

**Nursing Workforce
Investment Strategies:**

Nurse Internship and Residency Programs

This is the first of series of monographs that The Hospital & Healthsystem Association of Pennsylvania hopes to produce to highlight those initiatives that have been implemented by hospitals and health systems that have had a significantly positive impact on addressing health care workforce shortages, recruitment, retention, and workforce development in their respective organizations.

Internship and Residency Programs



THE HOSPITAL & HEALTHSYSTEM
ASSOCIATION OF PENNSYLVANIA

The Problem:

Many health care professionals are expected to complete an extended preceptorship or residency following graduation from their basic education and training program, oftentimes as a prerequisite for licensure. In nursing, new graduates enter the work world quickly after graduation with minimum clinical experience and complete a facility-specific orientation and are expected to practice relatively independently at the conclusion of that orientation period. Whether as graduates from a two-, three- or four-year nursing education program, the transition from academics into practice is quick, with limited on-the-job training or mentoring.

Many new nurses often report that they begin practice feeling the need for more training. High professional registered nurse vacancy rates increase the pressure to get new nurse graduates oriented and working as soon as possible. As a consequence, new nurses are often expected to handle patient care situations for which they may not feel prepared. This inability to handle such situations and the resulting stress often translates into high turnover rates for new registered nurse graduates. Thirty-five to 60 percent of new nurse graduates change jobs during the first year of employment (Godinez, Schwieger, Gurver and Ryan, 1999).

Other recent research relative to the preparation of the new professional registered nurse graduate includes:

- A study by the National Council of State Boards of Nursing (*2001 Employers Survey - NCSBN Research Briefs*, Volume 3, 2002) found that health care employers perceive that newly licensed registered nurses are not fully prepared for basic practice setting tasks. In particular, employers noted deficiencies in recognizing abnormal physi-

cal and diagnostic findings, responding to emergency situations, supervising care provided by other caregivers, and performing psychomotor skills.

- In another study by the National Council of State Boards of Nursing, entry-level nurses also rated the adequacy of their preparation to perform a variety of patient tasks as “low.” However, employer rankings on every variable were lower than those of the new nurses. Adequacy of preparation can be tied to the difficulties that schools of nursing face in giving their students enough clinical experience to care for higher acuity patients; increasing amounts of material that must be taught in nursing education programs; the absence of sufficient clinical exposure to promote integration and learning in general; and the lack of involvement of experienced nurse clinicians in the education process.
- An Advisory Board Nurse Executive Center report (*Reversing the Flight of Talent*, 1999) noted that 53 percent of the nurses who had worked in their current job less than one year planned to stay in their current position three years or less. The report concludes that lack of support received as a new graduate was a key driver of turnover.
- New graduates have difficulty adjusting to the registered nurse role in the acute care setting and are often not supported in the work environment by preceptors and others responsible for providing the orientation (Casey and Fink, 2003).

One Solution:

Structured post-graduate training programs in the form of internships and residencies for nurses can provide the opportunity for skill-building in real clinical settings, just as extended preceptorships, internships, and residencies do for a variety of health care professionals, such as pharmacists, physicians, speech therapists, and others. For the purposes of this document, an internship will be considered a formalized program that is approximately six months long and a residency as being any formalized program longer than six months.

A number of hospitals and academic medical centers throughout the country have created programs to address the new nurse graduates’ transition into the acute care hospital setting. Although each program varies in length, structure, and content because of the independent development of these programs, they are all intended to accomplish essentially the same goals:

- Assist new graduates’ transition from entry level, advance beginner nurse, to competent professional nurse levels, as defined by Patricia Benner’s *Novice to Expert Theory*.
- Strengthen new nurses’ commitment to nursing as a professional career choice and the organization.
- Develop new nurses’ skills in decision-making related to clinical judgment, communication, delegation, and leadership.
- Promote acquisition of skills, often in specialized clinical areas.
- Provide guidance, mentoring, and peer support to new nurse graduates.
- Reduce voluntary organizational nurse turnover and attrition from the nursing profession.

Standard Program Components:

The standard components of a nurse internship or residency program generally include a:

Dedicated Program Coordinator—A dedicated coordinator for the residency program who is generally a clinical nurse specialist, educator, nurse manager, or school of nursing faculty member that meets with the residents on a regularly scheduled basis to facilitate their continuous learning, development, critical thinking, and work on an individualized professional development plan with each resident. In many cases, there may also be identified coordinators in various specialty areas as well as an overall residency program coordinator.

Guided Clinical Experience—The new graduate is partnered with an experienced registered nurse (RN) preceptor(s) who provides direct supervision. In most instances, the nurse resident is not directly responsible for the provision of patient care and is not counted in the staffing plan. For instance, at Children's Hospital in Los Angeles, nurse residents receive an average of 650 hours of clinical experience partnered with an experienced RN preceptor who provides direct supervision. Persons who serve in the preceptor roles are required to complete a minimum of an eight-hour preceptor training program that usually includes content related to the identification of learning needs, mutual goal-setting, role modeling, teaching of organizational skills, providing effective feedback, facilitating critical thinking, and development of nursing skills.

Mentor—A mentor is typically assigned to each nurse resident. This is not the same person as the preceptor(s). A mentor is typically a senior nurse in the organization who is responsible for sponsoring the new graduate into the nursing profession. The mentor serves as a sounding board, coach, and counselor—someone that the new graduate can confide in and

Standard Components Include:

- Dedicated Program Coordinator
- Guided Clinical Experience
- Mentor
- Classroom and Hands-On Skill Training
- Debriefing and Self-Care Sessions

receive support, encouragement, advice, guidance, and insight from. In some programs, one senior nurse may serve as a mentor for more than one new graduate. The University of North Carolina refers to individuals serving in the mentorship role as resident facilitators. In their residency program, the resident facilitator is responsible for a group of four-to-five residents. The resident facilitator is required to routinely check in with each resident or group of residents. It is critical that a mentor be able to support new learners, remain sensitive to the residents' experiences, and serve as a role model.

Classroom and Hands-On Skill Training—Woven throughout the residency program is classroom and skills laboratory education led by a variety of content experts. Generally, there is a facility-specific orientation (organizational chart, infection control practices, information systems, etc.); a core curriculum that includes basic medical-surgical principles; followed by more specialty-focused courses and content; and finally classroom learning experiences that may be geared to leadership (resource management, communication, management of patient care), patient outcomes, evidence-based nursing practice, and the role of the professional nurse.

Debriefing and Self-Care Sessions—In virtually every program, an opportunity exists for groups of residents to meet together to express their feelings or emotions about their experiences as a new graduate nurse.

Depending on the program, it will vary as to who might facilitate these sessions. In some instances, it may be the responsibility of residency program mentors. At the Children's Hospital in Los Angeles, a social worker and nurse manager facilitates the debriefing sessions. In some organizations, it may be a senior clinician from behavioral health, a nurse recruiter, a well-respected clinical nurse specialist, or nurse educator. The sessions are designed to address the new graduates' experiences, which may include caring for a difficult patient/family, having a manager that is perceived as being non-supportive, not getting along with other nurses in the assigned clinical unit, dealing with a challenging physician, caring for a dying patient, or for the first time experiencing a patient in cardiac arrest. The debriefing aims to create a safe environment for sharing experiences and feelings, learning about resources available within the organization, building a support network, and handling emotionally stressful situations that occur in the clinical setting.

Nurse Residency Programs in Pennsylvania:

Fox Chase Cancer Center

Background—The RN Graduate Transition Program was implemented at Fox Chase Cancer Center in June 2001. A multi-tier competency-based curriculum was developed to assist new graduates to transition to competent oncology nurses.

Program Coordination and Implementation—A clinical nurse specialist, Deena Damsky Dell, MSN, RN, BC, AOCN, serves as the dedicated coordinator who facilitates all aspects of this nurse residency program. Dell, with more than 25 years teaching experience in various nursing programs and extensive clinical experience in oncology nursing, designed and developed the graduate nurse curriculum and coordinated implementation of the program. The purpose of Fox

Chase Cancer Center's residency program was both to recruit and retain exceptional nursing staff by developing an orientation program that fostered the growth and development of the graduate nurse into a competent, confident, and caring oncology nurse. Additionally, Fox Chase Cancer Center viewed the nurse residency program as being a critical component of delivering of high quality care to its patients. The program was based on a similar program developed by Fey and Miltner at the Washington Hospital Center in Washington, DC (*Journal of Nursing Administration*, March 2000). In the Fox Chase residency program, the nurse residents are considered non-productive staff and not counted in the staffing plan for one full year.

Goals—The goals of the Fox Chase program are to provide an intensive orientation program for new graduate nurses with protection from the pressure of staffing needs. Specifically, the program is designed to assist the new graduate nurse to:

- Transition from entry level to competent generalist after one year.
- Function at level of advanced beginner oncology nurse after one year.
- Develop critical thinking skills to enhance effective decision making.

The program also was designed to help existing staff develop the necessary skills to serve as preceptors and mentors for the nurse residents.

Curriculum—Phase I: A review of basic medical-surgical nursing principles is incorporated into a series of lectures and practicum during the initial weeks of the residency program. The first two weeks are spent primarily in the classroom. Over the next eight weeks, weekly two-hour conferences are held to promote bonding and enhance problem-solving skills.

The nurse graduates are expected to present case studies on assigned patients and complete other assignments designed to reinforce key concepts.

Phase II: The second phase includes oncology-intensive course content and clinical experiences.

Phase III: The third phase focuses on patient care management and leadership competencies.

Throughout the course of the residency program, the number and complexity of patient assignments and responsibilities for each of the residents is increased gradually. The program also incorporates ongoing goal setting by the resident in collaboration with the assigned preceptor, residency education coordinator, and nurse manager at defined set intervals. Additionally, the residency program includes ten full-day oncology conferences spaced over ten months and includes numerous hour-long educational programs.

Evaluation—Three cohorts of graduate nurses have now completed the residency program at Fox Chase Cancer Center. The following chart depicts the number of nurse residents in each of the three classes and Fox Chase’s experience with turnover within each of these respective residency classes. Twenty-six nurse residents have been hired into the program over the past three years. To date, nine of the original 26 residents have left the organization, representing an overall 35 percent turnover rate (*see box below*).

In addition to looking at nurse turnover of those that were hired into the residency program, the nurse residents are involved in an ongoing evaluation of the program at specific intervals that include:

- An evaluation at the completion of the first two weeks of the program that asks about the classroom experience and content as well as residents’ initial impressions of the hospital and its staff.
- An evaluation at the end of eight weeks and again at the end of six months that includes questions about conferences, hospital experiences, and the residency program itself.
- At the time of hire and at the end of six months, the nurse residents also complete a skills competency self-confidence survey, the Schutzenhofer professional nursing autonomy scale, and the Fox Chase Cancer Center organizational commitment scale.
- Verbal evaluations of the program are obtained from nurse residents at the end of the one-year residency program.
- Nurse residents also formally evaluate their preceptors on an annual basis.

The first group of nurse residents also took part in the Nurse Executive Center New Graduate Nurse Survey in 2002. The Fox Chase Cancer Center nurse resident responses were compared to a total of 120 responses from other new nurse graduates that took part in that survey. On key indices included in the survey, the Fox Chase nurse residents indicated feeling more positive about their orientation than the other respondents (*see box on next page*).

Nurse Resident Cohorts	Year 1	Year 2	Year 3	Total
2001—11 Nurse Residents	2 (18%)	1 (9%)	4 (36%)	7 (63%)
2002—7 Nurse Residents	0 (0%)	2 (29%)		2 (29%)
2003—8 Nurse Residents	0 (0%)			0 (0%)
Total—26 Nurse Residents	2 (8%)	3 (11.5%)	4 (15.4%)	9 (35%)

Additionally, data from the Fox Chase Cancer Center organizational commitment survey consistently demonstrates a high degree of organizational commitment among the nurse residents.

Next Steps—Fox Chase’s nurse residency program continues to evolve. Fox Chase Cancer Center is interested in learning the career paths of those nurses who have left their organization to determine how their initial experience in the Fox Chase Cancer Center’s residency program may have shaped career decisions. Although not an original goal of the program, Fox Chase will consider continuing professional practice in nursing, especially oncology nursing, as a success even though that nurse may no longer be in their organization.

Survey Statement	Fox Chase Nurse Residents	Other Respondents
Orientation helped me develop critical thinking skills	91% strongly agreed	60% strongly agreed
Orientation allowed me to assess my strengths and weaknesses as a nurse	82% strongly agreed	69% strongly agreed
Orientation lasted long enough to leave me feeling confident as a nurse	82% strongly agreed	49% strongly agreed

Additionally, some of the original nurse residents are now gaining skills to serve as preceptors for the new nurse residents. What’s more, the nurse residency experience has served to build bridges and a social support network among the residents of each of the classes because of the shared experiences associated with the program.

The Hospital of the University of Pennsylvania

Background—The University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AACN) National Nurse Residency Program is a one-year program designed to assist nursing graduates as they transition into their first professional role. This partnership program between academic health centers and their respective schools of nursing focuses on the development of clinical and leadership skills for the beginner nurse. The University of Pennsylvania Health System, in Partnership with the University of Pennsylvania School of Nursing, collaborated with five other institutions (Univer-

sity Medical Center, Tucson; University of Colorado Hospital; University of Kentucky; New York University Medical Center; and University of Utah Hospitals and Clinics) in the design and alpha site testing of the residency program.

Program Coordination and Implementation—

Each site was responsible for developing and implementing the residency program—ensuring that it met the goals, curriculum requirements, and evaluation parameters.

Goals—The residency program was designed specifically for baccalaureate nurses and its goals were to assist the graduate nurse:

- Transition from entry level to competent professional nurse in the clinical environment.
- Develop effective decision-making skills related to clinical judgment and performance.

- Provide clinical nursing leadership at the point of care.
- Strengthen commitment to nursing as a professional career choice.
- Formulate an individual development plan for continuing career progression.
- Incorporate research-based evidence into clinical practice.

Curriculum—The content of the year-long residency program is divided into two phases, with each designed to take approximately six months to complete. Phase I content focuses on:

Leadership

1. Resource Management—Utilization of equipment, available hospital resources, and unit staff in managing a care assignment.
2. Communication—With unit peers, other care team members, other hospital departments, physicians and families, and delegation communication.
3. Organization of Data—Giving reports, calling physicians, participating in rounds, and documentation.
4. Managing the Delivery of Care—Prioritizing care, mastering specific nursing skills, delegation, and follow-up.

Patient Outcomes

1. Patient Safety—Management of the changing patient condition, recognizing abnormal physical and diagnostic findings, fall prevention, medication safety, prevention of medication errors, equipment safety, and use of restraints.
2. Patient Pain Management—Pain assessment tools, evidence-based pain management interventions, and documentation of pain outcomes.

Phase One Focus:

- Leadership
- Patient Outcomes
- Professional Role

Phase Two Focus:

- Critical Thinking, Decision Making, Professional Development

3. Evidence-Based Skin Care Practice—Assessment tools, evidence-based interventions, and documentation.
4. Patient Teaching—Teaching methods, age-level requirements, verification of knowledge, and family involvement.

5. Emergency Management—Participating in mock codes, internal/external disaster preparedness, and other clinical emergencies.

Professional Role

1. End-of-Life Care—Palliative care and ethics.
2. Diversity—Managing clinical issues related to diversity in the acute care setting.
3. Evidence-Based Practice—Searching for evidence and best practices in improving patient outcomes.
4. Stress Management and Self-Care.

Phase II is designed to enhance critical thinking skills and the ability to manage outcome data to promote patient safety. Information from actual complex clinical situations (case studies) is shared with residents, building on information learned in Phase I. These case studies are integrated with specific evidence-based journal reviews and the patient care experiences of the residents.

Evaluation—Each site participating in the residency program will utilize a common set of research tools to measure the impact of the program on those that participated, including the McCloskey-Mueller Job Satisfaction Tool, the Gerber Control of Nursing Practice Tool, and the Casey-Fink Graduate Nurse Experience Tool. Residents complete the survey instruments during the initial month of hire, at six months, and at 12 months.

The residents at the Hospital of the University of Pennsylvania provided verbal feedback about the program at its completion and were asked to complete a program and preceptor evaluation. The retention rate of the group, as well as at the other program sites, also is being monitored.

Data from each site also is being collected on resident program attendance, number of classroom and clinical hours, number of hours with mentor/facilitator, preceptor preparation and selection, and other dimensions.

One hundred and nine nurses from the Hospital of the University of Pennsylvania, hired between June 15 and September 15, 2002, are included in the study group. Those hired after September 15 participated in the residency program but were not included in the study component.

Next Steps—More academic health centers and schools have been identified to serve as beta sites for the nurse residency program. Information from the original alpha sites is being evaluated to help further refine the residency program. An additional tool to evaluate critical thinking skills has been identified and will be included in future evaluation of the residency programs.

Impact on Voluntary Turnover:

In reviewing the results of several nurse residency programs, participants have reacted extremely positively to the program, indicating that they have learned a lot of new material, greatly increased or improved their technical skills, and enhanced their confidence in assuming a staff nurse role. There is also evidence that nurse residency programs engender increased organizational commitment among new graduates. Organizations report increased professional growth opportunities for staff serving in preceptor and mentor roles. And, finally, there appears to be the ability to enhance recruitment of new nurses by offering internships and residency programs. All of these results translate into improved quality of care for patients.

In those organizations that have instituted a nurse residency program, the turnover rate for new graduates has declined. Prior to the residency program implementation at Children’s Hospital in Los Angeles, the turnover of new graduates was 36 percent during the first 12 months of employment. Following implementation of the residency program, the turnover rate for new graduates was 8 percent.

	Traditional Orientation	Nurse Residency Program	
Number of New Graduates	80	80	
Annual Turnover Percent	36%	8%	
Number Replaced	29	6	
Estimated Average Replacement Cost			
\$46,000 = medical/surgical RN			
\$64,000 = critical care RN	\$46,000	\$46,000	
Total Replacement Cost/Year	\$1,334,000	\$276,000	\$1,058,000
<i>Estimated average replacement cost – Kosel, Keith C, Olivo, Tom, “The Business Case for Workforce Stability,” Voluntary Hospitals of America, April 2002.</i>			

Retention rates reported from new nurse graduate residency programs in the first year include 90 percent (Fey & Miltner, *Journal of Nursing Administration*, March 2000) and 86 percent (Beecroft, P. et. al, "RN Internship Outcomes of a One-Year Pilot Program," *Journal of Nursing Administration*, December 2001).

Other Developments:

HRSA Grants—As a result of the federal Nurse Reinvestment Act, the Health Resources and Services Administration (HRSA) is funding grants designed to develop and implement internships and residency programs for nurse graduates and registered nurses to improve education and nursing practice in the workplace, the quality of care, and retention of RNs in the workforce. Two rounds of applications for grants through the Nurse Reinvestment Act have been completed. For more on grant opportunities to assist in the development and implementation of nurse internships and residency programs, go to <http://www.hrsa.gov>.

Medicare Reimbursement—The Centers for Medicare & Medicaid Services also issued the Fiscal Year 2004 changes to the Hospital Inpatient Prospective Payment System in the *Federal Register* on August 1, 2003 (Volume 68, Number 148). The rule covers the costs of approved nursing and allied health education activities, including clarifying what types of programs qualify for Medicare pass-through monies. Specifically, provider-sponsored education programs, workshops, and continuing education programs in which the employees participate to enhance the quality of medical care or operating efficiency of the provider, but which do not lead to the ability to practice and begin employment in a nursing or allied health specialty, do not qualify for Medicare pass-through dollars.

The final rule indicates that Medicare reasonable cost pass-through payment will only be provided for programs that, according to industry norms (more than 50 percent of hospitals in a random, statistically valid sample require completion of a particular training program before an individual may be employed in a specialty), qualify an individual to be employed in a specialty in which the individual could not have been employed prior to completing a particular education program. In addition, nurse residencies do not qualify for reasonable cost payment because they do not meet the requirement for accreditation by a national approving body.

In other words, while nurse internships and residencies are an emerging nursing workforce strategy, the employer, unless they secure grant funding, will be responsible for funding these programs until such time that an appropriate accrediting or certifying entity for such programs is created and a majority of employers expect the completion of such a program as a condition of employment.

Resources:

- Cronenwett, Linda and Tonges, Mary, "Nursing Practice/Education Partnership Assessment Guide," developed for the American Organization of Nurse Executives, 2003.
- "Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis," The Joint Commission on Accreditation of Healthcare Organizations.
- "RN Residency in Pediatrics," Children's Hospital Los Angeles.
- Larson, Jennifer, "Not Just for Doctors Anymore: Residency Programs Train Nurses," August 22, 2003, NurseZone.com.
- "Postbaccalaureate Nurse Residency Programs Executive Summary," prepared by the University HealthSystem Consortium (UHC) and the American Association of Colleges of Nursing (AANC).

- The Hospital & Healthsystem Association of Pennsylvania and the Pennsylvania State Nurses Association Call for Partnership Initiatives—Abstract submitted by Joan Bretschneider, PhD, RN, director of nursing development, education and life long learning, The University of Pennsylvania Health System.
- The Pennsylvania State Nurses Association Poster Presentation—Abstract submitted by Deena Damsky Dell, MSN, RN, BC, AOCN, clinical nurse specialist/educator, Fox Chase Cancer Center.

Special Recognition:

Special recognition for assistance in preparing this monograph to:

Fox Chase Cancer Center—Deena Damsky Dell, MSN, RN, BC, AOCN, clinical nurse specialist/educator, Fox Chase Cancer Center; Joanne Hambleton, chief nursing officer, Fox Chase Cancer Center; and Mickey Mullin, RN, BSN, OCN, nursing career specialist.

The University of Pennsylvania Health System—Joan Bretschneider, PhD, RN, director of nursing development, education, and life long learning; Cynthia Richardson, MSN, RN, resident coordinator; and Victoria Rich, PhD, chief nursing officer.

The Pennsylvania State Nurses Association—Michele Campbell, MSN, RNC, executive administrator.



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