

Nurse Residencies and Fellowships

A Report To The

New Mexico Hospital Association

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EXECUTIVE SUMMARY

An informal interview of 23% of New Mexico Hospital Association (NMHA) member facilities was conducted regarding nurse residencies and fellowships. Most (72.2%) did not have residency or fellowship programs; 18% did have residency and fellowship programs that met the definitions established by the American Nursing Credentialing Center (ANCC). Over half (55%) had a formal program to educate preceptors and compensated preceptors in financial way. Suggestions on how NMHA might support transition processes on a statewide level were solicited both during the interview process and during the NMHA annual conference workforce breakout session. Recommendations are made regarding preceptor development, an information clearinghouse, access to specialty education, and skill development for newly licensed nurses.

BACKGROUND

The New Mexico Hospital Association (NMHA) has received feedback from its member facilities regarding nurse transition issues. These facilities expressed renewed interest in nurse residencies and fellowships and the possibility of NMHA support for statewide initiatives.

DEFINITIONS

The American Nurse Credentialing Center (ANCC), a national organization focused on nursing certification and accreditation, has adopted the following definitions:

RN Residency: Program for registered nurses with less than 12 months of experience; at least 6 months in length, encompassing organizational orientation, practice-based experience, and supplemental activities to promote nursing professional development.

RN Fellowship: Program for registered nurses with 12 or months of experience. (American Nurse Credentialing Center, 2014)

RN Fellowships are generally understood to be formal programs focused on experienced nurses transitioning to new areas of practice.

THE NEED AND BENEFITS OF A RESIDENCY PROGRAM

Newly licensed nurses will become increasing source of staff. Over the last several years, the national economic situation delayed the impact of the projected nurse shortage. Experienced nurses who were considering retirement or working part time stayed in their full time positions and experienced nurses who had left the workforce returned to practice to support their families. Over the last several years, employers have had the luxury of hiring experienced

nurses for any vacancies they might have. As the baby-boomer nurses reach their 60's, they will begin retiring. The pool of experienced nurses will shrink, leaving newly licensed nurses as a primary source of staff. (Ulrich et al, 2010, p. 263-264)

A significant gap exists between nursing practice and education for practice. One study suggested 65% - 76% of inexperienced nurses did not meet the expectations for entry-level clinical judgement (Ulrich, et al, 2010, p.364). Another study indicated that “employers believed only 41% of baccalaureate graduates were definitely prepared to care for patients” (Welding, 2011, p. 37).

Newly licensed nurses are more likely to resign: 75% of new graduate nurses leave within the first year with an estimated turnover cost per nurse: \$22,000 - \$77,000 (Welding, 2011, p. 37). The resulting turnover “churn” is detrimental to organizations with adverse patient outcomes, poor continuity of care, and decreased productivity. (Ulrich et al, 2010, p. 364).

Nurse residencies and fellowships were among several recommendations of the Institute of Medicine’s (IOM) report “The Future of Nursing: Leading Change, Advancing Health”. This landmark report outlined recommendations to strengthen the nursing workforce to meet future healthcare demands caused by changing demographics (an aging population), and the Affordable Care Act of 2010 (Patient Protection and Affordable Care Act (P.L. 111-148) and the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152)).

Benefits. The benefits of a nurse residency program focus on the improved nurse confidence and competence resulting in improved patient outcomes and increased staff productivity. While there is a financial and administration investment in residency programs, improving retention and decreasing turnover and agency contract staff costs are positive financial outcomes. Some organizations view residencies as important recruiting tools. In today’s healthcare environment, employers are demanding nurses with experience. This presents an employment challenge to newly licensed nurses – they need experience to be hired, but need to be hired to gain the experience. Those organizations that are willing to invest in residency programs and welcome newly licensed nurses will have the opportunity to nurture the kind of nurse they want for their organization.

SURVEY OF NMHA MEMBERS

Informal interviews were conducted with chief nursing officers or educators from a sample of NMHA member facilities. Questions regarding nurse residencies, fellowship, preceptor development and turnover data were discussed. A sample of the interview form is at Appendix A.

Demographics of Those Interviewed.

Eleven (11) facilities were interviewed (23% of member facilities). Their demographics are shown below:

Hospitals: 54.5%
Critical Access Hospitals: 36%
Specialty/Long Term Acute Care Hospital: 9%
Facilities <100 beds: 72.7%
Facilities >100 beds: 27%

Statewide distribution:

Northeast: 27%
Southeast: 9%
Southwest: 9%
Northwest: 27%
Central: 27%

Survey Results

- School of nursing in community
 - Yes: 72.7%
 - No: 9%
 - Close by (take students): 18%. These facilities had schools in neighboring communities and served as clinical sites.
- Do you have a nurse residency program:
 - Yes: 18% (didactic/clinical/preceptor/mentor)
 - No: 72.2% (orientation model – checklist with preceptor)
 - Pending: 9% These facilities had programs in development
- Length of program
 - Residency: 1 year
 - Orientation: 4-26 weeks (10 weeks average)
- Do you have a fellowship program?
 - Yes: 18%
 - No: 72.2% (orientation model)
 - Pending: 9%
- Length of Program
 - Fellowship: 6 months/varies by specialty
 - Orientation: varies
- Program to prepare preceptors:

- Yes: 55%
 - No: 45% (1 pending)
- Do you recognize or compensate your preceptors?
 - Yes: 55%
 - No: 45%
- Length of program: ½ day to 2 weeks
- Turnover data: range from < 10% to 100%; average: 10%-20%
- Return on Investment: All but one facility are not collecting data and/or have not calculated return on investment.
- Strengths of program
 - Preceptors/mentoring
 - Flexibility
 - Definite plan
 - Streamlined process
- Challenges
 - Skill issues of new nurses
 - Financial/scheduling constraints
 - Lack of consistency
 - Preceptors – burnout/matching to new
- Summary of what interviewed CNOs/Educators thought would be helpful:
 - Well defined, standardized curriculum that can be tailored to individual facilities.
 - Preceptor development (new hires and students). On-line option for those in rural areas. Include what is needed to build a residency program.
 - Skills camps or partnerships with larger facilities to address new grad skills deficit (lack of patient volume).
 - Look at areas where there can be economy of scale.
 - Plug and play residency model.
 - Schools must be at the table.
 - Funding.
 - Share educational opportunities, particularly for specialties (critical care course/OB). Find ways to support small facilities with scholarships/funding to send nurses to programs.
 - Look at a physician residency model.

NMHA ANNUAL CONFERENCE: WORKFORCE BREAKOUT

A summary of the survey results was presented to the full audience in attendance. During the nurse breakout session, Mary Blessing from the University of New Mexico Hospitals talked about return on investment (ROI) data and calculations to determine ROI. Her handouts are at

Appendix B. Peggy White, Chief Nursing Officer at Gila Regional Medical Center in Silver City, shared their new residency program plan, development and implementation. With full support of hospital leadership, she saw developing a full residency as a recruiting tool and the ability to grow nurses to fill vital general and specialty positions over time, ultimately increasing retention and decreasing contract nursing costs. Her handout is at Appendix C. Her presentation generated many questions and comments. Due to time constraints, the group was not able to have a discussion of recommendations to NMHA for consideration. In lieu of this discussion, attendees were asked to write down one thing they would recommend to NMHA. Their comments:

- Recruiting nurses at all levels of degrees and “grow them”; do not limit to start at BSN level.
- Provide preceptor and mentoring training (2 recommendations).
- Share ROI information.
- Help us to find money to assist in developing a residency program.
- Assist rural hospitals with getting access to educational offerings at larger facilities. Possibly become a repository for education information.
- Funding for critical care residency [fellowship] program.
- Suggest taskforce between university clinical program leaders and hospital clinical leaders to facilitate common goals for student success. Worked very well in Texas.
- Care facilities working together to educate nurses and preceptors.

PREVIOUS STATEWIDE RESIDENCY ATTEMPTS

Idaho State University offered the Rural Nurse Residency Program, an online program to support rural nurses funded through a HRSA grant. The New Mexico Center for Nursing Excellence (NMCNE) partnered with Idaho State University to bring the residency to New Mexico facilities while enlarging Idaho State University’s participating research population. There was no fee to participate; costs to facilities were internal regarding resident and preceptor time and ensuring adequate internet access. The program was for one year with residents required to participate in monthly online webinars, continuing education and assessments. Online preceptor education was also available. It was a plug and play system: when a facility had a nurse eligible for the program, they signed them up for a cohort.

Success was mixed. While some facilities were strong participants, it was difficult to recruit facilities to the program. It was a challenge to keep residents and facilities motivated through the entire residency year. The time requirements were difficult for facilities to meet – it was a challenge to release a resident from the unit for a 2-hour webinar. While Idaho State University tried to develop a sustainable business model to ensure sustainability after the HRSA

grant, they were unable to implement a model and the program was not able to be continued. Idaho State University recently contacted the NMCNE to explore revitalizing the program.

NATIONAL RESIDENCY PROGRAMS

There are two major residency programs offered nationally: Versant RN Residency Program and Iowa Online Nurse Residency.

Versant RN Residency Program. (<http://www.versant.org>)

The Versant RN Residency Program is a competency based model. Nurses complete a Performance Gap Analysis (PGA) which identified gaps in knowledge, critical thinking, and application against 240 defined competencies. A Learning Plan is developed based on identified gaps, using Performance Support Tools (didactic modules and other activities) that address competencies. Validation of competency is at the point of care with a preceptor. The initial 16-18 weeks are immersion in competency development then the focus switches to ongoing professional development. Program outcomes focus on patient safety, organizational capacity and sustainability. The program is used for residency of newly licensed nurses and fellowships for experienced RNs transitioning to new areas of practice.

The program uses the Versant Competencies Assessment, Acquisition & Tracking System (VCATS). This system tracks and provides a transparent way to evaluate competencies throughout a nurse's career. The elements of the VCATS are:

- Clinical and non-clinical competencies focused on various specialties.
- Adaptable to changes in standards, policies, and patient needs.
- Real-time documentation of competency validation.
- Expedited communication and notification of competencies.
- Efficient data collection and reporting.

The Versant Program is a three year partnership. This partnership includes assessment tools, learning modules (both for in-house and online use), analysis, consultation, and preceptor competencies and development. The cost of the program is \$5,500 per resident. At this time, Versant has little experience with small facilities, though they expressed interested in adapting the program for small facility needs.

Iowa Online Nurse Residency Program

The Iowa Nurse Residency Program focuses on three essential elements of a residency program: didactic content, discussion groups, and a quality improvement or evidence-based

practice project. The content addresses four domains: Transition from Student to Professional Nurse, Communication, Responsibilities of the Professional Nurse, and Decision Making at the Point of Care. Nurses enrolled in the program are admitted as non-degree students to the Iowa University College of Nursing, and have access to the University of Iowa library and other resources. It is a one year program.

The Iowa Nurse Residency Program offers two formats of the program.

Online option: This option is a turn-key residency program for those facilities that do not want to invest in an internal infrastructure. The program consists of online learning modules, live webinar discussions with the Nurse Residency Program Manager, and support and mentoring from the Nurse Residency Program Manager for completing the quality improvement/evidence-based practice project. The cost for this option is \$1,000 per resident.

Blended Option: This option is for facilities that have several residents. The online modules serve as a core curriculum for an in-house program. Guidelines are provided for in-house program coordinators to facilitate group discussions and mentor residents in their quality improvement/evidence-based practice project. The cost of this option varies depending on the number of residents:

- 5-10 residents: \$200 per resident
- 20-49 residents: \$190 per resident
- 50+ residents: \$180 per resident

The Iowa residency program is fairly new, with its first resident cohort starting in 2014. They are working with small facilities. The program does not address technical skills. See Appendix D for more details of the program.

CONSULTANT RECOMMENDATIONS

It is apparent that a “one-size-fits-all” approach to nurse residencies and fellowships is not appropriate for New Mexico. Many of the challenges of transitioning new nurses are similar across facilities, yet each facility has unique needs and resources to meet those needs. While larger organizations may be able to sustain residency and fellowship programs as defined by the American Nursing Credentialing Center (ANCC), most cannot.

There are opportunities to support all facilities to maximize the effectiveness of the transition process (both for newly licensed nurses and experienced nurses) that works best for them.

Short Term Opportunities

- Partner with the New Mexico Center for Nursing Excellence (NMCNE) and New Mexico Nurses Association (NMNA) to develop, deploy and evaluate a preceptor education program. Program content should include, but not be limited to: strategies to create an effective transition program, preceptor roles, communication and feedback, and being a preceptor for students. While the NMCNE has experience with conducting preceptor programs, the NMNA and NMHA have opportunities for outreach and community education about the program.
- Partner with NMCNE and NMNA to create a resource of information about various programs and tools for facilities interested in creating or enhancing their programs. Sharing best practices from around the state and information about Versant, Iowa Online Residency, and other national programs and services would be available. Information about educational opportunities offered around the state in specialty areas (critical care, emergency care) that are available to staff from any facility has also been requested.

Intermediate Opportunities

- Partner with NMCNE, NMNA, and other nursing specialty organizations to offer courses statewide that prepare nurses to transition in specialty areas. If programs already exist, find opportunities for scholarships for staff at small rural facilities to attend.

Long Term Opportunities

- Partner with NMCNE, NMHA and the New Mexico Nursing Education Consortium (NMNEC) and employers to develop ways to address the “skills gap” that newly licensed nurses experience when entering into practice. Small facilities in particular struggle with providing opportunities for skills competence. Identify what are critical skills (intravenous [IV] therapy management; foley catheter insertion and management, for example) and provide opportunities along the student – newly licensed nurse continuum.
- Partner with NMCNE, NMHA, and NMNEC and employers to assess the need for a common core curriculum for newly licensed nurses and specialty transitions for New Mexico hospitals. If needed, develop identified curricula.

References

American Nurses Credentialing Center. (2014) ANCC Practice Transition Accreditation Program.
[Http://www.nursecredentialing.org/accreditation/practice/transition](http://www.nursecredentialing.org/accreditation/practice/transition).

Ulrich, B. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economics*, vol.28, No. 6, pp 363-375.

The University of Iowa College of Nursing. Online nurse residency program.

<http://campaignforaction.org/sites/default/files/Nurse%20Residency%20Program%20October%2017%202014.pdf>

Versant. (2014). Transitioning new graduates to practice. <http://www.versant.org/professional-services/versant-new-graduate-rn-residency.html>

Welding, N. (2011). Creating a nursing residency: Decrease turnover and increase clinical competence. *MEDSURG Nursing*, vol. 20, No. 1, pp.37-40.

Consultant Contact Information:

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Facility:	POC:
Phone:	Email:
Number of Licensed Beds:	
Do you have a school of nursing in your community?	
Do you have a residency program for newly licensed nurses?	
Length of residency?	
Number of residents per year:	
Describe your residency program for newly licensed nurses	
Do you have a residency or fellowship for experienced nurses entering new areas of practice?	
Length of residency?	
Number of residents per year:	
Describe your residency program for experienced nurses transitioning into new areas of practice.	
Do you have a program to prepare preceptors?	
How long is the program?	
Do you recognize or compensate your preceptors in any way?	
What do you like about your residency/fellowship program(s)?	
What are the challenges of your residency/ fellowship program(s)?	
What is your estimated turnover of newly licensed nurses (entry to practice)?	
What is the cost benefit of your residency program? (cost per resident vs cost/ turnover).	
If there was a statewide effort regarding nurse residencies/fellowships, what would be most helpful?	
What advice do you have for the NMHA and others as we move forward in the residency conversation?	

UNMH Nurse Residency Program

UHC/AACN Nurse Residency Program™

CCNE accredited

An Evidence-Based Program Focused on Leadership, Patient Outcomes, and Professionalism

Over 550 BSN new graduates have completed the UNMH one-year program since 2003.

Nurse residents at UNMH presented their evidence based projects to several audiences:

- Nurse residency completion ceremony
- Transforming care at the bedside conference
- UNMH Magnet Conference
- Western Institute of Nursing Conference poster presentations
- Shared governance

Sample Post-baccalaureate Nurse Residency Program Return on Investment

1. Enter the number of new nursing graduates who left the organization within the last year (X): 4
2. Enter the total number of new graduates hired within the last year (Y): 61 (X/Y = current new graduate/first-year nurse turnover) .065
3. Calculate potential turnover (Z): $Y \times 3.9\% = 2.4$ (*4.4% is the average turnover rate of Nurse Residency Program participants)
4. $X \times \$88,000 = A \$352,000$
 $Z \times \$88,000 = B \$211,200$
 $A - B = \text{Program Benefit: } \$140,800.00$ (+Current average costs associated with new nurse replacement)
5. Estimate Program Costs
 Purchase price (C): \$8000.00
 Resident salary for sessions in productive time (80 hours \times resident hourly rate) (D):
 $\$2024.80 \times 61 = \$123,512.80$
 $C + D = \text{Program Costs: } \131512.80
6. Program Benefit $\$140,800.00 - \text{Program Costs } \$131512.80 = \$9287.2 / \text{Program Costs } \131512.80
 = ROI 7%

Additional Considerations

Hospital wide nurse turnover for same time period – 12.5%

- Every 1% increase in nursing turnover = \$300,000 increase in annual budget.² Therefore, a 3.5% increase in nursing turnover will cost a hospital more than \$1,000,000.
- Experienced nursing staff can offer a significant economic benefit to your organization, given the potential financial impact of poor patient outcomes such as falls, hospital-acquired pressure ulcers, and vascular catheter-associated infections.
- Seasoned, competent nursing staff also have an impact on publicly reported patient satisfaction scores, including staff responsiveness, nursing communication, and pain management.

Gila Regional Medical Center**Data collection for Internship program:**

GRMC turnover rates prior to program
Turnover rates (if known) of nurses with 1 year experience
Turnover rates (if known) of nurses with less than 2 years experience

Demographics of participants:
Age, gender, highest level of education obtained, ethnicity

GRMC's monthly cost for contract nurses
Number of contract nurses at GRMC
Number of hours utilizing contract nurses

Post program:

GRMC turnover rates
Turnover rates (if known) of nurses with 1 year experience
Turnover rates (if known) of nurses with less than 2 years experience

Turnover rate of participants of the program

GRMC's monthly cost for contract nurses
Number of contract nurses at GRMC
Number of hours utilizing contract nurses



Online Nurse Residency Program

Developed by the Iowa Action Coalition

Per the recommendation of the Institute of Medicine, nurse leaders from practice and education settings have created an affordable, competency-based residency program that can be implemented in a variety of clinical settings across the United States. Based on best practices and the latest research, the program's curriculum addresses competencies that are weak or lacking in new nurse graduates.

Evidence has shown there are three vitally important components to successful nurse residency programs: (1) delivery of didactic content, (2) discussion groups, and (3) a quality improvement or evidence-based practice project. To ease the delivery of the didactic content, the task force developed online courses that present the didactic content through case studies, video scenarios and interactive activities. Depending on the option purchased, monthly discussions and residency projects will be facilitated by the Online Nurse Residency Program Manager via live, synchronous webinars or through a facility's own nurse residency coordinator.

A video overview of the program and an example of an online course are available at:
<http://campaignforaction.org/resource/iowa-online-nurse-residency-program>

Use of Nurse Residencies in Magnet Recognition Programs*

Are you working toward Magnet Recognition* in your facility? The Online Nurse Residency Program has the potential to be used in a Magnet Recognition Program* submission as an example of structural empowerment and how the organization facilitates the effective transition of new graduate nurses into the nurse practice environment.

Privileges as University of Iowa College of Nursing Students

Nurses in the Online Nurse Residency Program will be admitted as nondegree students at the University of Iowa College of Nursing. The student status gives them online access to the University of Iowa library resources, including electronic journals, PubMed and hundreds of online databases. The university librarians are available to teach the nurse residents to perform targeted online searches of evidence-based sources to help the residents inform and advance their nursing practice.

Outline of Curriculum

- | | |
|--|--|
| <ul style="list-style-type: none"> 1. Transition from Student to Professional Nurse | <ul style="list-style-type: none"> d. Instructions for development of quality improvement or evidence-based practice project to be completed by the end of the residency |
| <ul style="list-style-type: none"> 2. Communication <ul style="list-style-type: none"> a. Communicating with patient care providers b. Communicating with the health care team c. Conflict management d. Patient education | <ul style="list-style-type: none"> 4. Decision-Making at the Point of Care <ul style="list-style-type: none"> a. Prioritization b. Delegation c. Critical thinking d. Time management e. Culturally responsive care |
| <ul style="list-style-type: none"> 3. Responsibilities of the Professional Nurse <ul style="list-style-type: none"> a. Quality b. Safety c. Evidence-based practice | |





Online Option

There are two options facilities may choose when purchasing the Online Nurse Residency Program. Facilities that do not want to build their own infrastructure for a nurse residency program may prefer the online option, which provides a comprehensive, turn-key residency program that utilizes the online modules and monthly synchronous discussions via live webinar with the Nurse Residency Program Manager. The resident has the opportunity to network with other new graduates throughout the state and nation. Between the live webinars, the online community offers continued support to the resident through asynchronous discussion forums. The Nurse Residency Program Manager provides the resident with coaching and support to complete a quality improvement or evidence-based practice project in their facility.

Blended Option

Facilities with many new nurse graduates could choose the blended option, which provides the online modules that serve as a base curriculum for an in-house residency program. In the blended option, nurse residents complete the didactic content online at their convenience and attend discussion groups in their facility that are organized and led by a facility-based residency coordinator. The facility's residency coordinator will also mentor and support the residents through completion of a quality improvement or evidence-based practice project.

Pricing

For both the blended and online options, each purchase includes a preceptor account for each nurse resident and two accounts for managers at no additional cost. Preceptors and managers would access modules on the Learning Management System but would not receive continuing education credit for courses.

The price for the online option is \$1,000 per nurse resident, which is less than half of the estimated total costs of a University HealthSystem Consortium/American Association of Colleges of Nursing (UHC/AACN) residency program of \$2,024 per resident (not including the salaries of the residency coordinator, secretary and facilitator).*

Number of Nurse Residents	5-19	20-49	50 +
Blended option - 12-month access to online nurse residency modules (price per nurse resident)	\$200	\$190	\$180

The table (right) provides the price of the blended option per nurse resident.

Continuing Education Credit

The Iowa Board of Nursing will award 9.6 contact hours for completing the residency's online courses.

Expert Leadership: Online Nurse Residency Program Manager

Prior to taking the lead of the Online Nurse Residency Program, Nicole Weathers served as the Staff Development Nurse Educator at a critical access hospital where she created and delivered a residency program. Nicole's expertise is also enhanced by her years of experience as a preceptor and staff nurse for both a critical access hospital and large health care system. Her guidance will transform residents into efficient, resourceful professionals.

Contact:

For more information, visit the Iowa Nurse Residency Program online or contact: Kathryn Dorsey at 319-335-7008 or kathryn-dorsey@uiowa.edu Nicole Weathers at nicole-weathers@uiowa.edu

* Pine, R., & Tart, K. (2007). Return on investment: Benefits and challenges of a baccalaureate nurse residency program. *Nursing Economics*, 25(1), 13-39.

