



The Development and Implementation of a
Post Baccalaureate Nurse Residence
Program: An Academic-Practice Partnership
Model

Nursing in the 1970s

- Nurses lived and died by the Kardex
- Universal precautions did not exist
- Nurses used the second hand of a wristwatch to calculate IV drip rates
- White oxford lace up shoes were the norm
- Nurses mixed antibiotics
- Nursing caps were still popular
- Nurses carried trays with cups of pills and med cards
- Staff and patients smoked in the hospital
- Length of stay was 11.4 days
- The *Physician's Desk Reference* was chained to the nursing station

Nursing Today

- Nursing care is highly specialized and hospitalized patients are grouped in units by disease or body system
- Heart revascularization procedures are done on an outpatient basis
- IV infusions are regulated by pumps
- Plastic shoes, clogs and sneakers are the norm
- Nursing caps are in museums
- Online references for pharmaceuticals, nursing procedures and evidence based practice
- Length of stay is 4 days
- Multidrug resistant organisms create daily challenges
- Nurses are leaders in every aspect of healthcare delivery
- American Nurse Today (2010)

Nursing



Transition into practice

- Caring for acutely ill patients
- Complex diagnostic and treatment regimes
- Interdisciplinary coordination of care
- Chaotic work environments
- Advanced technology
- Unending documentation
- **REALITY SHOCK**

Seven Management Skills

- Newly Licensed Registered Nurses identified 7 management skills as areas of high concern during transition and integration into professional practice
 - Delegation
 - Collaborative nurse physician relationships
 - Feedback to promote self confidence
 - Autonomous decision making
 - Prioritization
 - Constructive conflict resolution
 - Getting the work done
-
- Kramer, Brewer & Maguire (2011)

Nurse Residency Programs

- Established to decrease Reality Shock
- Professional socialization similar to medical internships
- Clinical skill development and practice
- Planning
- Organization
- Goal: providing safe care to patients under the guidance, support and protection of a preceptor
- Increased retention and improved professional practice

Difficulties in Transition to Practice

- High turnover rate among new graduates
- Entry level nurses may leave their first hospital job and the profession entirely
- Reasons for leaving
 - Poor management
 - Stress
 - Desire for experience in a different clinical area

Nurse Residency Programs

- 2002: Joint Commission recommended Nurse Residency Programs
- 2009: Carnegie Study endorsed Residency Programs
- 2011: Institute of Medicine. The Future of Nursing: Leading Change, Advancing Health

Evidence in Support of Residency Programs

- Saving for participating organizations based on decreased turnover
- Increased retention rates
- Increased stability in staffing levels
 - Reduced stress
 - Improved morale
 - Increased efficiency
 - Increased patient safety
- Helped first year nurses in the program
 - Develop clinical decision making
 - Develop clinical autonomy
 - Incorporate research based evidence into practice
 - Increased commitment to nursing as a career

Cost of Nurse Residency Programs

- May be expensive to maintain
- Costs are borne solely by the hospital
- Factors related to the cost of the programs
 - Material costs
 - Faculty fees
 - Replacement costs for RN coverage
 - Salaries of residency coordinator and facilitator

Residency Program ≠ Orientation Program

- Orientation programs
 - Focused on physical environment
 - Hospital organizational policies and procedures
 - Human Resources information
 - Safety information
- Residency Programs
 - Skills acquisition
 - Professional judgment
 - Effective performance
 - Conflict management
 - Interdisciplinary

Transition from Academia to Practice



American Association of Colleges of Nursing (AACN)

- Deans of nursing schools recognized the issues with transition to practice
- AACN 2002: White paper in support of Nurse Residency Programs
- Designed a residency program for new graduates
 - Additional learning opportunities
 - Ongoing clinical mentoring
 - Support to assist the advance beginner
 - Develop effective decision making skills

Academic Practice Partnerships

- Affordable Care Act
 - Goal: To improve the health of the population through expanded coverage, controlled healthcare costs and improved delivery systems
 - Nursing plays an important role
 - Strengthen Nursing Practice
 - Create systems for nurses to achieve educational and career advancement
 - Prepare nurses of the future to practice and lead
 - Provide mechanisms for lifelong learning
 - Provide a structure for nurse residency programs.
- AACN-AONE Task Force on Academic-Practice Partnerships 2012

Academic Practice Partnerships

Development of Collaborative Relationships

Formal Relationships are established

Shared vision and expectations

Mutual goals

Established evaluations of outcomes

- AACN-AONE Task Force on Academic-Practice Partnerships 2012

Academic Practice Partnerships

- Mutual Respect and Trust
 - Shared conflict engagement protocols
 - Joint accountability and recognition
 - Frequent and meaningful engagement
 - Mutual investment
 - Mutual commitment
 - Transparency

Academic Practice Partnerships

- Shared Knowledge
 - Commitment to lifelong learning
 - Shared knowledge of best practices
 - Shared knowledge of management/leadership
 - Joint preparation for accreditations and reviews
 - Interprofessional education
 - Joint research
 - Joint committee appointment
 - Joint development of competencies

- AACN-AONE Task Force on Academic-Practice Partnerships 2012

Academic Practice Partnerships

- Shared Commitment to maximize potential of RNs
 - Seamless transition from classroom to bedside
 - Culture of trust and respect
 - Shared responsibility to prepare RNs to lead change and advance health
 - Joint mentoring programs and opportunities
 - Leadership
 - Research
 - Professional
 - Participation on regional and national committees to develop policy and strategies for implementation
 - Seamless academic progression
 - Joint faculty appointments
 - Increasing diversity in the workforce

Academic Practice Partnerships

- Working together to determine an Evidence Based Program for students nurses and new graduates
 - Program must be sustainable
 - Development and implement of New Graduate Residency Programs
 - Competencies
 - Interprofessional leadership development

Academic Practice Partnerships

- Development of Infrastructures to collect and analyze data
 - Identification of Useful workforce data
 - Joint analysis of data
 - Transparency of data

VA Office of Academic Affiliates

- The Department of Veterans Affairs (VA) conducts an education and training program for health professions students and residents to enhance the quality of care provided to veteran patients within the Veterans Health Administration (VHA) healthcare system. In accordance with this mission, "To educate for VA and for the Nation", education and training efforts are accomplished through coordinated programs and activities in partnership with affiliated U.S. academic institutions.
- The Boston VA Post Baccalaureate Nurse Residency Program is a funded program by the Office of Academic Affiliates.
- The Boston VA Post Baccalaureate Nurse Residency Program is CCNE Accredited. (A total of 4 VA Nurse Residency Program has been accredited by the CCNE)

NERVANA

Northeast Region VA Nursing Alliance

Developed in 2007

Academic Partnership between the VA Boston Healthcare System and 6 schools of nursing

Mission Statement

NERVANA employs an innovative educational model to expand and enrich nursing students and faculty, to educate nursing students in the care of veterans, and to expose nursing students to advanced model of medical informatics, patient safety, quality improvement, and integrated systems of care employed by the VAs national healthcare system.

VA Boston Healthcare System

- VA Boston 3 campuses and 5 Community Based Out Patient Clinics
 - Jamaica Plain Campus
 - Brockton Campus
 - West Roxbury Campus
- Number of Veterans Cared For in 2012
 - 67,275 (3203 were women); 9941 acute inpatient; 718,239 outpatient; 393 domicile inpatient; 651 Nursing Home Admissions
 - 32% were over the age of 65
 - 12% were under the age of 44
 - 4% were women

VA Boston Nursing Workforce

- Total Number 1373 individuals
- 819 RNS (529 FTEs)
 - 7 Doctorates
 - 150 MSN

- Associate Chief of Nursing and Patient Care Services
 - Cecelia McVey

VA Boston Clinical Rotations (2013)

Specialty	Total
• Medical Students	• 350
• Medical Residents	• 1261
• Nursing Undergraduates	• 343
• Nursing Anesthetist	• 22
• Nursing APRN	• 80
• Pharmacy	• 160
• Physician Assistant	• 102
• Other	• 204

NERVANA Partners



VA Boston
Healthcare
System



NERVANA Goals

Maintain and refine the infrastructure to sustain the mission

Increase the number of faculty to teach in nursing programs

Create and expand clinical rotations

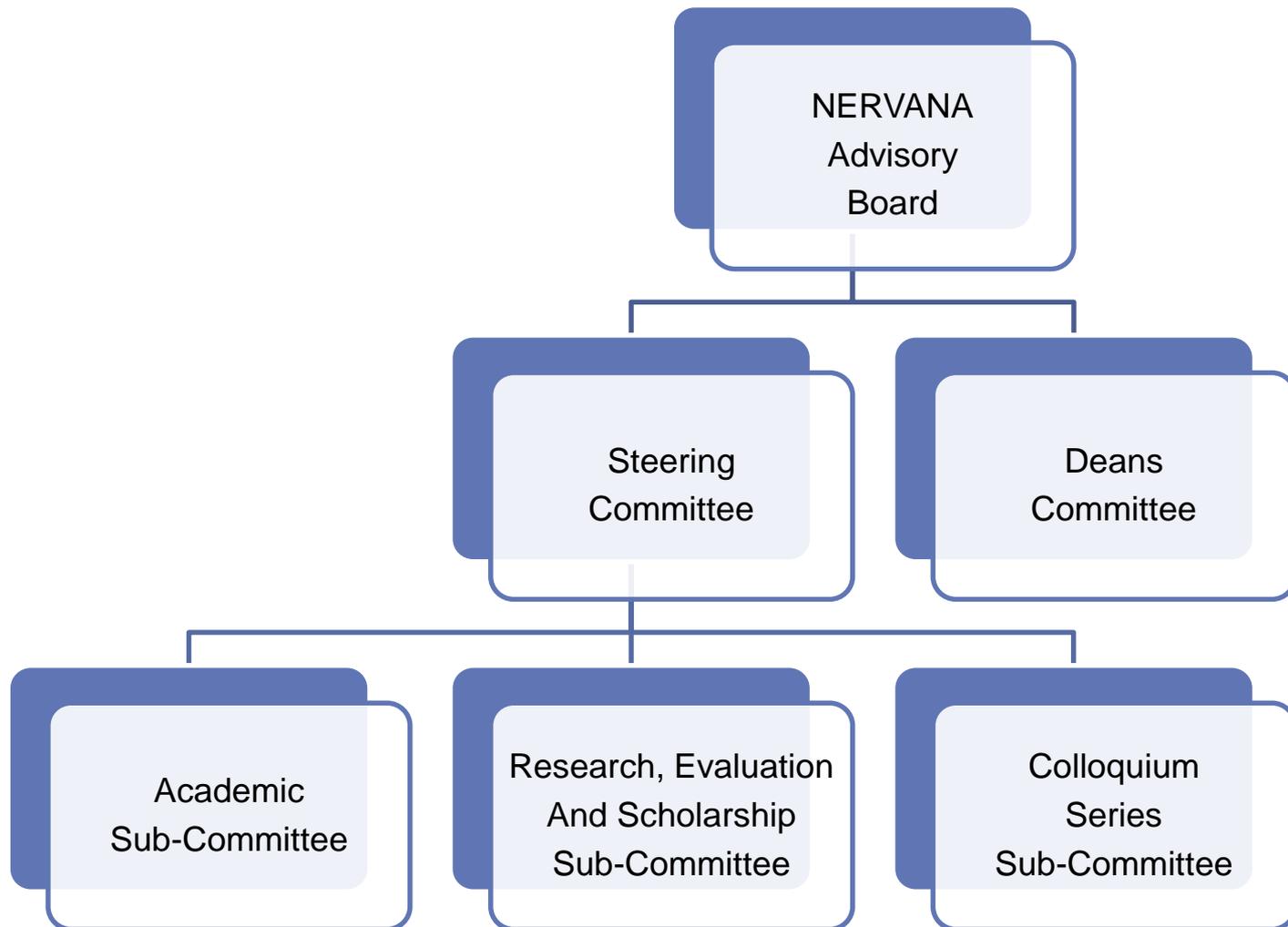
Dedicated Education Units, APN rotations

Educate students, faculty and the community regarding the unique needs of the veteran population

Develop programs at partnering schools to address Veteran Health issues

Create Multi-school research within the partners

NERVANA ORGANIZATIONAL CHART



NERVANA Post Baccalaureate Nurse Residency Program (PBNR) Philosophy

- America's Veterans deserve the best healthcare which can be provided
- Bridge Baccalaureate Education and Professional Nursing Practice
- Encourage workforce development
- Develop the "Nurse of the Future" to care for America's Veterans

VA BHS Nurse Residency Program Goals

- Transition from entry-level, advanced beginner nurse to competent professional nurse (Benner, 1994)
- Develop effective decision-making skills related to clinical judgment and performance
- Provide clinical leadership at the point of care
- Strengthen commitment to nursing as a professional career choice
- Incorporate research-based evidence into practice
- Formulate individual career development plans

Organizational Chart NERVANA PBNR Program

Outcomes of the PBNR Program

- ***Develop a collaborative program that builds upon the academic-practice partnership of NERVANA***
 - Maintain educational accuracy and currency
 - Practice trends
 - Build orientation programs
 - Improve transition to practice

Outcomes of the PBNR Program

- ***Develop a standardized set of competencies for new RNs***
 - Clinical practice
 - Leadership roles
 - Professional development
 - Evidenced Based Practice and Research

Outcomes of the PBNR Program

- ***Increase the level of interprofessional engagement throughout the VA Boston Healthcare System***
 - Comprehensive uniqueness of the VA requires improved interprofessional skills
 - Interaction with a wide variety of VA services
 - Allows for professional development and interprofessional growth

Outcome of the PBNR Program

- ***Enhance the array of recruitment attractiveness of the VA BHS Nursing Division***
- ***Reduce the turnover among new nursing hires***

Nurse Residents Outcomes

- *Provide safe, high quality patient care to Veterans*
- *Demonstrate high quality critical thinking abilities*
- *Demonstrate a basic knowledge of evidence based practice*
- *Demonstrate clinical leadership skills*
- *Development of a blueprint for professional life advancement*

Program Quality

- The program faculty have the appropriate education and experience
- Institutional Commitment and Resources
 - Academic Partners Commitment
 - Residency Coordinator
 - Teaching Learning Space
 - Chief Nursing Officer Commitment
 - Unit Leadership

CURRICULUM

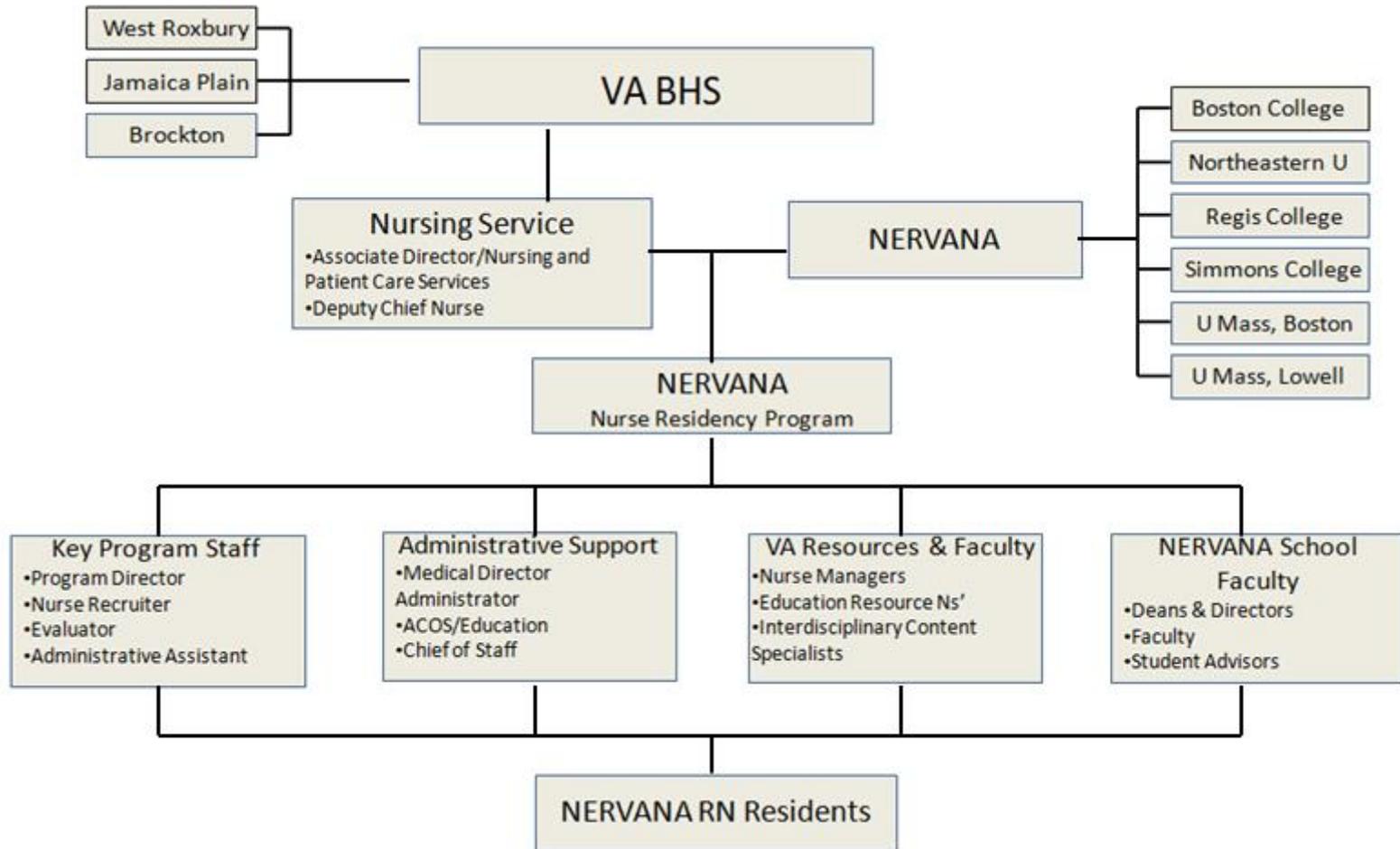
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Commission on Collegiate Nursing Education (CCNE) Accreditation

- CCNE is an autonomous accrediting agency contributing to the improvement of the public's health. As part of this mission, CCNE has become the standard setting accrediting organization in the area of entry-to-practice nurse residency programs.
- 2008-first standards (IV) published

Program Quality: Program Faculty

- ***The program faculty have the appropriate education and experience***
- ***Institutional Commitment and Resources***
 - Academic Partners Commitment
 - Chief Nursing Officer Commitment
 - Residency Program Director
 - Teaching Learning Space
 - Computer Access
 - Unit Leadership

Program Quality: Institutional Commitment and Resources

- ***Institutional commitment and support for the post-baccalaureate nurse residency program.***
 - VA Nurse Scientists - Affiliating Academic Partners
 - Consults
 - Research
 - Care of the American Veteran Colloquia series
 - NERVANA planning committee
 - NERVANA : Growing as a Mentor Series
 - NERVANA planning committee
 - 12 month didactic and comprehensive clinical experience program
 - Annual Evidence Based Practice Curriculum and Program

Preceptor Development

- Criteria for selection
- Workshop- Introduction
- Monthly Meetings
- Biannual NERVANA programing
- Evaluation meetings 3, 6 & 12 months
- Providing immediate supervision
 - Assignment
 - Constructive feedback
 - Support
 - Critical Thinking
- Involvement in Monthly Advisory Committee

Nurse Managers and Mentors

- Buy in
- Non-supervisory
- Oversight of unit
- Support of preceptor and resident
- Communication with program director, preceptor and resident
- Involvement in Monthly advisory committee

VA Boston Nursing Leadership

- Buy in
- Support for program, program director, resident, preceptor, academic VA Scientists
- Involvement
 - Monthly advisory committee
 - NERVANA steering committee
 - Program planning committees
 - Program participation
 - Mentors
 - Graduation welcome and participation

Monthly Advisory Board

- Same time same place
- Tele-conference
- Representation from all key stake holders
- Selection process
- Planning
- Constructive feedback
- Transparency
- Review
- Future directions

Program Quality: Curriculum

- **12 month program**
- **Three phases**
 - *First phase* - orientation to facility and mastering tasks
 - *Second phase* – exploration, assessment - critical thinking
 - *Third phase* - analysis and synthesis-problem solving, recommending solutions and planning
- Threaded: Social Networking and Reflection-Role as a Professional Nurse

Curriculum

- Commission on Collegiate Nursing Education Key Elements
- Evidence Based Practice
- Didactic components
- Clinical
 - Home unit
 - Enhancement observations
 - Interprofessional opportunities

Curriculum: Leadership

- Leadership, an essential Nursing function, is demonstrated by the planning, implementation, and coordination of care on behalf of the patient, family, or others significant to the patient.

Curriculum: Leadership

- ***Leadership Key Elements:***

- Management of Patient Care Delivery
 - Manage and delegation
- Resource Management
 - Time, organization, prioritization, decision making
- Communication
 - Language, responsibility, chain of command
- Conflict Management

Curriculum: Patient Outcomes

- Patient Outcomes addresses the development of clinical and critical thinking skills to safely manage patient care for quality patient outcomes under the guidance of a preceptor.
- Complexity of Patient Care

Curriculum: Patient Outcomes

- Management of Changing Patient Conditions
 - Supervised clinical experiences, critical thinking, interprofessional team, Mock code simulation
- Patient and Family Education
 - Supervised clinical experiences, TEACH, motivational interviewing
- Pain Assessment
- Evidence-Based Skin Care Practice
- Fall prevention
- Medication Administration
- Infection Control

Curriculum: Professional Role

- The nurse is in a unique position to be involved with the patient and family in very intimate circumstances. The nurse resident recognizes that clinical decision making reflects ethics and values as well as science and technology.
- The role of the professional nurse is constantly evolving and requires a commitment of life-long learning.

Curriculum: Professional Role

- Ethical Decision Making
- End of Life Care
- Cultural Competence in the Nursing Care Environment
- Stress Management
- Evidence Based Practice
- Professional Development

Interprofessional Education

- Teamwork and Collaboration
- “Team intelligence is the active capacity of individual members of a team to learn, teach, communicate, reason, and think together, irrespective of their position in any hierarchy, in the service of realizing shared goals and a shared mission. – the Best Patient Care Anywhere!
- Stories and Reflections on Teamwork in Health Care Collaborative Caring
- Edited by S. Gordon, D. Feldman, M. Leonard (2015)

IPE-Walking in another's shoes.....

- Invite to participate in didactic workshop
 - Audiology
 - Speech and language
- Clinical setting on assigned unit
 - Team rounds
 - Collaborative care rounds
- Clinical setting off assigned unit
 - Acute Psychiatric Unit
 - Emergency Department
- Day in the life of.....
 - Medical Resident
 - Pharmacist

Interprofessional Education

- Establishing Professional Identity
- Opening doors.....
 - Invited to participate in the clinical reasoning portion of the Geriatric Workforce Enhancement Program (GWEP) comprised of Beth Israel Deaconess Medical Center in collaboration with Hebrew Senior Life's Long-term Primary Care System and the Element Care Program for All Inclusive Care of the Elderly. The *specific goals* of our GWEP are to develop new skills and competencies of our fellows, residents, students, health care providers, caregivers, families, and patients in integrated care and inter-professional teamwork, culturally sensitive healthcare delivery, core clinical geriatrics, transitions of care, dementia care, chronic disease self-management, and oral healthcare

Program Effectiveness

- The Post-Baccalaureate Nurse Resident (PBNR) Program is effective in fulfilling its mission, goals, and expected outcomes as identified.
- Measurement Tools of the Nurse Residents:
 - Self Assessment of the CCNE 17 key elements
 - Preceptor rates at 3 months, 6 months and 12 months.
 - Self confidence tool used by residents at 3 months, 6 months and 12 months
 - Two exemplars written by Post Baccalaureate nurse Residents (several chosen to be read at graduation)
 - Veteran History recorded and shared at Schwartz Rounds
 - Program evaluation completed and submitted

Program Effectiveness

- *Measurement Tools of the Nurse Residents:*
 - Self Assessment of the CCNE 17 key elements
 - Preceptor rates at 3 months, 6 months and 12 months.
 - Self confidence tool used by residents at 3 months, 6 months and 12 months
 - Two exemplars written by Post Baccalaureate nurse Residents (several chosen to be read at graduation)
 - Veteran History Project shared at Schwartz Rounds
 - Program evaluation completed and submitted
 - Evidence Based Practice Project (Podium and Poster)

Program Effectiveness

Measurement Tools of the Program

- Preceptors (evaluate program, evaluate resident and RN resident evaluates the preceptors)
- Mentors
- Nurse Managers
- Each Monthly Didactic Workshop (12)
 - Program objectives evaluation
 - Faculty evaluation

Where are they now?

Year	selected	VA Boston	VA	other
2012-13	6	5	0	1
2013-14	8	7	0	1
2014-15	10	8	2	0
2015-16	10	Awaiting....		

Looking back

- FTE- what does it mean?
- Clear definitions and repeat!
- Ask questions and listen!
- Changing culture.....
- Assignments.....
- Professional identity in a silo.....look around, speak, share and listen!

Lessons Learned

- Buy in
- Marketing
- Communication
- Clear definitions
- Repeat
- Repeat
- Face to Face
- Listen
- Be visible interacting on the units-listen
- Ask questions

Looking Ahead

- Research – Nursing
- Interprofessional Initiatives
 - Professional identity
 - Collaboration and Teamwork=good patient outcomes + happy environment and relationship building
- Evaluation-continue to follow and adjust and share!
 - Resident Outcomes
 - Program Outcomes

Changing the way we do things.....

**"ANY CHANGE, EVEN A CHANGE
FOR THE BETTER, IS ALWAYS ACCOMPANIED
BY DRAWBACKS AND DISCOMFORTS. "**

Arnold Bennett

InspirationBoost.com