

SUCCESSFUL TRANSITION

News for Nurse Residents



FALL 2008

DEAR NURSE RESIDENT
COLLEAGUES:

The ever increasing onslaught of pre-election information has all of us working to sort out the trivial from the essential, so that we can make the most informed decision possible at the beginning of November. This reminds us that you, as nurse residents, are certainly experiencing a similar feeling of information overload, while trying to make the tough decisions associated with clinical practice. We encourage you to take full advantage of the residency program as you work through the special challenges and achievements that occur during your first year of nursing practice.

This newsletter has been created as a forum for communicating information and updates from residency programs across the country. And we want to hear from you! Sharing your insights and experiences allows all of us—both new and seasoned nurses—to gain some wisdom. We wish you well as you travel through this exciting and challenging first year of your professional practice!

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We Welcome Your Comments!

Please contact us with your questions, comments, and feedback.

CCNE Launches Accreditation of Postbaccalaureate Nurse Residency Programs, Training for Residency Evaluators

The Commission on Collegiate Nursing Education (CCNE) is pleased to announce the development of a formal accreditation process for post-baccalaureate nurse residency programs. This new accreditation will both foster continuing program improvement and increase public recognition of nurse residency programs nationwide. CCNE appreciates the many comments that were submitted regarding the *Standards for Accreditation of Post-Baccalaureate Nurse Residency Programs*, which are now in final form and publicly available on CCNE's Web site at www.aacn.nche.edu/Accreditation/pdf/resstandards08.pdf.



CCNE's first cohort of trained evaluators to serve as peer reviewers in the accreditation of postbaccalaureate nurse residency programs.

We hope that you will also take advantage of the opportunity to comment on the proposed *Procedures for Accreditation of Post-Baccalaureate Nurse Residency Programs*. The Commission expects to finalize the procedures this fall, after considering input from its constituents. Your expertise as direct participants in the residency programs is invaluable, and we look forward to receiving your feedback about the proposed Procedures, which are available at www.aacn.nche.edu/Accreditation/pdf/resprocedures.pdf. Please submit your comments to Benjamin Murray, CCNE assistant director, at bmurray@aacn.nche.edu, no later than Friday, October 3, 2008.

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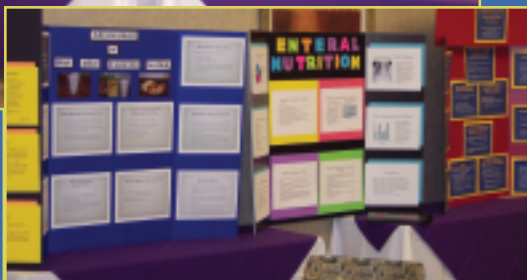
University of Colorado: Graduate Nurse Resident Graduation and Evidence-Based Practice Final Project Symposium



University of Colorado celebrates the graduation of another graduate nurse resident cohort.



Graduate nurse residents are congratulated by Dr. Mary Krugman, director of professional resources, Dr. Colleen Goode, vice president of patient services and chief nursing officer, and JoAnn Delmonte, supervisor, clinical entry programs and Graduate Nurse Residency Program.



University of Colorado Hospital residents display posters discussing their evidence-based projects.

CCNE Launches Accreditation of Postbaccalaureate Nurse Residency Programs, Training for Residency Evaluators - continued



The trainers provided superior expertise in orienting new evaluators for program review.

CCNE will soon be accepting application materials for post-baccalaureate nurse residency programs seeking accreditation. The first on-site evaluations are expected to occur by the end of the year. For more information, please visit CCNE's

Web site (www.aacn.nche.edu) or contact Benjamin Murray at bmurray@aacn.nche.edu.

Inaugural Training Program for Residency Evaluators

CCNE also wishes to recognize the 23 individuals who were selected through a competitive nominations process to participate in CCNE's first training program for residency evaluators.

The training program, held August 15-16, 2008, in Philadelphia, was a huge success. According to Dr. Mary Ann McGinley, who serves as a member of the CCNE Board of Commissioners and led the task force that developed the standards

for nurse residency program accreditation, "This training program brought together a group of qualified and highly capable educators and practitioners who understand the values of CCNE and will serve as expert peer reviewers in the CCNE residency accreditation process. After years of collaboration and planning, we are now prepared to launch the national accreditation process for post-baccalaureate nurse residency programs."

Special thanks to the following individuals, who served as the program trainers: Dr. Sharon Barton, Dr. Jennifer Butlin, Ms. Cathy Krsek, Dr. Mary Ann McGinley, Ms. Kathy McGuinn, and Ms. Cynthia Richardson.



Jeanne Bouvier, a CCNE training participant, engages her colleagues in discussion at the August 2008 training program.

Resident Clinical Narrative

JoAnn DelMonte, RN, MSN, supervisor, Clinical Entry Programs, and graduate nurse residency program coordinator for the University of Colorado Hospital, writes:

I would like to submit the attached clinical narrative, written by one of our graduate nurses this past July. Our graduate nurses submit a final clinical narrative at the time of graduation from the program. Our chief nursing officer reads many of these clinical narratives during the graduation celebration. This particular narrative eloquently demonstrates the essence of our program, supporting the transition from advanced beginner to competent professional nurse.

Final Clinical Narrative: My Transition From Graduate Nurse to Competent Professional Nurse

Scenario:

I was working over this past Fourth of July weekend. For several days I had been working with a specific patient (“Susan”) who had been in the medical ICU for quite some time and her prognosis was becoming increasingly grim. She had undergone spinal surgery in March due to spinal stenosis and was admitted to the MICU in the beginning of June after the surgical wound had become infected due to Susan removing her own wound vacuum-assisted closure device, causing her to develop osteomyelitis and become severely septic. Several family members had traveled from out of state to be with her and her husband (“Adam”) who was diagnosed with Alzheimer’s disease in 1992.

When Susan was admitted, she appointed her sister from Houston (“Naomi”) as her health care decision-maker on the UCH Advanced Directives form. However, during Susan’s hospital stay, Naomi began the search for a living will which she believed her sister had previously drawn up. Per that document, dated 1989, Adam was to be Susan’s medical decision-maker should she become unable to make her own. One family meeting had already been held, but an agreement could not be made between Adam and Naomi as to the best possible plan of care for Susan. Adam could not stand to let his wife go while Naomi felt it best to honor the wishes Susan had laid out in her living will, including not being kept alive by artificial means with a poor prognosis of ever recovering.

Susan’s prognosis was certainly poor: she had been on the ventilator for almost a month and was in severe acute respiratory distress syndrome; she was in acute renal failure due to being hypotensive while septic and was on continuous renal replacement therapy [CRRT] indefinitely; despite a lengthy course of antibiotics, she continued to have massive infections and diminished white blood cell counts; she had a massive amount of cardiac ectopy which her body could not tolerate and her blood pressure frequently dropped; her neurological status was declining and despite diminished sedation, she continued to be unresponsive. On the third of July, yet another family meeting was held and it was determined that Adam, along with Naomi, would return the next day with their decision regarding whether to begin end of life care.

On the morning of Independence Day, as I was caring for Susan, her CRRT filter clotted and per the renal and primary team, it was not to be restarted. Naomi

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Coordinator’s Corner

Save the Date:

NRP Coordinators Meeting

The annual meeting for the UHC/AACN Nurse Residency Program™ Resident Coordinators will again take place in conjunction with the UHC 2009 Performance Excellence Forum, which will be held March 8-10 at *Disney’s Contemporary Resort at Walt Disney World®*, Fla. Training for new Program sites will be taking place on Monday, March 9, and the coordinators will meet March 10-11. See the schedule below for more details.

We encourage everyone to come early and attend the Opening Act reception on Sunday and the keynote address on customer service to be given by a representative of the *Disney Institute* on Monday afternoon. Further information will be sent in the near future.

Sunday, March 8

11:00 AM-4:00 PM
UHC Golf Outing

7:00 PM-9:00 PM

Opening Act (welcome reception)—Indiana Jones Theatre at *Disney’s Hollywood Studios™*

Monday, March 9

8:00 AM-2:00 PM

Coordinator training for new NRP sites

2:15 PM-4:00 PM

Disney keynote address

4:00 PM-5:30 PM

Networking Reception and kids reception with Disney characters

6:00 PM

Dinner and training wrap-up for new NRP sites

Tuesday, March 10

8:00 AM-4:00 PM

NRP coordinators and residents meeting

5:00 PM-6:00 PM

Private networking reception for NRP coordinators and residents

Wednesday, March 11

8:00 AM-3:00 PM

NRP coordinators and residents meeting

Call for Resident Abstracts Coming Soon

A call for abstracts of projects completed by nurse residents participating in the UHC/AACN Nurse Residency Program™ will be issued in late fall. Selected applicants will have their projects presented at the UHC 2009 Performance Excellence Forum in March. Please take advantage of this opportunity to:

- Share evidence-based professional performance improvement strategies with nursing colleagues
- Highlight nurse residents’ contributions to nursing practice
- Promote standards of excellence in nursing practice

Resident Clinical Narrative - continued

came in before Adam and stated that Adam wished to hold on for one more day and not to begin end of life care until the fifth. I had the dissatisfaction of explaining to Naomi that the filter had clotted, that the doctors did not advise continuing with the CRRT, and that the next 24 hours would be very difficult for Susan without the CRRT to remove extra fluid and electrolytes.

Issue:

Being July, the intern and resident were fairly new and had not had much experience speaking with families about end of life care of their loved ones. Also, the attending that was on the case is not always fully supportive of end-of-life care. There was also some tension amongst the family, specifically between Adam and Naomi, and no one was quite certain legally who was the proxy decision-maker: Naomi, listed by the patient at the time of her admission, or Adam, listed in the patient's living will from 1989 but whose own competence could be called into question due to his Alzheimer's disease.

Nursing Process:

At this point, my primary focus shifted from Susan herself as a patient towards the family as a whole. I spoke with each of them individually as they came to visit Susan, assessing each family member's needs. I was able to comfort Naomi who feared Susan was in pain by explaining the nurse's assessment of pain in a ventilated patient and how I would address her pain if she experienced any. Per Adam's request, I phoned his church's pastor,

explained the situation, and he was able to reassure Adam that this was not the end for Susan, simply a transformation. Other family members were relieved to find out that they could be by Susan's side as she passed and that she would not be alone. Per Susan's request as outlined in her living will, we helped her to die with dignity and grace. Although the death of a loved one is never easy, this family was at peace when Susan died and I believe Susan was as well.

Lessons Learned:

From this situation, I have learned that a nurse can be a powerful and guiding voice in difficult situations. I have learned that families will come together at their weakest moments to make each other strong. I have learned that even the greatest of doctors can be humbled by the death of a patient. I have learned that I am becoming increasingly comfortable with my own mortality. I have learned that I am no longer just a "new grad," but that I am, indeed, a prudent and professional nurse.

Submitted by Sarah Rosalies, University of Colorado Hospital Medical Intensive Care Unit

Brief bio:

Over the past year, I have become a homeowner, a wife, and a competent ICU nurse. My new grad project regarding burnout in critical care has inspired my desire to become involved in the Palliative Care committee and in working towards the development of a more formalized staff support group.

Thomas Jefferson University Residents Complete First Year; Share Findings

Thomas Jefferson University Hospital has completed its first year of the Postbaccalaureate Nurse Residency Program, which began in June 2007. We are very proud of the 74 nurse resident graduates who have completed the program thus far. Nurse residents Raquel Howard, RN, BSN, Kevin Kirk, RN, BSN, and Joseph Lanigan, RN, BSN, from our June group completed their project, "Preventing Unnecessary Venipuncture." Our evidence-based projects have energized the participants to share their findings at a national conference. Raquel is taking the project on the road this month as a poster presentation to the Quest for Excellence: Nursing and Staff Development Conference in Ohio.

Submitted by Elissa Harmon, MSN, RN, graduate nurse residency program coordinator, Thomas Jefferson University Hospital



Raquel Howard, RN, BSN

THE UHC/AACN

Nurse Residency Program™

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