levels defined by Benner's "Novice to Expert" theory (1984)
- Develop effective decision-making skills related to clinical judgment and performance
- Be able to provide clinical leadership at the point of patient care
- Strengthen their commitment to nursing as a professional career choice
- Be able to incorporate research-based evidence into their practices
- Formulate individual career development plans

Curriculum

The curriculum has been designed to enhance critical thinking skills and the ability to use outcome data to promote patient safety. The focus is on in-depth development of the resident's leadership skills, analysis of evidence through reviews of the literature, application of outcome data to patient care improvements, and professional development. A Resident Facilitator oversees resident development through structured and informal sessions. The year culminates with the completion of an evidence based project by the nurse residents.

Critical Thinking

Critical thinking development and enhancement is the foundation of the nurse residency curriculum. All activities are designed to move the resident forward in their transition to competent, professional nurse. Tools of the program include case scenarios, topical content and professional reflection. The case scenarios are based on actual complex clinical situations that have occurred in the participating hospitals. Cases focus on the Leadership, Patient Outcomes, and Professional Role components; these cases are integrated with specific evidence-based journal reviews and the residents' own personal experiences. Various techniques for improving critical thinking are used, including comparisons with other cases, personal experiences, differentiation of symptoms and diagnoses, alternative approaches, "what if" discussions, and causal relationships. A customized critical thinking assessment tool developed specifically for the UHC/AAC Nurse Residency program by HESI/Elsivier and is available to all participating organizations to administer to their residents.

Program Evaluation

Data are entered into a Web database developed by UHC. Outcomes measurement reports will be available to participating organizations. Organization specific data is available for additional analysis.

Conclusion

There is a critical need for well-educated nurses who are skilled in evidence-based practice and comfortable using nursing outcomes data to improve patient safety and care. Newly graduated nurses have greater responsibility for patient care at an earlier stage in their careers than in the past. Acute care hospitals must reform their current procedures for training and assisting new graduates. This residency program has demonstrated improved performance level of recent graduates, preventing care omissions and helping to ensure timely, appropriate interventions to rescue the patient, thereby lessening safety and quality concerns.

This nurse residency program is designed to increase job satisfaction and reinforce professional commitment to the nursing profession, contributing to the long-range goal of alleviating the nursing shortage



The Nurse Residency Program Product Offering

Organizations that purchase the program will receive:

1. The Nurse Residency Program curriculum which includes content outlines, reference and resource lists, case studies and other related resources, including implementation guidelines, provided in hard copy and electronically.
2. The electronic files allow an organization specific customization of content to incorporate site specific policies and procedures.
3. Updated curriculum content annually with complete review and revision of content as necessary but at least every 3 years.
4. Implementation support which includes at least a one day training session for the organization's program coordinator and one additional representative. If there is a change in staff, up to two new coordinators may attend training in subsequent years.
5. Ongoing support for the coordinators and staff through regularly scheduled conference calls, email list servers, and phone consultation with UHC/AACN staff.
6. Annual user group meeting that includes 2 organization representatives and provides opportunities to spotlight innovations, share best practices, network with peers, and provide input to program development; additional representatives at a participation fee of \$500 each. Annual user group meeting also provides an opportunity for resident presentations to diverse audience via resident panel discussion, and display of posters for resident projects.
7. Bi-annual nurse resident newsletter to foster enhanced resident understanding of program.
8. Opportunities for staff and residents to participate in periodic NRP Webcasts on nursing topics of interest (e.g. clinical best practice topics, nursing transition, career development, lateral violence).
9. Access to database to include basic "core measures" of NRP program that allows reporting for individual institution data reports, program aggregate report and benchmarking report for similar size institutions.



For program and pricing information, contact Cathy Krsek at 630/954-4799 or krsek@uhc.edu or Debra McElroy at 630/9554-2782 or mcelroy@uhc.edu

Your Guide

to the UHC/AACN Nurse Residency Program



The Nurse Residency Program curriculum contains many useful components to assist you in communicating the key concepts within each chapter. Look for the icons below to identify helpful materials and ideas.

Learning Activities

A variety of educational materials are provided to assist you in presenting the curriculum. You'll find worksheets, topics and scenarios for group discussions, suggestions for outside presenters, activities, and directions to resources such as video or online education. You will also find materials for the final project.



Case Studies*

Case studies with discussion guides are included with many of the curriculum topics and are intended to illustrate and reinforce key concepts and prompt discussions. They can also be used to address and emphasize institution-specific policies and procedures. The case studies are an additional resource and are not considered part of the core curriculum.

Resident versions of the case studies, without discussion guides, can be found on the CD-ROM. These can be used as handouts.



Tools

Use these forms and check lists to help your residents build their knowledge base.



Resources

Refer to these sample forms and reference materials that you can adapt for your program.



CD-ROM

Material with this icon can be found on the CD-ROM included with your guide.



**The Nurse Residency Program welcomes submissions of additional case scenarios and discussion guides that have proven to be valuable to the nurse resident experience.*

Welcome

The University HealthSystem Consortium and the American Association of Colleges of Nursing welcome you to the Nurse Residency Program. This binder and the companion CD-ROM contain all of the information you'll need to effectively plan and implement this program within your own organization.

The curriculum is constructed around topics that cover the important information the nurse resident needs to perform his or her job in the hospital environment.

You'll also find suggestions and additional resources to enrich the experience for everyone involved in the program.

Contents

- Program Overview
- Roles & Responsibilities
- Data Collection and Reporting
- Curriculum: Leadership
- Curriculum: Patient Outcomes
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- Notes



University of Wisconsin Hospital and Clinics Reduces New Graduate Nurse Turnover by 80% With UHC's Nurse Residency Program

At a Glance

The mission of the Nurse Residency Program, a joint effort of UHC and the American Association of Colleges of Nursing, is to improve new graduate nurse retention in the academic medical center environment. But Maureen McCausland, DNSc, RN, FAAN, senior vice president for patient care services and chief nursing officer at the University of Wisconsin Hospital and Clinics, had even more ambitious goals when her organization joined the program in spring 2004.

“We wanted to ensure that we had a robust curriculum that built on the essentials of baccalaureate education in nursing. We didn’t want to repeat what graduates had learned in their baccalaureate programs, but rather, to build on that,” says McCausland, executive sponsor of Wisconsin’s program. “We also wanted to bring an evidence-based administrative practice to our organization, as well as decrease new graduate turnover.”

With current literature reporting first-year nurse turnover rates as high as 50%, decreasing new graduate nurse turnover is a cause with which many health care organizations can identify. Provided through collaboration between academic medical centers and baccalaureate schools of nursing, UHC’s Nurse Residency Program is designed to facilitate new nurses’ transitions to the acute care environment.

The 1-year program incorporates a standard curriculum focused on research-based practice, patient safety, and professional development and emphasizes the sharing of experiences through cohort groups and clinical preceptors. Program coordinators receive 1½ days of training at UHC headquarters before new graduates are enrolled. “UHC did a fabulous job of pulling in coordinators from sites already using the program, and the open dialogue with experienced program coordinators was extremely helpful,” says Kim McPhee, RN, MS, Wisconsin’s program coordinator.

A Safe Haven for New Nurses

The program, which will soon offer accreditation through the Commission on Collegiate Nursing Education (CCNE), is clearly having a positive effect on the 37 UHC member participants, which boast an average first-year retention rate of 90.3%. McCausland and McPhee have witnessed the program’s impact firsthand. In January 1999, the organization’s new graduate turnover rate was 34%. That percentage dropped to 10.8% in the program’s first year, and by 2005, the turnover rate had decreased to 6.8%.

For Katie Roberts, RN, BSN, a nurse clinician at Wisconsin, participation in the Nurse Residency Program put her on the fast track to achieving her personal goals while reducing feelings of isolation. “The program allowed me to work in an area I was passionate about directly out of school, without the added stressor of being alone,” she says. “The continuing education and the ability to work with an experienced nurse give you the confidence to ask questions, the ability to admit the things you don’t know, and the opportunity to try things you’ve only read about.”

The program supports participants through monthly meetings and classes as well as regular opportunities to share issues and concerns in a comforting environment. Wisconsin sponsors 4 cohorts of 20 to 40 new graduate nurses annually, with each holding monthly 4½-hour classes for baccalaureate-educated nurses,

MEMBER PROFILE

NAME

University of Wisconsin Hospital and Clinics

LOCATION

Madison, Wis

MEMBER FACTS

- University of Wisconsin Hospital and Clinics, which includes a 468-bed inpatient facility and more than 80 outpatient clinics, offers 6 intensive care units and is the only organization in Wisconsin with designated Level I adult and pediatric trauma centers and a verified burn center.
- In 2006, the organization was listed among Solucient’s “100 Top Hospitals” and among the Leapfrog Group’s “Top Hospitals.”
- The organization ranked in the top 1% of US hospitals in 5 medical specialties, according to “America’s Best Hospitals 2007” by *U.S. News & World Report*.
- For the second year in a row, the hospital was named 1 of 10 top-performing academic medical centers in the country, based on UHC’s Quality and Accountability benchmarking study.

who are required to participate. Led by resident facilitators, the cohorts typically cover 2 topics in each meeting, with an additional hour of reflection in smaller groups of 8 to 10 participants.

The program's success hinges on making participants feel secure about sharing their stresses, fears, and frustrations with peers. "They understand that this is a safe place to share whatever they want to share, and it doesn't leave the room," says McPhee. "They also understand that if a patient safety issue is brought up, it will require follow-up."

Kathryn Kramer, RN, BSN, a nurse clinician at Wisconsin, says that having the opportunity to discuss the trials and tribulations of being a new nurse has been the most beneficial aspect of the program for her. "One of the most important needs of new nurses is to gain confidence and grow in their knowledge," she says. "This program has made a difference in my life as a nurse because of the continued support I receive from other staff nurses, our education specialists, and other nurse residents."

The program culminates each year with a final project that allows participants to focus on topics they are passionate about. "We frame the project as an empowering opportunity where nurses can identify an issue and truly make a difference," says McPhee. "For example, one nurse resident focused on how to settle confused elderly patients at nighttime, and we've now shared that knowledge in nursing grand rounds so that others can learn from it."

Outcomes Measurement

To measure outcomes, the program uses the Casey-Fink Graduate Nurse Experience Survey, a tool that McCausland says is particularly helpful because "it was truly made for new graduate nurses rather than the nursing population as a whole." Participating organizations receive an annual analysis of their outcomes measures to gauge their progress.

"The reports help us know how our nurses are feeling in comparison to national data, while also identifying specific areas in which we need to provide additional support to our residents," says McCausland. "The Casey-Fink tool also provides information about clinical skills that might be anxiety-provoking for new nurses, which we then incorporate into our registered nurse orientation."

Wisconsin is currently evaluating the business case for the program, which McCausland says is "looking very positive. We know that the cost of replacing a nurse is very substantial, and this program truly does make a difference. Any UHC member who joins the program and uses it to its fullest capacity will not be disappointed."

Organization-wide support for the program continues to grow each year, according to McPhee. "Everyone understands that this program is exactly what we need to support new nurses and offer them all the resources they need to make their transition more meaningful and productive for our organization," she says.

For more information about UHC's Nurse Residency Program, visit the Nurse Residency Program page at www.uhc.edu or contact Cathy Krsek, RN, MSN, MBA, at 630/954-4799 or krsek@uhc.edu.