Helping new RN graduates gain traction

Half way into the first year, a new grad can begin to lose confidence. All it may take is a difficult conversation with a physician, a near miss, or too many clashing priorities to drive a new grad out of the hospital and even out of nursing. Nearly 30% of new grads in hospitals end up leaving in their first year. It’s a loss nursing can ill afford.

Nurse leaders have their own frustrations with new grads. Only 10% believe their new grads are fully prepared to provide safe and effective care, according to a 2008 study.

In a related study, only 25% of front-line leaders were fully satisfied with new grads’ performance on 36 competencies. Among competencies they were least satisfied with were abilities to anticipate risk, set priorities, resolve conflicts, track multiple responsibilities, and complete tasks in the expected time.

How to ease the transition?

Nurse residency programs are one way to help new grads gain traction. Some perioperative departments are participating. Residencies make the transition more formal and uniform. In the future, residencies might be a licensure requirement.

Nurse residencies are a major recommendation of the 2010 Future of Nursing report from the Robert Wood Johnson Foundation and the Institute of Medicine (sidebar).

The National Council of State Boards of Nursing (NCSBN) is conducting a 3-year study of a formal 6-month residency model. Depending on the results, NCSBN may propose that states require newly licensed nurses to complete a residency to be relicensed after 1 year of practice.

What is a nurse residency like?

In 2 leading models, residencies are year-long programs that transcend specialties to focus on areas such as critical thinking, communication, patient advocacy, and evidence-based practice.

Evidence-based curriculum

A 1-year evidence-based nurse residency curriculum from the University HealthSystems Consortium (UHC) and the American Association of Colleges of Nursing (AACN) is being used by 70 hospitals. Hospitals do not have to be UHC members to participate.

“We think hospitals do an outstanding job of orienting new nurses to the tasks and intricacies of their new role,” says Debra McElroy, MPH, RN, UHC’s senior manager for nursing leadership. But in today’s high-tech environment with an acutely ill caseload, she says, it’s become more difficult to support new nurses in some of the higher-level, critical-thinking issues.

The residency curriculum focuses on:

- leadership—managing resources and collaborating with an interdisciplinary team
- patient safety and outcomes—applying knowledge of nurse-sensitive topics to clinical practice
- professional role—enhancing growth and development.

Many organizations also provide specialty-specific activities, such as a multidisciplinary simulation of managing a code.

McElroy says the UHC/AACN program has shown strong results, with a 96% retention rate for new grads’ first year of employment in 29 organizations (sidebar, p 19).

“We have heard time and again from nurse residents that simply support and having an environment in which to talk about challenges they are facing has gone a long way to increasing retention and confidence,” she says.

NCSBN model
The NCSBN model is a 6-month program with 5 learning modules and a preceptorship, with a recommended additional 6 months of employer support. The modules address patient-centered care, communication and teamwork, evidence-based practice, quality improvement, and informatics. To participate, new grads would have to pass the NCLEX and be employed by a hospital.

What’s the cost?
The cost of the UHC/AACN curriculum differs with the size of the organization. UHC members receive a significant discount.

The UHC/AACN residency program has shown a strong return on investment, says McElroy.

A residency at the Methodist Hospital in Houston reduced first-year turnover from 50% to 13% and had a return on investment of 885%, as reported by Pine and Tart.

The University of Wisconsin Hospitals and Clinics surgical services department, which also uses the UHC/AACN curriculum, says it has reduced new grad turnover by 80% (related article).

Since the Future of Nursing report came out, McElroy says, there’s been discussion of trying to increase support for residencies through grant funding.

What is needed from hospitals?
Allocation of resources is the most important support a hospital needs to provide for nurse residencies, says McElroy. That includes time out of new grads’ schedules and adequate human resources to support the program. The UHC/AACN program requires the hospital to provide expert nurse mentors and to have an academic partner. Mentors can be nurse educators, clinical nurse specialists, or experienced clinical RNs.

“Expert nurses model what it is like to be in this practice setting. It’s important to have someone who has walked the walk, shown professional growth, and demonstrates a commitment to professional practice,” she says.

A formal residency would emulate what other health care professions already do.

“If you look at medicine, pharmacy, and chaplaincy, it is an expectation to do a 1-year residency,” McElroy says. “I think nursing needs to get the same attitude.”

—Pat Patterson

Outcomes of UHC/AACN nurse residency

Retention has improved every year, with 94.4% retention in 2008.

Outcome measurement using the Casey-Fink Graduate Nurse Experience Survey shows significant:

• decrease in stress
• improvement in ability to organize and prioritize
• improvement in communication and leadership skills.

Source: University HealthSystems Consortium.
References


Resources
National Council of State Boards of Nursing Transition to Practice Model
https://www.ncsbn.org/1603.htm

UHC/ACCN residency program
http://www.aacn.nche.edu/education/nurseresidency.htm