CINHC *Optimizing Health through Nursing Excellence*

CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE

Transition to Practice Nurse Residency Programs for Newly Licensed RNs In California

July 2011

Transition to practice program (nurse residency) definition: A formal program of active learning that includes a series of educational sessions and work experiences for newly licensed registered nurses. Transition to practice programs (nurse residencies) are designed to support a newly licensed RN's progression from education to a first professional nursing role.

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This project is supported with grant funding From Kaiser Permanente National Patient Care Services

EXECUTIVE SUMMARY

Within California and throughout the nation, interest has grown in RN residency and transition to practice programs as a means of preparing nurses for the practice environment. Factors contributing to this interest include the Institute of Medicine's Initiative on the Future of Nursing's October 2010 report and its Recommendation 3: Implement Nurse Residency Programs, as well as the implementation of transition to practice programs as a way to increase the competence, confidence, and ultimate employability of nurses in the current hiring environment. Kaiser Permanente National Patient Care Services has provided a grant to the California Institute of Nursing & Health Care (CINHC) to conduct an evaluation of the CINHC-managed transition to practice programs, as part of an overall study to assess the value of nurse residencies and transition to practice programs. A key component to analyzing the value of RN residencies is having an understanding of existing programs, including identifying the sites where they are offered, program structure, and characteristics or components of successful programs.

To gather this information, CINHC disseminated an online survey questionnaire to 68 acute care sites throughout California that were identified as offering residency programs, and followed up with in-depth interviews at 25 target facilities. Findings from this study provide valuable insight regarding the composition, outcomes and strategies for implementing a successful residency program. The results of this study will not only inform Kaiser Permanente and the CINHC-managed transition to practice programs, but may inform statewide conversations addressing RN residencies as part of the Initiative on the Future of Nursing's California Action Coalition. Key findings highlighted from the complete report include:

Program Composition:

- 63% of hospital programs that responded are internally (self) developed, with 37% of hospitals using a standardized model such as Versant or UHC/AACN
- Average program capacity in 2010 was 36 new RN graduates per program, with most hospitals conducting the program twice a year
- Aggregate capacity across hospitals dropped 3% from 2009 to 2010, and 7% between 2010 and 2011, predominantly driven by the economic impact on the overall nursing job market
- Program capacity was reduced in 57% of hospitals over the past 2 years, while 43% exhibited growth related to expansion of patient care services, nursing retirements, commitments to promote existing personnel newly licensed as an RN, or from their partnerships with nursing academic programs
- Residency programs are most often provided by hospitals in Medical Surgical (92.5%), Emergency (72.5%), Critical Care (67.5%) and Obstetrics (55%); services which include a large number of RNs, experienced personnel, and/or specialized training
- Program length was found to vary with 57.5% of hospital programs between 3 to 5 months long, and 15% continuing up to a year
- Programs are structured to include a didactic classroom education component from 5 to 25 days in length (most typically 15 days) and supervised clinical time assigned with an experienced RN formally trained as a preceptor for 2 to 8 months (most typically 5 months)

Program Monitoring, Measurement, and Outcomes:

- Clinical competency is monitored using several internally developed tools in 87.2% of programs, and industry-recognized instruments by 55% of programs

- Evaluation of competency and progression through the program is largely achieved through direct observation by experienced RN preceptors in 95% of programs, with the addition of standard evaluation tools (57.5%), simulation/scenarios (42.5%), and written examinations (20%)
- Program outcome measurements of success include RN resident satisfaction with program in 92.5% of hospitals, new graduate RN retention rate tracked by 90% of hospitals for 1 to 2 years, and progression of the RN resident through the program in 77.5% of hospitals
- Pre program retention rates reported by hospitals to have been low at 65% to 80%, improved dramatically to 90% or above after implementing a residency program
- Hospitals reported recovering the cost invested in each program from the savings realized through improved retention over time

Success Strategies:

- The experienced RN preceptor role is of significant importance to the successful transition of the new RN, with key program components involving the selection, training, and ongoing development of the preceptor role found to be critical to success overall
- The ability of the organization to provide a framework of support, guidance, coaching, development, and integration for residents to the RN role and the practice environment, both individually and as a group over a period of months and throughout the first year, was reported to be essential

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PROJECT OVERVIEW

This report summarizes the findings of a statewide survey conducted in June-July 2011 of acute care hospitals reported to have a new graduate residency program for newly licensed RNs. The survey questionnaire was designed to establish an inventory of programs currently provided in California, including the type of program, structure, and core elements. In addition to providing valuable information to those working directly with the CINHC-managed RN Transition to Practice Programs, this study may inform statewide conversations addressing RN residencies, through the work of the Initiative on the Future of Nursing's California Action Coalition.

SURVEY METHODOLOGY

A letter was distributed via email to the Chief Nursing Officers (CNOs) of 68 acute care hospitals in California (Addendum A) that had recently reported having a residency program in place for new RN graduates (UCSF Center for the Health Professions, annual CNO Survey, Fall 2010). The CNO was informed of the purpose and encouraged to have their facility participate in the data collection process contributing to the development of a statewide inventory of programs. The letter requested the CNO to have their nursing leader responsible for new graduate/residency programs complete the online survey. (Addendum B) The survey link was included in the CNO letter to facilitate the process.

Hospitals were acknowledged who responded by the July 1st target date, and another letter was sent via email to those CNOs whose facilities had not yet responded. A follow up process was implemented to remind hospitals whose results were still pending, address questions, or provide assistance when incomplete surveys were submitted to encourage maximum results. Following receipt of completed survey data, a 30 minute telephone interview was scheduled with a sample of 25 residency programs to discuss selected program components in more depth; emphasizing key success strategies, evaluation methods and outcomes as evidence of best practices. While the baseline findings in this report originated from the data collected via the on line survey instrument, additional information obtained during the sample interviews is also included as examples and supporting evidence throughout the narrative report.

The 31-item survey instrument and interview plan were developed by CINHC with expert input from nursing leaders directly involved in the California Action Coalition (CAC) Team working on Recommendation #3 Residencies, and was endorsed by the Executive Management Committee of the California Hospital Association.

Survey Participation and Data Analysis

Invitations to participate were initially sent to 68 acute care hospitals, based on the list of hospitals who had indicated they had a program in place. (UCSF Center for the Health Professions, annual CNO Survey, fall 2010). Information about the survey process and a copy of the CNO letter and survey were reviewed in June 2011 with members of the CAC Recommendation Team #3 on Residencies to encourage completion and increase participation from residency programs that may not have been identified as part of the initial list. This process prompted four additional hospitals to respond to the survey that were not part of the initial list of 68. Additionally, an internet search of hospital web sites was undertaken, which resulted in identifying nine more hospitals with residency programs. The CNOs of these additional hospitals were sent the introductory letter and survey link to be included in the process, bringing the total number of hospitals

surveyed to 81. It is recognized that other hospitals and types of organizations who employ nurses may also provide new graduate RN internships and residencies. The number of hospitals who were contacted to participate represents 22% of the total number of acute care hospitals with membership in the California Hospital Association (CHA).

A total of 47 hospitals or 58% responded to the survey and provided data on their RN residency programs, and 18 follow up interviews were conducted with a sample of programs. The data obtained is felt to be representative of existing new graduate residency programs overall. The complete list of hospitals requested to participate in the survey is provided and those who completed the survey, those who indicated they did not have a program, and those who participated in the sample of follow up telephone interviews are referenced. (Addendum C). Data from the on line survey was aggregated and a summary report of the questionnaire and the results of the RN Residency Program Questionnaire is also provided. (Addendum D).

Throughout this report, the number of facilities who responded to each question (N) is indicated as well as the percent (%) of response referenced as (N/%) throughout the document. In three cases, a hospital system responded for all facilities in their system, while in four other cases, individual hospitals within a larger hospital system responded separately reflecting the overall structure and coordination unique to each program. As the total numbers of multi hospital or system-wide reports were small in number, the number of survey responses (N) was not adjusted nor were all hospitals within a large system attempted to be included.

FINDINGS

Program Scope and Structure (Survey Questions 1-13)

Program information was provided by nursing leaders and educators identified by the CNO as responsible for their hospital program. Leadership and coordination for residency programs were generally reported to be provided through a Nursing Education Department and/or by a nursing leader in an educator role; however, the type and scope of positions varied across facilities and included: Director of Education, Director of Professional Practice, Clinical Educator, Education Specialist, and Program Coordinator roles. In most cases, these nursing leaders have other organizational responsibilities, with a portion of time allocated to oversight of the residency program aligned with the scope, capacity and complexity of each program. It is reported that specific functions within programs are shared among several nursing educators and clinical practice leaders with many leaders in an organization contributing to teach or lead various components of the program. A more detailed analysis of the portion of time spent by the program coordinator is provided under the section on Leadership and Coordination (page 11).

Type of Program and Accreditation

A definition of "transition to practice program (nurse residency)" was needed to establish a consistent understanding of the type(s) of programs to be reported, and intended to maximize returns across a range of programs regardless of the "name" each program was know by or the interpretation of specific wording used in communicating the survey process. Communication that includes specific wording such as "orientation," "residency," "internship," or "transition to practice" each may hold divergent meanings for individuals particularly now with a renewed focus on new graduates and emerging program models. The definition provided in the initial CNO letter and also included at the start of the actual survey tool was intended to

identify programs conducted for a specific target population of nurses while including a range of existing types of programs that may differ in name. The definition used was:

Transition to practice program (nurse residency) definition: A formal program of active learning that includes a series of educational sessions and work experiences for newly licensed registered nurses. Transition to practice programs (nurse residencies) is designed to support a newly licensed RN's progression from education to a first professional nursing role.

Despite the provision of a definition, variation in interpretation remained evident and may have contributed to the lack of participation of some programs who felt their program did not meet the intent of the survey, or may have limited reporting of only one type of program in some cases. Completed surveys were reviewed as received, and program leaders contacted when the need for clarification seemed evident. Edits or additions to survey submissions were obtained when discovered to maximize results.

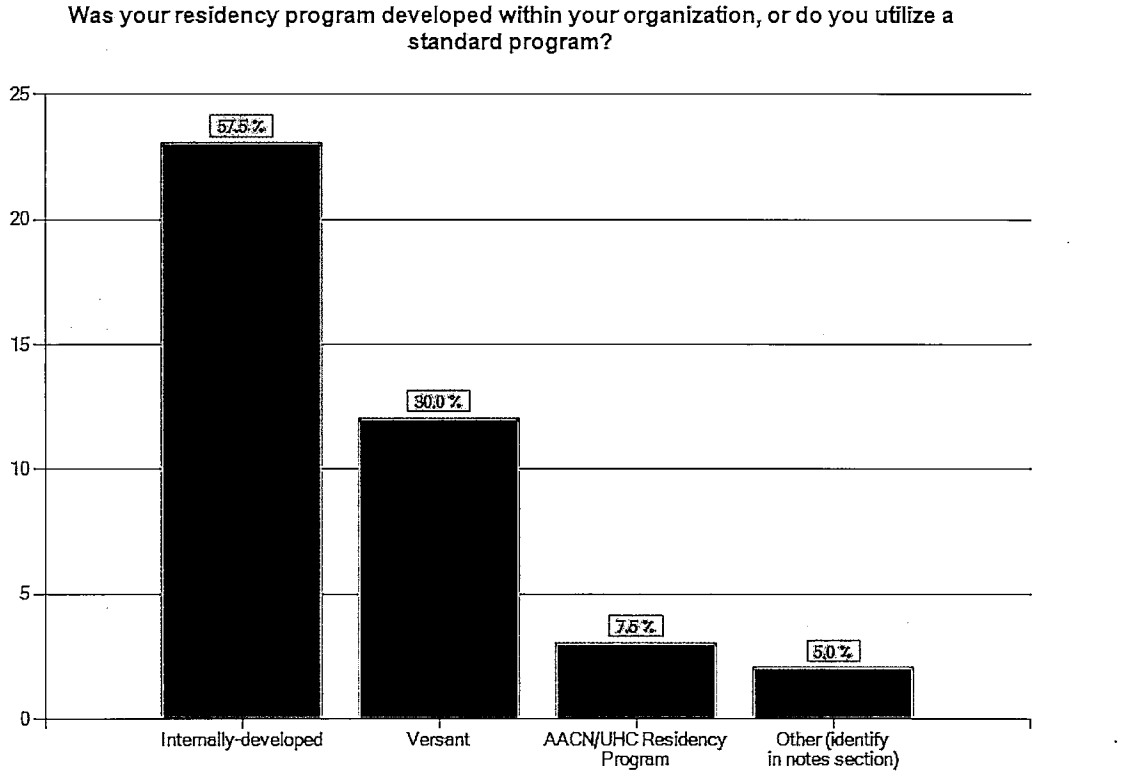
Hospitals were asked to provide the official name of their programs. The range of responses is an indication of the range of terminology used, often historically labeled, linked to interpretation, or indicative of the name of a standard program. These names are not generally the best indicator of the type or composition of the program, with some programs changing over time, and with comparable programs elsewhere in California possibly known by different names. It is recognized that program names do hold specific meaning and associated definitions for their program leaders and participants, thus continuing to present communication challenges when collecting data to compare these programs overall. Official program names reported include:

- Graduate Nursing Residency Program
- New Graduate Nursing Residency Program (NGRP)
- New Graduate Transition Program
- New Graduate Orientation
- New Graduate Preceptor Program
- New Graduate Program
- New Graduate RN Program
- Nurse Intern Program
- Nurse Residency Program
- Nurse Resident Program
- RN "New to Practice" Program
- RN Residency Program
- RN Transition Program
- Residency Program
- (Ambulatory) RN Residency Program
- Versant
- Versant Residency Program
- Versant Residency Program in Pediatrics

While hospitals responding to this survey reported consistency across programs regarding their target audience and program focus on the new graduate RN population intended, variation was found in the description of program components offered, with ongoing program change over time reported by those interviewed. Slightly more than half of hospitals indicated their program had been internally developed by

the organization themselves (23/57.5%). Two standardized programs reported were the Versant Residency Program (12/30%), and the American Association of Colleges of Nursing/University HealthSystem Consortium (AACN/UHC) Residency Program (3/7.5%), with a category of "other" types of programs (2/5%) reported to be a hybrid combination of elements from both a self developed and a standard program. (Figure 1) While (1/2.5%) of the programs reported having CCNE Accreditation (applicable to BSN nurses) at the time of this survey, and (33/82.5%) indicate not having CCNE Accreditation, data indicated that (6/15%) of the non accredited programs are currently either considering or planning to obtain accreditation.

Figure 1



Capacity

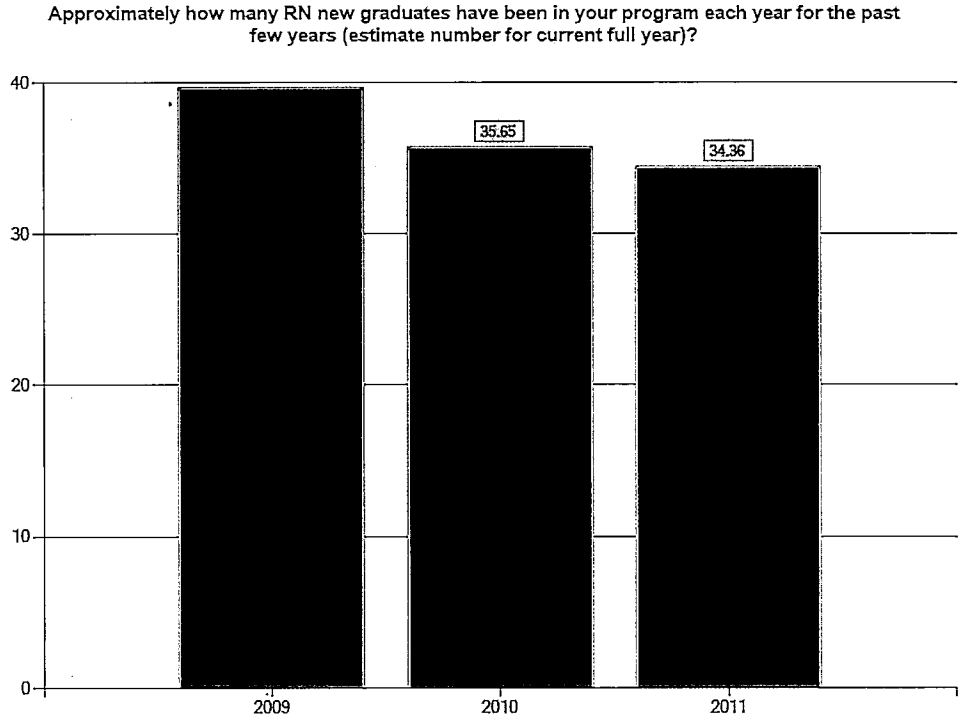
Hospitals were asked to report the annual capacity of their programs over the prior two years and to also include an estimate of the current year full year program capacity. Data from hospitals indicate significant variation in the size of individual programs and in the aggregate annual capacity of individual programs across each of the three years. The aggregate capacity across all reporting hospitals as a group was 1,465 (2009), 1,426 (2010), and 1,340 (estimated full year 2011). The average size of new graduate programs calculated for reporting hospitals was 40 (2009), 36 (2010), and estimated to be 34 (2011). (Figure 2) A broad range of actual individual program (cohort group) sizes is reported to have been conducted with 5 to 55 new graduate RNs and a median calculated range of 15-20 nurses in each course or cohort this year.

While an overall reduction in program capacity was reported in aggregate across surveyed hospitals over the 3 year period since 2009, the total capacity change year to year was not significant overall with 3% fewer

positions reported in 2010, followed by 6% fewer positions in 2011. It is noted that evidence from statewide reports regarding the hiring of new graduate RNs between 2009-2010 indicated up to 42% of new graduate RN's would not find employment in acute care hospitals as an RN in the short term (CINHC/CHA Employer Survey fall 2009, UCLA Survey of Newly Licensed RN's summer 2010). Since the reported aggregate residency program capacity decreased a much smaller extent than the overall hospital job market for newly licensed RNs during this same time, it seems that hospitals surveyed with established programs and plans continued to hire new graduate RNs to a greater extent than other employers.

Slightly more than half of the responding hospitals reported a decrease in capacity over the past two years (20/57%) with smaller group cohort sizes or fewer programs scheduled or planned. Reasons cited on interview for a reduction in program capacity include reduced patient volume or closed units prompting reassignment of existing personnel and fewer open positions overall prompting new graduate programs to be realigned reflecting internal needs. While reports of fiscal constraints were evident, the lack of open jobs was indicated on interview to be the primary driver in the reduction of the number or size of programs this year. Some programs expressed ongoing commitment to maintain the hiring of new graduates citing specific academic partnerships, promotion of current employees now becoming licensed as an RN for the first time, and overall community commitment to sustain the nursing workforce. A few hospitals indicated executive support to "over hire" new graduate RNs using a combination of temporary, float, or part time positions in the short term. It was also noted that new graduate program growth and expansion has also occurred in some cases (15/43%) due to expansion of services, opening of new satellite facilities or buildings, an increase in retirements, commitment to hire or promote existing employees now newly licensed as an RN, and some cases changes in positions with full time nurses moving to part time resulting in the need to hire additional nursing personnel.

Figure 2

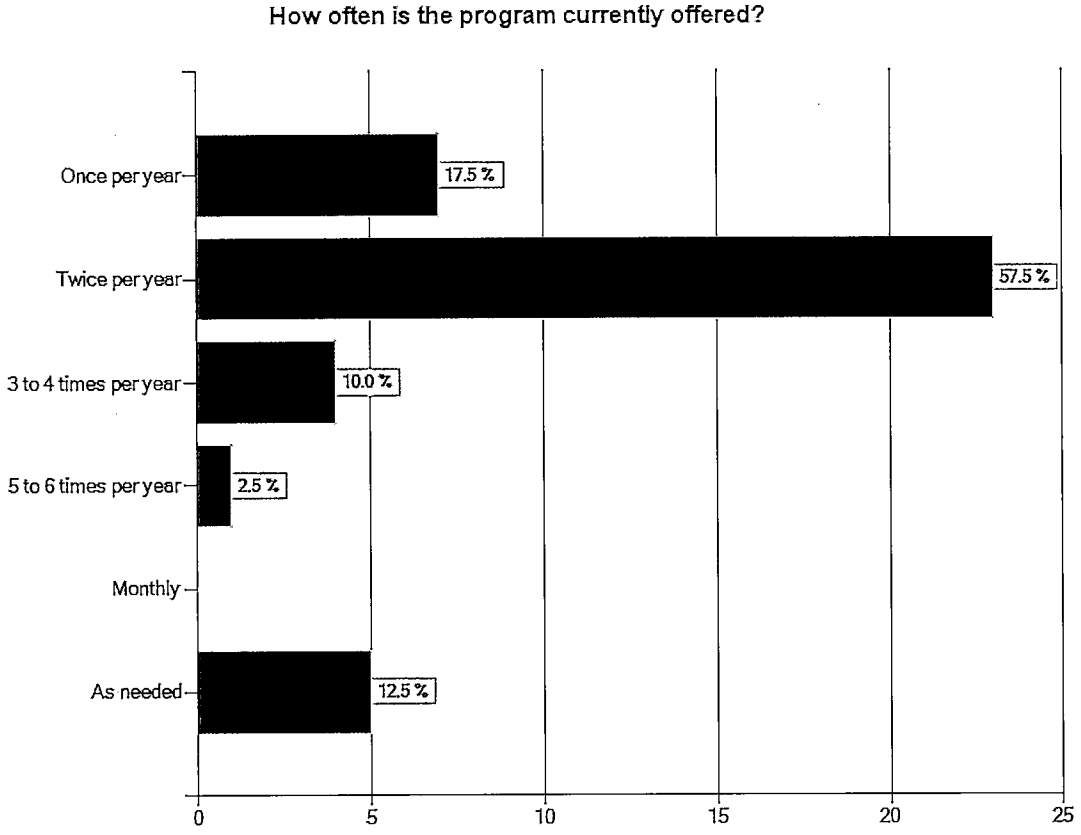


There is general awareness and significant evidence reported that up to 42% of newly licensed nurses in California may not able to find jobs in acute care hospitals in the short term. Discussions with the sample of hospitals interviewed reflected a significant increase in the number of applications received from new graduate RNs over the past two years, with more than five times the number of applications compared to the number of new graduate positions available. It was not unusual to hear that "hundreds" of applications were received for only 25-30 open positions this year. The ratio of applications to open positions is even higher, reported to be 800 and above, for hospitals that are regionally known to have new graduate programs or those nationally recognized, drawing candidates from other regions, states, and some internationally

Frequency and Scheduling

Hospitals reported scheduling of programs from one to six times per year, or as needed in some cases with twice per year being the most commonly reported schedule in 23 hospitals (57.5%), and once per year being second most frequently reported (7/17.5%) (Figure 3) A relationship was observed overall that programs with a smaller capacity and shorter length of program time tended to be scheduled more often, have more variation in planning or flexibility in scheduling, while larger programs with longer length of program time typically were offered twice a year, consistently aligned with academic completion calendars.

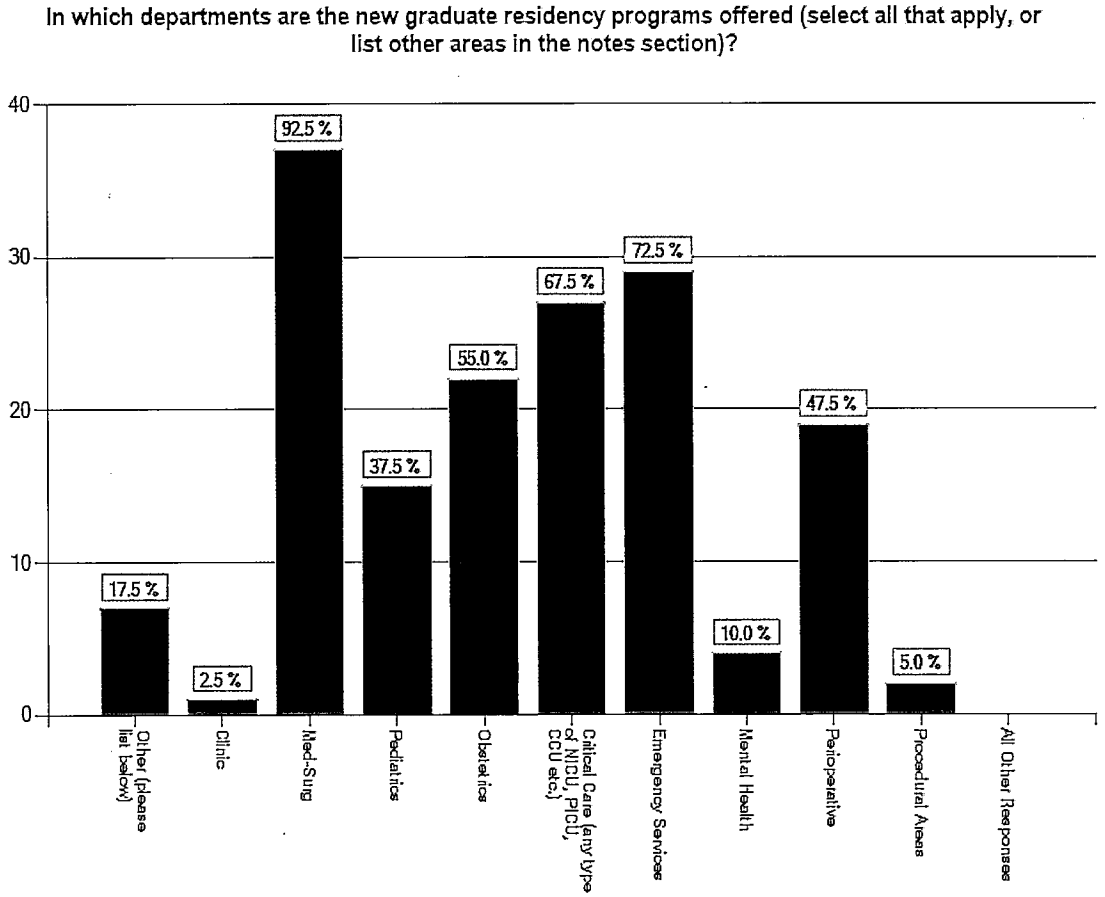
Figure 3



Services and Settings

Hospitals were asked to report on the clinical practice areas new graduates were hired to practice. (Figure 4) The frequency distribution of clinical practice areas reported most often were Medical/Surgical (37/92.5%), Emergency Services (29/72.5%), Critical Care areas (27/67.5%), and Obstetrics (22/55%). It is noted that these practice areas also typically represent services within the scope of most acute care hospitals with a large number of RNs thus a higher volume of recruitment demand where new graduate programs and systems are typically available. These services are also aligned with a majority of nursing prelicensure program course work, and are familiar to, and of interest to new graduate nurses.

Figure 4



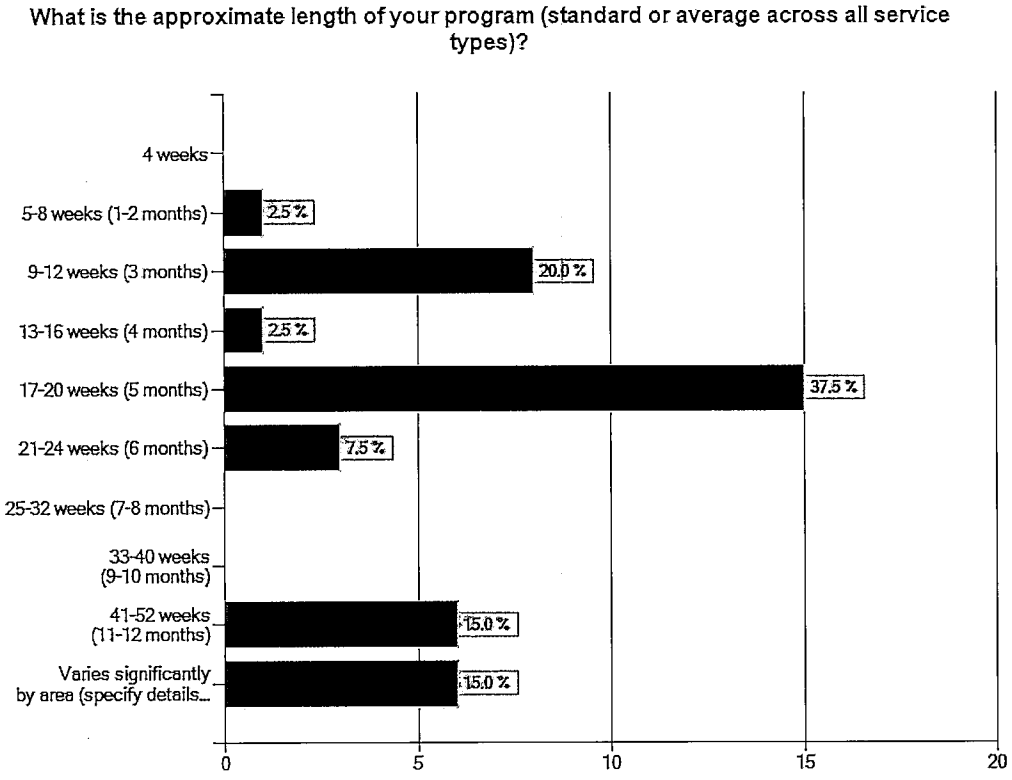
In the written "comments" section of the survey, telemetry and rehabilitation services were two "other" areas where new graduates were typically hired. A few hospitals indicated new graduates hired for Critical Care or Emergency Services were initially trained in their Medical/Surgical units prior to transitioning into either the Critical Care or Emergency Care areas; however most reported

hiring directly into both of these areas. On interview, some hospitals indicated they do not directly hire new graduate RNs to work in special procedure areas or clinics due to the independent nature of these RN roles, citing the limitations of providing ongoing supervision and progressive mentoring for these nurses beyond the core transition/residency program period often felt to be important through the first year of practice. The extended time and investment needed for operating room nursing also prompted hospitals to recruit either experienced nurses, or to transfer from within organization, although (19/47.5%) indicated hiring into the OR following cautious screening or interviewing to assure fit.

Length of Program

Hospitals were asked to report the approximate length of time to completion of their program and specifically prompted to indicate the standard or average time across all service types. An open ended comment section was available to capture specific additional information as applicable to certain practice settings. A wide range of average program length from 2 to 12 months was reported across programs indicating wide variation in the scope of programs across the state. The most frequently reported length of time to completion was 5 months (15/37.5%), with 3 months reported next most often (8/20%). Six hospitals (6/15%) reported having the longest programs of 11-12 months, and one hospital (1/2.5%) reported the shortest program of 2 months. (Figure 5)

Figure 5



A response category of "varies significantly" was selected by (6/15%) of hospitals, with supporting explanations submitted. Hospitals were further engaged to discuss examples of the variation in length of program during the sample of follow up interviews. While this information, as reported, was not able to be quantified, it was found valuable to the overall understanding regarding program length and summarized here for further consideration. Hospitals indicated variation in actual program length depending on the clinical practice area with shorter times reported for Medical Surgical areas, and extended times reported for Labor and Delivery, Critical Care, Emergency Department, and Operating Room areas specifically. Programs typically reported having a "core" new graduate curriculum or didactic content for all nurses in the program centrally offered through the Nursing Education Department, with additional time added for specialty training classes often provided by the hiring department/service and educators or CNS's, resulting in a combined class time specific to the hiring department.

Clinical time was also typically extended longer in specialty areas. While individual clinical progress and pace was recognized to contribute to the actual length of time to completion for each nurse, programs reported an expected target time was internally defined and linked to decisions regarding successful completion. Two of the hospitals interviewed reported placing new graduate RNs into Medical Surgical areas for 6-12 months prior to considering them for a position in a Critical Care area and one hospital that hired new graduates into a Critical Care position assigned them in a Medical Surgical area for the initial 3-6 months of practice prior to moving into specialty training.

Hospitals reporting program lengths of 11-12 months typically concurred that indicated core classes and directly supervised (preceptor assigned) clinical time to be completed by 6 months, which was consistent with the majority of programs reporting. These longer programs were reported to also include additional clinical time in pre/post/peri care areas related to the population served, or with support services and departments such as infection control, case management, or quality/risk management. These related experiences were typically called "looping" experiences. Provisions for formal mentoring were reported separate from the assigned preceptor role, structured cohort group meetings including expert lectures and guest speakers, support, networking, and follow up functions resulted in a full year period defined as the total program length overall. The AACN/UHC model is an example of a structured 12 month program.

Leadership and Coordination

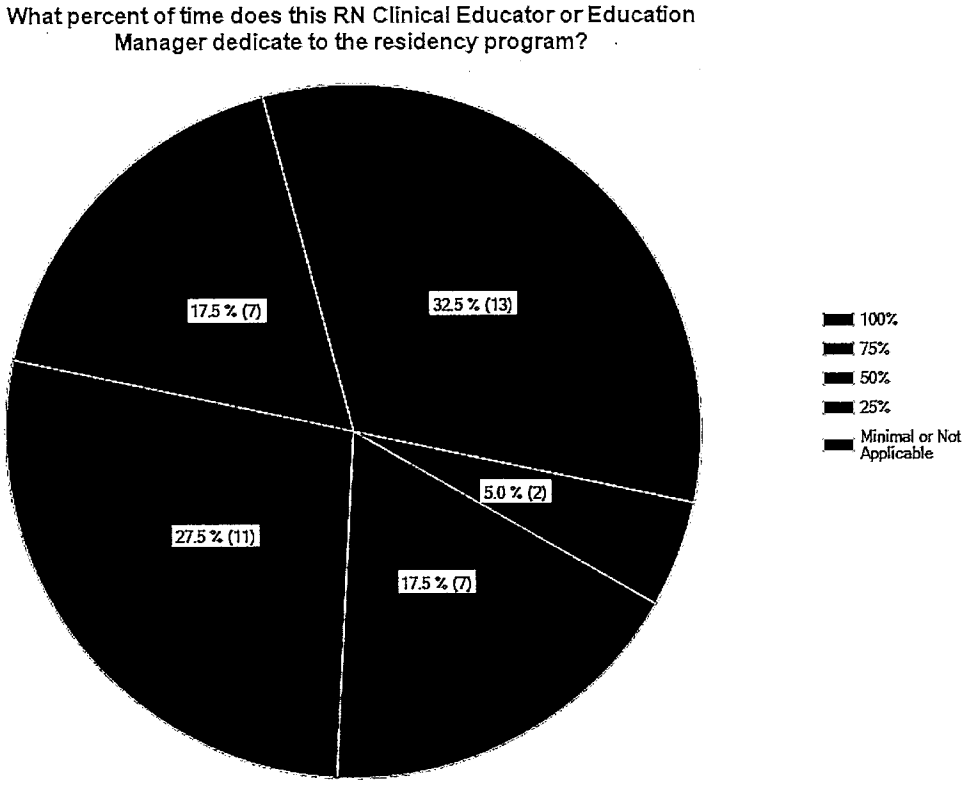
Hospitals reported a nursing leader or educator was responsible for providing overall leadership and coordination for the residency program in all but two facilities where a shared leadership model was in place. A choice of categories was prompted regarding the percentage of time the nursing leader or educator was dedicated to provide the overall leadership or coordination of the new graduate residency program. (Figure 6) The amount of time varied across programs, with the highest frequency reported by a third of the programs (13/32.5%) to be 25% of a coordinators time, and (11/27.5%) of facilities spending 75% of time, followed by (7/17.5%) of hospitals indicating

either 100% of time or 50% of time were provided. Hospitals reported variation of the program coordinators' time commitment based on the time of year or phase in their program cycle as well.

Information obtained during the interviews provides an indication of the range of functions included in a new graduate program leader or coordinator's scope. These include: providing leadership and direction for the program, involvement in organizational workforce planning functions, faculty coordination, curriculum development, preceptor preparation, development of teaching methods and tools, collection of data and preparation of reports including monitoring of quality indicators and outcomes, and overall follow up of nurses throughout their time in the program. It was evident that some relationship exists between the capacity and frequency of scheduling of each program, the number of departments and other nursing leaders involved in classroom teaching and workshops, and the time allocated to program leadership and coordination functions across reported programs.

While all programs collect data and monitor outcomes, programs utilizing one of the standardized programs such as Versant or AACN/UHC have a comprehensive set of data collection tools and results which are submitted over time as part of a national data set across participating programs which involves specific time commitment and coordination. Two hospitals reported additional time commitment in a current research study necessitating an interim focus of time. One hospital reported a recent focus of time dedicated to data collection, analysis, and reporting/communication prompted by the evidence needed to demonstrate the program's cost-benefit and return on investment to strengthen the program's future sustainability.

Figure 6



Employment Status and Hiring Expectations

The majority of hospitals completing the online questionnaire indicated the new RN graduates accepted into their programs were first hired into their organization and employed in a position by a specific department prior to placement or scheduling in the new graduate RN transition/residency program (37/92.5%) Three hospitals responded to the survey based on their current (new) school based RN Transition Program being conducted this year, in which case the RNs were newly licensed, performing in an RN role during the clinical course; however, were not paid and no hiring commitment was involved (3/7.5%).

Follow up interviews indicated hospitals had an expectation of a minimum length of employment for new graduate RNs upon hire that was discussed with them during the interview period and a consideration in monitoring anticipated progress over time. While a long-term career with the organization was clearly the goal, a two- year minimum commitment was most often indicated to be the period of time generally monitored to calculate new graduate turnover or retention rates. Three hospitals expressed hiring preferences for nurses residing within their defined community as an indicator to strengthen long-term retention and to effectively reflect the diversity and socioeconomic demographics of the community served. Hospitals interviewed (18) generally expressed a preference for nurses with a BSN degree to be a part of the application screening process; however, only 4 hospitals stated a BSN was the minimum education requirement for consideration to hire.

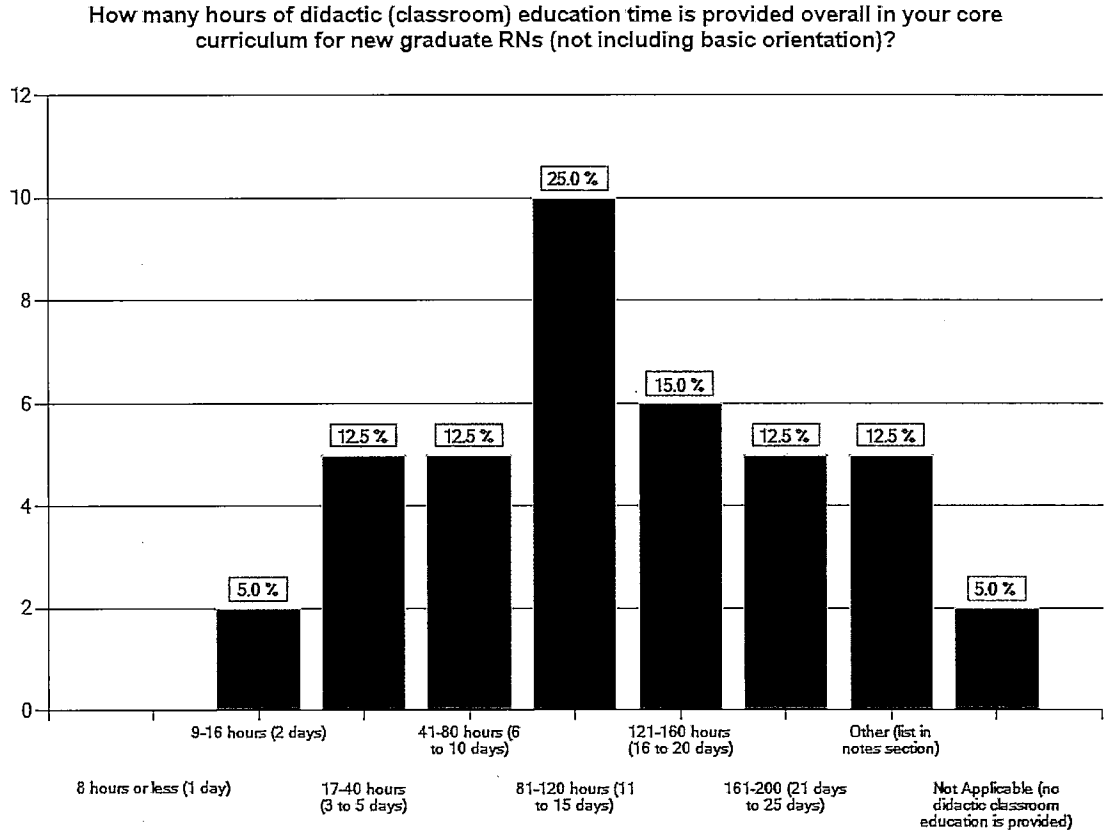
Given the large number of qualified applicants for these programs, hospitals interviewed reported using a combination of an application pre-screening process usually done by the Human Resources Department, followed by group or panel interviews using a standard competency-based approach to rate applicants or recommend candidates for hire, followed by the departmental hiring manager interview and/or decision. Verbal and written communication, critical thinking, professional goals, and organizational/departmental "fit" were indicated to be critical factors given significant weight when scored or rated in such standardized interviews. Interviews also revealed nurses accepted into their new graduate program must have graduated within the prior six months and in some cases within a year, to be considered eligible for the program. The rationale is that the program content and structure is linked to a specific population of nurses having recently completed their academic program, and nurses out of school longer and without nursing experience may need additional training or a modified program. Recognizing that many new graduates will not be employed as an RN due to the current economy in the short term, once the job market recovers an emergent need for employers and programs to successfully address this population of nurses will occur.

***Program Content* (Survey Questions 14-19)**

Curriculum

Hospitals reported providing a standard didactic curriculum specific to the new graduate transition and role (39/97.5%), with only one hospital indicating not having a standard didactic curriculum in place. The amount of didactic (classroom) education time provided as part of the core curriculum for new graduate RNs – not including basic hospital orientation was obtained. (Figure 7) Responses ranged from 2 to 25 days overall, with the highest frequency reported to be 11-15 days (10/25%). Of interest, the frequency distribution for the number of days provided by each program was fairly evenly distributed across the categories of time options. Within each program, variation was also reported in the total length of didactic education, based upon which specialty or unit-based training would apply in addition to the core new graduate core curriculum. Additional specialty area training was provided in to nurses based on their area of hire following the new graduate core program. Interviews indicated an additional 10-20 days of specialty training typically provided, distributed across several weeks and generally scheduled in conjunction with the supervised clinical learning time. Hospitals reported topics typically covered in a core didactic program with follow up in the clinical practice area to include: clinical topics such as pain management, medications, and safety; role transition topics such as prioritization, critical thinking, novice to expert practices; and professional topics such as cultural diversity, ethics, care management, and evidence based practice. The integration and application of such core education topics with organizational policies, practices, and systems was indicated on interview as essential to guiding and advancing practice oriented RN role development.

Figure 7



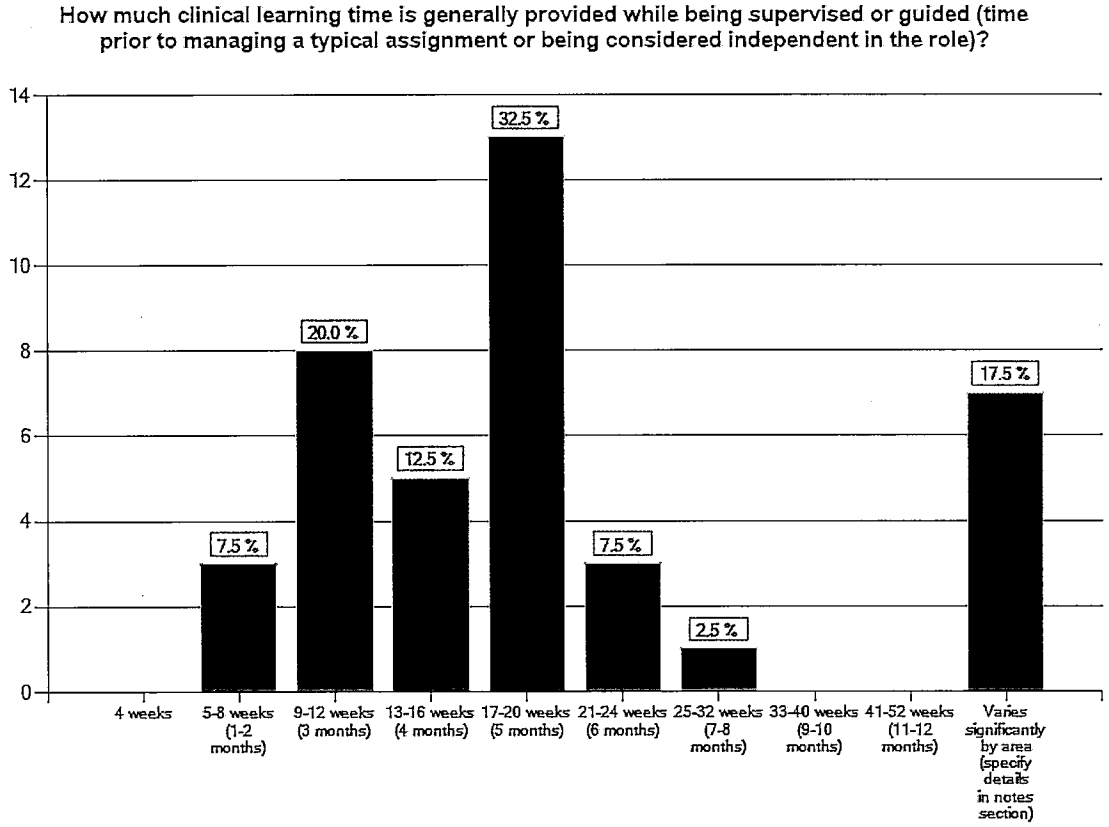
Hospitals reporting the use of clinical simulation in the new graduate core curriculum (21/52.5%) was evenly mixed with those not using simulation (19/47.5%). This statistic is particularly noteworthy as a relatively small number of hospitals in California provide simulation education overall, indicating a

correlation between those hospitals that provide new graduate RN residency programs may also have broader education capacity in general (such as resources, personnel, program development, partnerships with academic institutions). A few hospitals reported using simulation with their new RN graduate programs prior to or to a greater extent than with their existing multidisciplinary teams. This may reflect the development over time of this fairly new teaching methodology and the emerging experience of clinical education personnel transitioning from basic core education to more advanced practice situations.

Clinical Learning Environment

Hospitals were asked to report the amount of clinical learning time provided to new graduate RNs. This was defined to include the amount of supervised or guided time while assigned with a preceptor prior to being able to manage a typical assignment independently in an RN role. (Figure 8) The frequency of time reported ranged from 2 months to 8 months overall with 5 months reported most often (13/32.5%), and 3 months (8/20%) reported next most often. In aggregate, the majority of hospitals (26/65.4%) report providing between 3-5 months clinical education time involved in the basic core program. Variation in the typical or expected amount of clinical time was acknowledged as a factor related to additional time scheduled for specialty areas, such as Critical Care, Labor and Delivery, and Emergency Services.

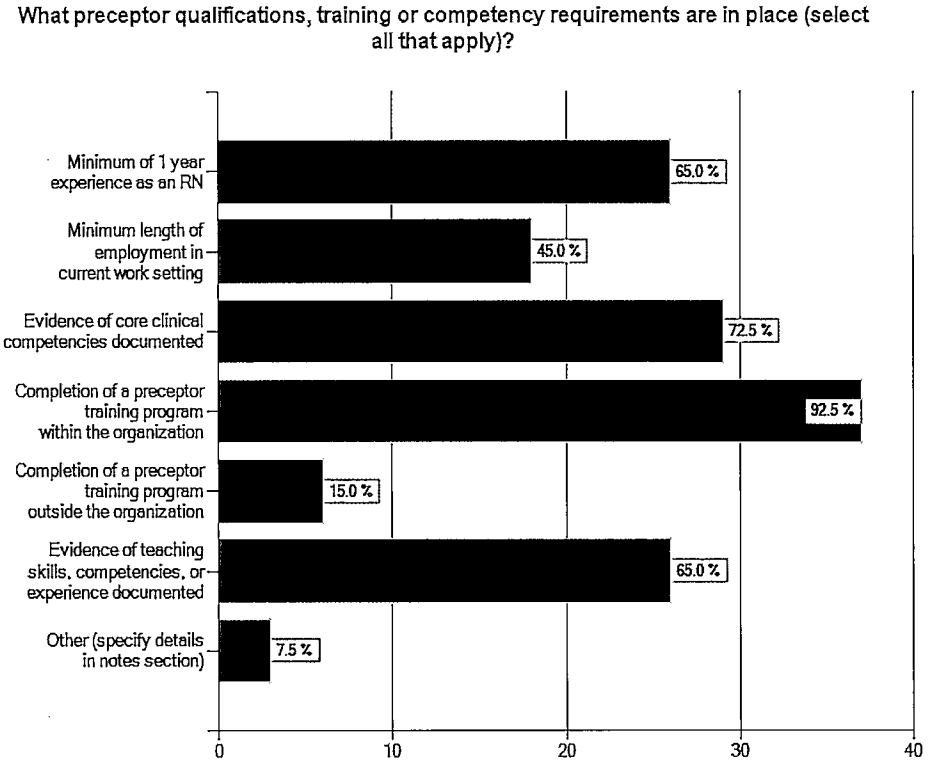
Figure 8



Supervision, Preceptor Role and Qualifications

All hospitals responding to the online survey question regarding preceptors reported new graduate RNs are assigned with an experienced RN working directly with the new nurse for a specified period of time. (40/100%) Preceptor qualifications most often reported included completing a preceptor training program prior to being assigned to a new graduate RN, with (37/92.5%) providing an internally developed preceptor training program within the organization or sending their preceptors to an external program (6/15%) (Figure 9) In three cases, a combination of programs was reported to be used. Interviews revealed that while the use of a preceptor course and associated content provided a foundation for training, additional processes were often part of preceptor development including structured mentoring, advanced workshops for experienced preceptors, and guided support sessions involving the preceptor, new graduate nurse, and an educator or manager reviewing the progress of the new graduate and establishing learning plans. Education departments reported a process of periodic clinical area rounding and informal discussion and involvement with the new graduate and preceptor throughout the program. Additional information regarding which standardized preceptor programs were used was reported in the online survey notes and sample interviews. Programs other than the Versant program were infrequently reported and included AACN, Benner's Novice to Expert Preceptor Program, and Mosby. Hospitals reported preceptor qualifications to also include evidence of core clinical competencies (29/72.5%), a minimum length of employment in the current work setting (18/45%), a minimum of one year experience as an RN (26/65%), and evidence of teaching skills, competencies, or experience (26/65%). Program coordinators indicated that staff interest in the preceptor role was essential to success, and reported an emphasis on selecting staff to become preceptors based on their desire to work with new nurses rather than approaching this as an assigned expectation. Additionally, department managers make the determination and recommend nurses to become preceptors, and some hospitals have defined a minimum level of practice for this role (i.e. Clinical nurse III). One hospital reported including a peer recommendation step in their preceptor selection.

Figure 9



Interviews with the sample of facilities provided further information related to the importance of carefully matching preceptors with individual new graduates to assure success of the new RN. Teaching-learning styles, communication, and other interpersonal attributes were considered important. One hospital reported hosting a session of structured networking with newly hired RNs and preceptors from the hiring departments to self identify these assignments. Program coordinators indicated preceptor role selection to be critical to new graduate progression, ongoing development, and overall integration into the department, including contributing significantly to retention during the initial year of employment.

Hospitals interviewed generally indicated a single preceptor assigned with a new graduate RN over time provided consistent and progressive direction to the learning plan Hospitals using the Versant preceptor model included a unique novice to expert approach to identify preceptors at various levels of experience and competency, and structures progressive assignments with different preceptors over time within the residency program intended to align the focus of learning and level of competency of the new graduate nurse with the preceptor's level of practice.

While completion of a preceptor training program was consistently reported, hospitals also indicated the importance of providing ongoing support and development opportunities for their preceptors. Education department faculty, clinical educators, advance practice nurses, and department or service level educators were reported to support and advance the skills and development of the preceptor roles. Variation in capability between service areas or units were acknowledged when nurse leaders and experts were present and involved as a resource, observed to strengthen the preceptor's role, and ultimately influence the successful transition and progression of the new graduate nurses into practice.

Program Monitoring, *Evaluation and Measurement (Survey Questions 20-27)*

Competency Monitoring Methods and Tools

Hospitals were asked which competency monitoring methods and tools were used in their program. Respondents indicated that (22/55%) of programs used industry-recognized tools or instruments, (Figure 10) and (34/87.2%) used internally developed tools to monitor progress or document competency. (Figure 11) The overlapping responses to these two questions evidence those hospitals (16/40%) that use a combination of competency tools and measures, both internally developed as well as industry-recognized instruments.

Figure 10

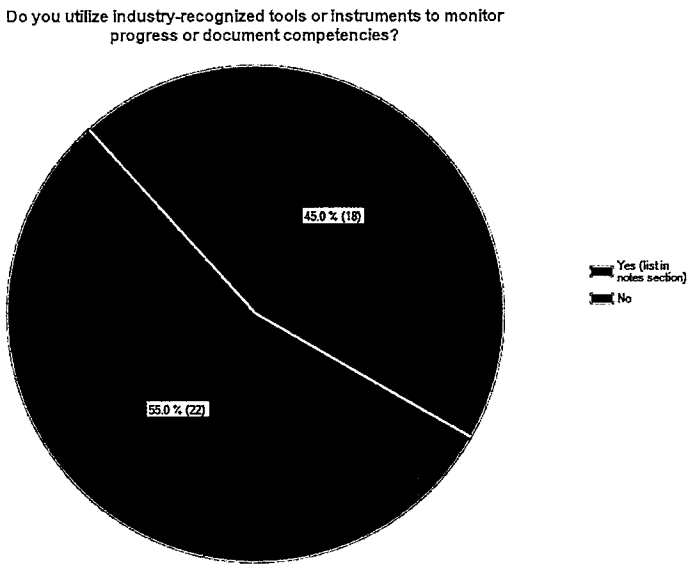
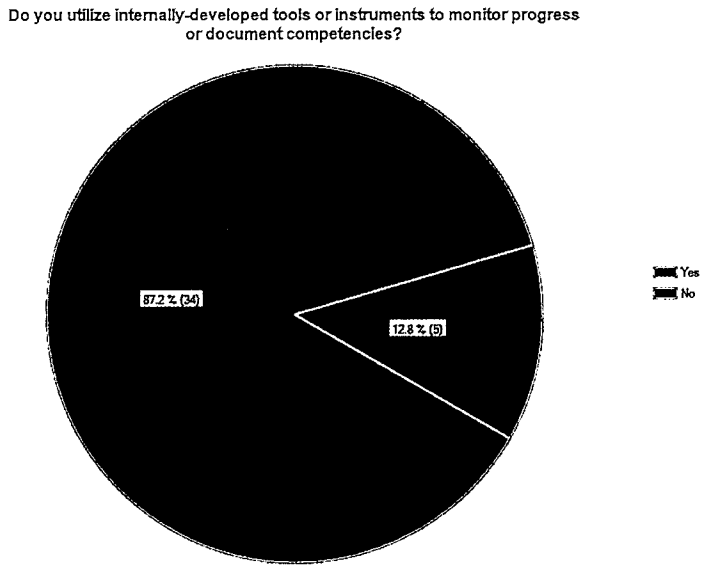


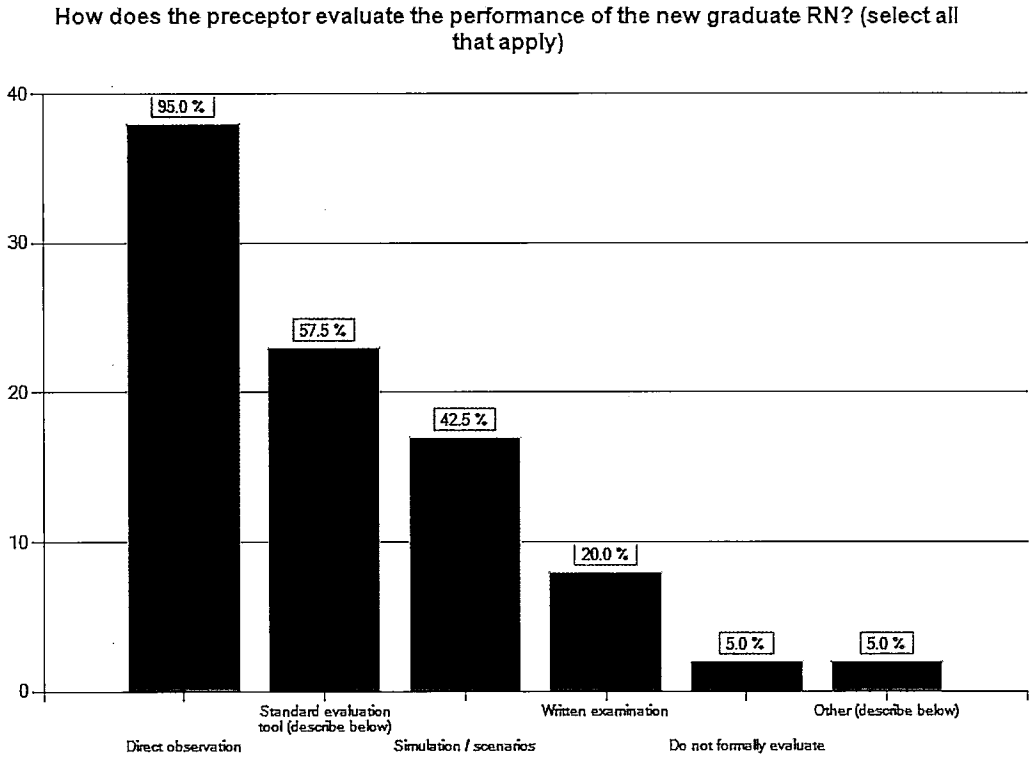
Figure 11



Evaluation Methods

Industry recognized tools used by hospitals were specified by survey respondents in the open ended section of this survey question, and included examples of competency measures and evaluation instruments used. The Versant program includes a set of various evaluation and outcome measures and tools reported to be used by 11 hospitals participating in the survey. Other instruments included: AACN standards, Casey Fink Stress Index, BKAT (Basic Knowledge Assessment Tool), Factors of Magnetism Scale, QSEN, Mosby, Medi simulation competencies, and the EBP Knowledge survey. QSEN (Quality and Safety Education for Nursing) competencies, were reported to be included in (26/65%) of the new graduate programs.

Figure 12



While performance of the new graduate RN is evaluated in several ways, almost all hospitals indicated direct observation by the preceptor assigned and working with the RN to be the primary method (38/95%) with most also using standard competency and performance based evaluation tools (23/57.5%). (Figure 12) The use of simulation or scenarios was reported in several (17/42.5%) of the programs to meet specific learning needs. Inclusion of the wording "simulation/scenarios" as a single phrase in one of the multiple choice options to this survey question may have prompted some respondents to select it in reference to conducting case reviews as a teaching method even if manikin based clinical simulation was not provided.

Respondents indicated a range of performance dimensions essential to the RN role to also be integrated in their evaluation process and methods including: professionalism, critical thinking, leadership, communication, planning care, skills checklists/clinical skills, written assignments, organizational skills, and periodic meetings with a manager or educator.

Hospital data also indicates programs obtain information from the RN new graduates to evaluate the preceptor (37/92.5%), and the new graduate's satisfaction with the residency program overall. (39/97.5%). Evidence of a process for leadership to evaluate the preceptor specific to their teaching, mentoring, and guiding role functions was reported in most programs (32/80%), however comments received in the open ended notes section of the survey and on interview indicated that this was predominantly an informal process with preceptor teaching skills consistently observed with frequent direct involvement of the manger and/or educators working with the preceptor. A few hospitals indicated that formalizing a process to evaluate the preceptor's teaching skills is an area for consideration.

Program Outcomes (Survey Questions 27-28)

Measurement and Results

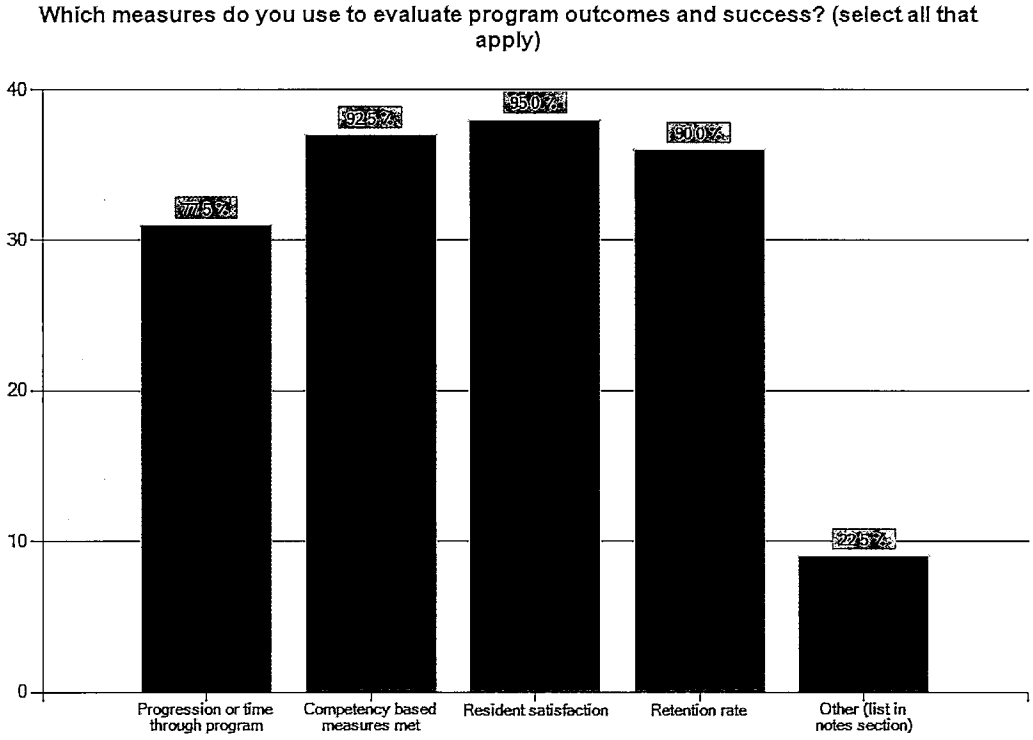
Hospitals reported evaluating program outcomes and success in four anticipated categories of measurement which were listed in the online survey instrument, as well as an "other" category or open field to be typed in. RN resident satisfaction was reported to be the most frequently used measure (38/95%), followed by RN competency measures (37/92.5%), retention rate (36/90%), and participant progression through program (31/77.5%). (Figure 13) Hospitals using the Versant program indicated a set of metrics were collected and reported online to Versant by each participating hospital, tracked over time (5 years), and aggregated nationally, providing a valuable feedback process for each program to compare their results with the average and best practice outcomes across programs nationally.

Retention rate in particular was monitored routinely by hospitals at one and two year intervals, and some through each of the first five years. All program coordinators interviewed expressed satisfaction overall with low turnover, often reporting dramatic improvements. Retention rates when known or as disclosed during the interview were above 90% in the first two years, with a few programs indicating occasional highs above 95%. When retention rates prior to the implementation of the residency programs were available, known or historically recalled, they were collectively reported to be significantly lower, with a range of 65% to 80%.

Additional measures, written in the open-ended section of this survey revealed several measures used to monitor and improve performance, and evaluate program outcomes across multiple dimensions and trended over time in each facility. Specific measures are summarized here as evidence of the scope of evaluation and measurement, monitoring, evaluation, and outcome data obtained in some programs using a range of

standardized instruments such as: job satisfaction, satisfaction with nursing as a profession, confidence, social support, organizational citizenship behavior, civility, coping, self efficacy, organizational fit, job stress and burnout, autonomy, and organizational commitment. The metrics reported also included working and environmental conditions such as organizational commitment, leadership empowerment, and group cohesion and turnover intention. Ongoing informal feedback was acknowledged to be inherent in the programs and evident in the overall evaluation processes of hospitals interviewed.

Figure 13



Recommendations, Critical Elements, and Best Practices

New graduate RN transition/residency programs report including a comprehensive array of core and specialty education topics provided in the classroom, providing structured clinical experiences, and offering participation in relevant organizational processes, teams, and committees to support the knowledge, role responsibilities, and behavioral performance dimensions for success of the individual RNs and of the residency program overall. As part of the follow up sample of interviews, program coordinators were asked to identify essential elements, key success strategies, or program components that were felt to evidence best practices. What made the most difference to improve program outcomes or provide the most value? Where should programs focus attention to strengthen outcomes?

Program coordinators consistently and almost universally identified the same two areas of focus as providing the most value, as essential to success, and to be a priority for high performing programs. The first was the RN preceptor, felt to be of significant importance to the successful transition of the new RN. Key strategies involving the selection, training, and ongoing development of the preceptor role were felt to

be essential. Program coordinators acknowledged that the effectiveness of the preceptor role required specific strategies and focused support that built upon the core preceptor training programs.

The second programmatic area suggested as making the most difference involved group debriefing processes or sessions with the new graduate group, with structured opportunities to discuss experiences within a confidential environment. One program selected a "key topic" to be highlighted in each session, such as interactions with physicians or reflecting on clinical safety issues. Hospitals reported that new graduate satisfaction was highest related to such debriefing sessions, and educators observed these sessions to be a time to integrate multiple concepts and realities of practice and an opportunity to advance the professional role development of new RNs. The support obtained from shared experiences within a peer group at a comparable level of experience and competency over time was felt to be significant. Programs reported providing such group time more frequently throughout the initial core program, and then extending this opportunity less often over 3-6 months, with a few continuing such sessions periodically for up to a year.

Additional recommendations obtained from the sample of interviews conducted are summarized here for further consideration:

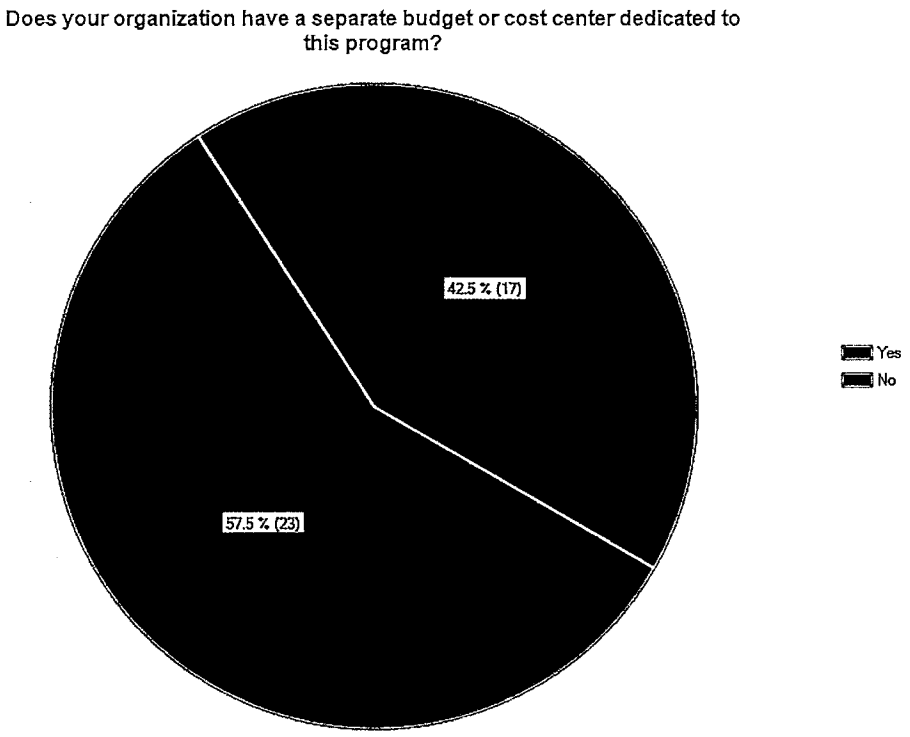
- Develop and refine an effective applicant review and candidate selection process to include organizational needs, workforce expectations, and job and role dimensions; include a mechanism to evaluate performance elements critical to success using a standard multi-step approach (initial application screening based on agreed upon criteria, performance or competency based panel interview process involving varied interviewer roles, recommendations of a small group of candidates to hiring mangers for final interview and hiring decision).
- Establish preceptor selection criteria; develop and refine an effective preceptor selection process.
- Provide preceptor training and assure processes for ongoing preceptor development, support, and coaching as essential elements of success.
- Consider preceptor – new graduate assignments to match teaching learning styles, interpersonal fit, and level of competency.
- Involve expert faculty and advance practice nurses contributing to the monitoring and advancement of new graduate practice and preceptor role development through frequent interface with the new graduate nurses, preceptors, and involvement in the program overall.
- Provide mentoring and development opportunities to leverage novice to expert practices over time including extending beyond the initial core program for new nurses.
- Structure "cohort group" sessions and activities throughout the first year to support ongoing dialog, sharing, debriefing, advisement, and coaching.
- Celebrate milestones and acknowledge accomplishments such as three month recognition, or a reunion event at one year; share exemplars of practice achievements.
- Include related clinical and leadership experiences to augment the core program and support role transition and development of leadership skills such as time in other departments/services related to the population served, and scheduled time with the manager(s), or other disciplines related to each RN's role and scope.
- Involve the new RNs early in departmental or organizational projects or work teams, include assignments related to a change process or quality improvement initiative to strengthen confidence, incorporate a systems or "big picture" view, providing opportunities for professional role development.

Resources and Cost (Survey Questions 29-30)

Budgeting and Return on Investment

Slightly more than half of hospitals responding to the survey indicated their programs had a separate budget or cost center dedicated to the residency program (23/57.5%) with (17/42.5%) reporting that budgeting and resources were not separate but rather are integrated into each department cost center. (Figure 14) For those facilities who do not have a single budget, a combination of cost centers were reported that included program costs such as the Nursing Education Department for core program and faculty expenses and individual patient care departments related to the personnel costs of new graduate RN salaries and benefits.

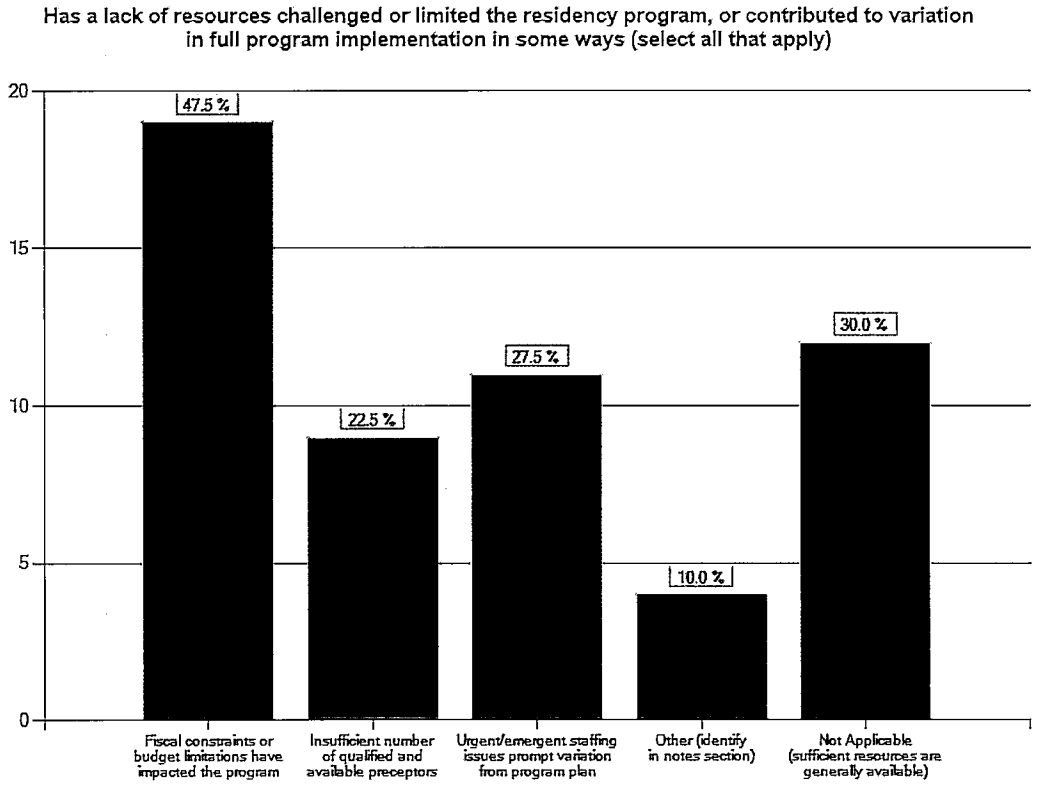
Figure 14



Data indicates that challenges do exist for hospitals to consistently provide the resources needed to conduct these programs. Approximately two-thirds of hospitals indicated lack of resources have limited or caused variation in the residency program in some manner. (Figure 15) Fiscal constraints or budget limitations were reported to have impacted (19/47.5%) programs, with emergent staffing issues (11/27.5%) or an insufficient number of qualified preceptors (9/22.5%) as contributing factors. When program capacity was found to be reduced from prior year(s), it was reported to be in direct response to a reduced number of open positions overall, and new graduate programs were sized smaller or scheduled less often proportional to positions available. No programs reported a reduction in the planned scope of their program content or length related to cost constraints.

Hospitals indicated that the time invested to conduct the didactic portion of the core program was a consideration in decisions to schedule, postpone, or reduce the overall number of programs offered annually to assure a minimum number of nurses in each course or cohort group. Based on available survey data, median group sizes of 15-25 were calculated across programs; however, a few hospitals routinely have offered the program with a smaller group size of 8-12.

Figure 15



Information regarding total residency program cost, or cost per hire was not readily available, not known by the program coordinator or nurse leader being interviewed, or not disclosed at the time of interview. Programs with centralized resources or a separate budget or cost center dedicated to the residency program may have a clearer understanding of the cost to provide their program. In some cases, the program coordinator being interviewed did not manage the administrative or fiscal elements of the program directly. It was generally acknowledged that turnover cost without a strong residency program, and the savings realized through the investment in a residency program, were known to be an overall positive return on investment to the organization.

CONCLUSIONS

This report summarized the findings of a statewide survey conducted in June-July 2011 of acute care hospitals in California reported to have a new graduate residency program for newly licensed RNs. Survey

data received from established programs provides further details on the scope of programs available, and the structure, capacity, content, evaluation, measurement, and outcomes resulting from these programs. Core elements were observed across a majority of programs, with exhibits of evidence-based best practices and outcome data collected. In some cases such data has been aggregated over time nationally across hospitals participating in standardized programs. In each case, the programs surveyed and interviewed indicated their programs were successful or highly successful overall.

The collective experience of new graduate residency programs provides compelling evidence of the existing body of knowledge and experience available to leverage the development of new programs including varied practice environments, positioning California to strengthen the transition and development of the emerging nursing workforce.

ADDENDUM

A. CNO Letter

B. Survey Questionnaire (on line tool)

C. Inventory of Hospitals (contacted, completed survey, interviewed)

D. Aggregate Survey Data - Results

CINHC *Optimizing Health through Nursing Excellence*

CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE

Dear CNOs, June 17, 2011

Over the past few months, progress has been made in California implementing the IOM Recommendations regarding the Future of Nursing. Work to explore and conduct research regarding Recommendation #3, "Implement Nurse Residencies," has been made possible by grant funding to the California Institute of Nursing & Health Care (CINHC) from Kaiser Permanente and the Moore Foundation. CINHC is compiling an inventory of RN new graduate transition to practice programs and residencies that exist across the state, gathering data about program structure, core elements, outcomes, and best practices to help inform the further development of transition to practice programs in California and the IOM Recommendations.

It has been noted that you have a residency program for new graduate RNs at your hospital; thus we are interested in including your program in a statewide inventory to include program design, key components, success strategies, and how your outcomes are evaluated. We appreciate your leadership and support to provide this important information to establish a baseline of current nursing residency programs in California.

Below is a link to an online questionnaire, ***to be completed by your Nursing Director/Manager of Education, or Residency Program Coordinator*** directly accountable or familiar with your program scope and experience while answering the questions. Completion of the questionnaire is anticipated to take 15 minutes. A sample of organizations will also be contacted for a more detailed phone interview discussion.

We ask that you please forward this e-mail and questionnaire link to the appropriate Nursing Education Leader in your organization (link is at the bottom of this letter below). Due to the short time frame for this grant funded project, a ***target date of Friday July 1st*** is requested for submission of your information.

We thank you in advance for your assistance in being part of this effort. Results will be aggregated and shared with nursing leaders, and help inform California's work around the IOM Recommendations. Please do not hesitate to contact us with any questions. Nikki@cinhc.org or Carolyn@cinhc.org

With Regards,

Deloras Jones Executive Director, CINHC
Co-Lead California Regional Action Coalition

Nikki West, Program Manager CINHC
Co-Lead California Residency Team

Dorel Harms
Senior Vice President, Clinical Services, CHA
Co-Lead California Residency Team

Carolyn Orlowski
Regional Coordinator CINHC

Click Here To Begin RN Residency Program Questionnaire

RN Residency Program Questionnaire

Questionnaire Introduction

This questionnaire is to be completed by the person directly accountable or familiar with your transition to practice program (nurse residency)*.

*Transition to practice program (nurse residency) definition: A formal program of active learning that includes a series of educational sessions and work experiences for newly licensed registered nurses. Transition to practice programs (nurse residencies) are designed to support a newly licensed RN's progression from education to a first professional nursing role.

Completion of the questionnaire is anticipated to take no more than 15 minutes. A sample of organizations will also be contacted for a more detailed phone interview. We appreciate your support to establish a baseline of current nurse residency programs in California.

Please submit your completed survey by Friday July 1st.

Contact Information

1. Residency Program Contact/Lead (required to be completed):

Name of Hospital or Organization:

City:

State:

Residency Program Contact/Lead:

Position:

Email:

Work Phone:

2. Additional Contact Information (if applicable):

Program Scope and Structure

3. Does your organization offer a residency program designed specifically for new graduate RNs?

- ◯ Yes
- ◯ No (Select and Submit)

4. What is the official name of your residency or transition to practice program?

RN Residency Program Questionnaire

5. Was your residency program developed within your organization, or do you utilize a standard program?

- ◯ Internally-developed
- ◯ Versant
- ◯ Other (identify in notes section)

Additional notes:

6. Is your program accredited by the Commission on Collegiate Nursing Education (CCNE) as a post-baccalaureate nurse residency program or are you planning to obtain such accreditation?

- ◯ Yes, program is CCNE accredited
- ◯ No, program is not CCNE accredited
- ◯ Currently considering or planning to obtain CCNE accreditation

Additional notes:

7. Provide a brief description of your program - highlight key features.

8. Approximately how many RN new graduates have been in your program each year for the past few years (estimate number for current full year)?

2009

2010

2011

9. How often is the program currently offered?

- ◯ Once per year
- ◯ Twice per year
- ◯ 3 to 4 times per year
- ◯ 5 to 6 times per year
- ◯ Monthly or as needed

Additional notes:

RN Residency Program Questionnaire

10. In which departments are the new graduate residency programs offered (select all that apply, or list other areas in the notes section)?

- ☐ Other (please list below)
- ☐ Clinic
- ☐ Med-Surg
- ☐ Pediatrics
- ☐ Obstetrics
- ☐ Critical Care (any type of NICU, PICU, CCU etc.)
- ☐ Emergency Services
- ☐ Mental Health
- ☐ Perioperative
- ☐ Procedural Areas
- ☐ Home Health

Additional notes:

11. What is the approximate length of your program (standard or average across all service types)?

- ◯ 4 weeks
- ◯ 5-8 weeks (1-2 months)
- ◯ 9-12 weeks (3 months)
- ◯ 13-16 weeks (4 months)
- ◯ 17-20 weeks (5 months)
- ◯ 21-24 weeks (6 months)
- ◯ 25-32 weeks (7-8 months)
- ◯ 33-40 weeks (9-10 months)
- ◯ 41-52 weeks (11-12 months)
- ◯ Varies significantly by area (specify details in notes section)

Additional notes:

12. Is an RN Clinical Educator or Education Manager designated to provide overall leadership and coordination for the program?

- ◯ Yes
- ◯ No

Additional notes:

RN Residency Program Questionnaire

13. What percent of time does this RN Clinical Educator or Education Manager dedicate to the residency program?

- ◯ 100%
- ◯ 75%
- ◯ 50%
- ◯ 25%
- ◯ Minimal or Not Applicable

Additional notes:

Composition of RN Residents in Program

14. Are the new graduate RNs in the program employed by your facility?

- ◯ Yes
- ◯ No (state status or relationship in notes section)

Additional notes:

Program Content

15. In addition to general orientation, do you provide a standard curriculum (didactic education) specific to the new graduate RN transition and role?

- ◯ Yes
- ◯ No

Additional notes:

RN Residency Program Questionnaire

16. How many hours of didactic (classroom) education time is provided overall in your core curriculum for new graduate RNs (not including basic orientation)?

- ◯ 8 hours or less (1 day)
- ◯ 9-16 hours (2 days)
- ◯ 17-40 hours (3 to 5 days)
- ◯ 41-80 hours (6 to 10 days)
- ◯ 81-120 hours (11 to 15 days)
- ◯ 121-160 hours (16 to 20 days)
- ◯ 161-200 (21 days to 25 days)
- ◯ Other (list in notes section)
- ◯ Not Applicable (no didactic classroom education is provided)

Additional notes:

17. Does your program include a clinical simulation experience?

- ◯ Yes
- ◯ No

Additional notes:

18. How much clinical learning time is generally provided while being supervised or guided (time prior to managing a typical assignment or being considered independent in the role)?

- ◯ 4 weeks
- ◯ 5-8 weeks (1-2 months)
- ◯ 9-12 weeks (3 months)
- ◯ 13-16 weeks (4 months)
- ◯ 17-20 weeks (5 months)
- ◯ 21-24 weeks (6 months)
- ◯ 25-32 weeks (7-8 months)
- ◯ 33-40 weeks (9-10 months)
- ◯ 41-52 weeks (11-12 months)
- ◯ Varies significantly by area (specify details in notes section)

Additional notes:

19. Is the clinical experience conducted with an experienced RN assigned in a preceptor role working directly with the new nurse?

- ◯ Yes
- ◯ No

Additional notes:

RN Residency Program Questionnaire

20. What preceptor qualifications, training or competency requirements are in place (select all that apply)?

- ☐ Minimum of 1 year experience as an RN
- ☐ Minimum length of employment in current work setting
- ☐ Evidence of core clinical competencies documented
- ☐ Completion of a preceptor training program within the organization
- ☐ Completion of a preceptor training program outside the organization
- ☐ Evidence of teaching skills, competencies, or experience documented
- ☐ Other (specify details in notes section)

Additional notes:

Monitoring, Evaluation, and Measurement

21. Do you utilize industry-recognized tools or instruments to monitor progress or document competencies?

- ◯ Yes (list in notes section)
- ◯ No

Additional notes:

22. Do you utilize internally-developed tools or instruments to monitor progress or document competencies?

- ◯ Yes
- ◯ No

Additional notes:

RN Residency Program Questionnaire

23. Are QSEN (Quality and Safety Education for Nursing) competencies integrated into your program?

- ◯ Yes
- ◯ No

Additional notes:

24. How does the preceptor evaluate the performance of the new graduate RN?

- ☐ Direct observation
- ☐ Simulation / scenarios
- ☐ Written examination
- ☐ Standard evaluation tool (describe below)
- ☐ Do not use evaluation tool
- ☐ Other (describe below)

Describe

25. Does the new graduate RN complete an evaluation of the preceptor?

- ◯ Yes
- ◯ No

Additional notes:

26. Does the new graduate RN complete an evaluation of the program?

- ◯ Yes
- ◯ No

Additional notes:

RN Residency Program Questionnaire

27. Does leadership evaluate the preceptor specific to their teaching, mentoring, and guiding role functions?

- ◯ Yes
- ◯ No

Additional notes:

Program Outcomes

28. Which measures do you use to evaluate program outcomes and success? (select all that apply)

- ☐ Progression or time through program
- ☐ Competency based measures met
- ☐ Resident satisfaction
- ☐ Retention rate
- ☐ Other (list in notes section)

Additional notes:

29. How would you describe the success or outcomes of your program?

Resources and Cost

30. Does your organization have a separate budget or cost center dedicated to this program?

- ◯ Yes
- ◯ No

Additional notes:

RN Residency Program Questionnaire

31. Has a lack of resources challenged or limited the residency program, or contributed to variation in full program implementation in some ways (select all that apply)

- ☐ Fiscal constraints or budget limitations have impacted the program
- ☐ Insufficient number of qualified and available preceptors
- ☐ Urgent/emergent staffing issues prompt variation from program plan
- ☐ Other (identify in notes section)
- ☐ Not Applicable (sufficient resources are generally available)

Additional notes:

Thank you for taking the time to complete the RN Residency Program Questionnaire.

New Graduate RN Residency Programs

List of Hospitals Surveyed and Interivewed July 2011

FACILITY NAME (sent survey invitation)	Survey Completed	Interviewed	Notes
Alameda County Medical Center	*	N/A	reported no program
Arrowhead Regional Medical Center			
Bakersfield Heart Hospital			
Bakersfield Memorial Hospital			
Banner Lassen Medical Center			
Cedars Sinai	*	*	
Children's Hospital Los Angeles	*	*	
Children's Hospital of Orange County	*		
Chino Valley Medical Center	*		
Community Hospital of Huntington Park			
Childrens Hospital of Long Beach	*	*	see Long Beach Memorial Hospital
Citrus Valley Medical Center (Intercommunity and Queen of the Valley			
Cottage Health System	*	*	
Dameron Hospital	*		
Desert Valley Hospital			
Doctors Hospital of Manteca	*		
Eisenhower Medical Center	*		
El Centro Regional Medical Center			
Enloe Medical Center	*		
Fountain Valley Regional Hospital	*		
Good Samaritan Hospital			
Healdsburg District Hospital			
Hi Desert Medical Center			
Hoag Memorial Hospital Presbyterian	*	*	
Hollywood Presbyterian Medical Center	*		
Huntington Memorial Hospital	*	*	
JFK Memorial Hospital			
John Muir Medical Center, Concord	*	*	interviewed with Walnut Creek campus
John Muir Medical Center, Walnut Creek	*	*	interviewed with Concord campus
Kaiser Northern California Region		N/A	regional office reported no programss
Kaiser Southern California Region	*		Ambulatory Program only
Kaweah Delta Medical Center			
Loma Linda University Medicall Center			
Long Beach Memorial Medical Center	*	*	
Lucile Salter Packard Children's Hospital	*	*	
Madera Community Hospital	*		
Marin General Hospital	*	N/A	reported no program
Memorial Hospital of Gardena			

New Graduate RN Residency Programs

List of Hospitals Surveyed and Interivewed July 2011

FACILITY NAME (sent survey invitation)	Survey Completed	Interviewed	Notes
Memorial Medical Cnter ((Modesto)			
Mercy Medical Center	*		reported no program
Methodist Hospital	*		
Mission Hospital			
Northridge Hospital Medical Center	*	*	
Olympia Medical Center	*		
Orange Coast Memorial	*		
Palomar Pomerado Health	*		
Placentia-Linda Hospital	*		
Pomona Valley Hospital Medical Center	*	*	
Providence Little Company of Mary	*	*	
Rady Children's Hospital			
Redlands Community Hospital	*		
Riverside Community Hospital			
Saddleback Memorial Medical Center	*		
San Antonio Community Hospital			
San Diego Palliative Care			
San Francisco General Hospital/Trauma			reported no program
San Joaquin Community Hospital/Adventist Health, Bakersfield			
San Ramon Regional Medical Center	*	*	
Scripps Mercy Hospital			
Sharp Grossmont Hospital			
Sharp Memorial Hospital	*		
Sharp Mesa Vista Hospital			
Sierra View District Hospital			
SouthWest Healthcare System			
St. Helena Hospital			
St. Joseph Hospital	*	*	
St. Jude Medical Center			
St. Rose Hospital	*		
St. Vincent Medical Center	*	*	
Stanford Hospital and Clinics	*	*	
Torrance Memorial	*		
Ukiah Valley Medical Center/Adventist Health	*		
UCLA Medical Center	*	*	
UC San Diego Medical Center	*		
UC San Francisco Medical Center			
UC Davis, Medical Center	*		
VA San Diego Healthcare System	*		
Valley Care Olive View UCLA Medical			
Verdugo Hills Hospital	*		reported no program
West Hills Hospital & Medical Center			
White Memorial Medical Center	*	*	

New Graduate RN Residency Programs

List of Hospitals Surveyed and Interivewed July 2011

Summary:			
Surveys Sent	**Survey**	**Interview**	**Interivew Notes**
Hospitals reported having a new graduate residency program (fall 2010 CHA survey) were sent a letter/survey link to CNO (6-17)	68	25	sample of hospitals identified for follow up interview
additional surveys received (not on original survey list)	4	3	reported no program - interview step not applicable
additional hospital residency programs identified through on line research letter/survey link sent to CNO's (7-11)	9	18	interviewed (following completion of survey)
Total surveys sent out	81	2	completed survey but not interviewed (no reponse to request or unavailable)
		1	survey not completed- interview step deferred
Survey Results			**Interiew Results**
Hospitals surveyed	81		
No program (4 surveys submitted, 1 verbal)	5		
Surveys completed	47	18	Interviews completed
Surveys not completed	34		
Percent completed	**58%**		

RN Residency Program Questionnaire

SurveyMonkey

1. Residency Program Contact/Lead (required to be completed):

	Response Percent	Response Count
Name of Hospital or Organization:	100.0%	47
City:	100.0%	47
State:	100.0%	47
Residency Program Contact/Lead:	100.0%	47
Position:	100.0%	47
Email:	100.0%	47
Work Phone:	100.0%	47
answered question		47
skipped question		0

2. Additional Contact Information (if applicable):

	Response Count
	8
answered question	8
skipped question	39

3. Does your organization offer a residency program designed specifically for new graduate RNs?

	Response Percent	Response Count
Yes	89.4%	42
No (Select and Submit, no need to go further)	10.6%	5
answered question		47
skipped question		0

4. What is the official name of your residency or transition to practice program?

	Response Count
	40
answered question	40
skipped question	7

5. Was your residency program developed within your organization, or do you utilize a standard program?

	Response Percent	Response Count
Internally-developed	57.5%	23
Versant	30.0%	12
AACN/UHC Residency Program	7.5%	3
Other (identify in notes section)	5.0%	2
Additional notes:		9
answered question		40
skipped question		7

6. Is your program accredited by the Commission on Collegiate Nursing Education (CCNE) as a post-baccalaureate nurse residency program or are you planning to obtain such accreditation?

	Response Percent	Response Count
Yes, program is CCNE accredited	2.5%	1
No, program is not CCNE accredited	**82.5%**	**33**
Currently considering or planning to obtain CCNE accreditation	15.0%	6
Additional notes:		5

answered question	**40**
skipped question	**7**

7. Approximately how many RN new graduates have been in your program each year for the past few years (estimate number for current full year)?

	Response Average	Response Total	Response Count
2009	39.59	1,465	37
2010	35.65	1,426	40
2011	34.36	1,340	39

answered question	40
skipped question	7

8. How often is the program currently offered?

	Response Percent	Response Count
Once per year	17.5%	7
Twice per year	**57.5%**	**23**
3 to 4 times per year	10.0%	4
5 to 6 times per year	2.5%	1
Monthly	0.0%	0
As needed	12.5%	5
	Additional notes:	8

answered question	**40**
skipped question	**7**

9. In which departments are the new graduate residency programs offered (select all that apply, or list other areas in the notes section)?

	Response Percent	Response Count
Other (please list below)	17.5%	7
Clinic	2.5%	1
Med-Surg	**92.5%**	**37**
Pediatrics	37.5%	15
Obstetrics	55.0%	22
Critical Care (any type of NICU, PICU, CCU etc.)	67.5%	27
Emergency Services	72.5%	29
Mental Health	10.0%	4
Perioperative	47.5%	19
Procedural Areas	5.0%	2
Home Health	0.0%	0
	Additional notes:	11

answered question	**40**
skipped question	**7**

10. What is the approximate length of your program (standard or average across all service types)?

	Response Percent	Response Count
4 weeks	0.0%	0
5-8 weeks (1-2 months)	2.5%	1
9-12 weeks (3 months)	20.0%	8
13-16 weeks (4 months)	2.5%	1
17-20 weeks (5 months)	**37.5%**	**15**
21-24 weeks (6 months)	7.5%	3
25-32 weeks (7-8 months)	0.0%	0
33-40 weeks (9-10 months)	0.0%	0
41-52 weeks (11-12 months)	15.0%	6
Varies significantly by area (specify details in notes section)	15.0%	6
	Additional notes:	13

answered question	**40**
skipped question	**7**

11. Is an RN Clinical Educator or Education Manager designated to provide overall leadership and coordination for the program?

	Response Percent	Response Count
Yes	95.0%	38
No	5.0%	2
Additional notes:		8

answered question	40
skipped question	7

12. What percent of time does this RN Clinical Educator or Education Manager dedicate to the residency program?

	Response Percent	Response Count
100%	17.5%	7
75%	27.5%	11
50%	17.5%	7
25%	32.5%	13
Minimal or Not Applicable	5.0%	2
Additional notes:		11

answered question	40
skipped question	7

13. Are the new graduate RNs in the program employed by your facility?

	Response Percent	Response Count
Yes	92.5%	37
No (state status or relationship in notes section)	7.5%	3
Additional notes:		8
answered question		40
skipped question		7

14. In addition to general orientation, do you provide a standard curriculum (didactic education) specific to the new graduate RN transition and role?

	Response Percent	Response Count
Yes	97.5%	39
No	2.5%	1
Additional notes:		9
answered question		40
skipped question		7

15. How many hours of didactic (classroom) education time is provided overall in your core curriculum for new graduate RNs (not including basic orientation)?

	Response Percent	Response Count
8 hours or less (1 day)	0.0%	0
9-16 hours (2 days)	5.0%	2
17-40 hours (3 to 5 days)	12.5%	5
41-80 hours (6 to 10 days)	12.5%	5
81-120 hours (11 to 15 days)	**25.0%**	**10**
121-160 hours (16 to 20 days)	15.0%	6
161-200 (21 days to 25 days)	12.5%	5
Other (list in notes section)	12.5%	5
Not Applicable (no didactic classroom education is provided)	5.0%	2
	Additional notes:	12

answered question	**40**
skipped question	**7**

16. Does your program include a clinical simulation experience?

	Response Percent	Response Count
Yes	**52.5%**	**21**
No	47.5%	19
	Additional notes:	14

answered question	**40**
skipped question	**7**

17. How much clinical learning time is generally provided while being supervised or guided (time prior to managing a typical assignment or being considered independent in the role)?

	Response Percent	Response Count
4 weeks	0.0%	0
5-8 weeks (1-2 months)	7.5%	3
9-12 weeks (3 months)	20.0%	8
13-16 weeks (4 months)	12.5%	5
17-20 weeks (5 months)	**32.5%**	**13**
21-24 weeks (6 months)	7.5%	3
25-32 weeks (7-8 months)	2.5%	1
33-40 weeks (9-10 months)	0.0%	0
41-52 weeks (11-12 months)	0.0%	0
Varies significantly by area (specify details in notes section)	17.5%	7
	Additional notes:	11

answered question	**40**
skipped question	**7**

18. Is the clinical experience conducted with an experienced RN assigned in a preceptor role working directly with the new nurse?

	Response Percent	Response Count
Yes	100.0%	40
No	0.0%	0
Additional notes:		3

answered question	40
skipped question	7

19. What preceptor qualifications, training or competency requirements are in place (select all that apply)?

	Response Percent	Response Count
Minimum of 1 year experience as an RN	65.0%	26
Minimum length of employment in current work setting	45.0%	18
Evidence of core clinical competencies documented	72.5%	29
Completion of a preceptor training program within the organization	**92.5%**	**37**
Completion of a preceptor training program outside the organization	15.0%	6
Evidence of teaching skills, competencies, or experience documented	65.0%	26
Other (specify details in notes section)	7.5%	3
	Additional notes:	10

answered question	**40**
skipped question	**7**

20. Do you utilize industry-recognized tools or instruments to monitor progress or document competencies?

	Response Percent	Response Count
Yes (list in notes section)	55.0%	22
No	45.0%	18
Additional notes:		22

answered question	40
skipped question	7

21. Do you utilize internally-developed tools or instruments to monitor progress or document competencies?

	Response Percent	Response Count
Yes	87.2%	34
No	12.8%	5
Additional notes:		9

answered question	39
skipped question	8

22. Are QSEN (Quality and Safety Education for Nursing) competencies integrated into your program?

	Response Percent	Response Count
Yes	65.0%	26
No	35.0%	14
Additional notes:		11

answered question	40
skipped question	7

23. How does the preceptor evaluate the performance of the new graduate RN? (select all that apply)

	Response Percent	Response Count
Direct observation	95.0%	38
Simulation / scenarios	42.5%	17
Written examination	20.0%	8
Standard evaluation tool (describe below)	57.5%	23
Do not formally evaluate	5.0%	2
Other (describe below)	5.0%	2
Describe		17

answered question	40
skipped question	7

24. Does the new graduate RN complete an evaluation of the preceptor?

	Response Percent	Response Count
Yes	92.5%	37
No	7.5%	3
Additional notes:		4

answered question	40
skipped question	7

25. Does the new graduate RN complete an evaluation of the program?

	Response Percent	Response Count
Yes	97.5%	39
No	2.5%	1
Additional notes:		2

answered question	40
skipped question	7

26. Does leadership evaluate the preceptor specific to their teaching, mentoring, and guiding role functions?

	Response Percent	Response Count
Yes	80.0%	32
No	20.0%	8
Additional notes:		7

answered question	40
skipped question	7

27. Which measures do you use to evaluate program outcomes and success? (select all that apply)

	Response Percent	Response Count
Progression or time through program	77.5%	31
Competency based measures met	92.5%	37
Resident satisfaction	**95.0%**	**38**
Retention rate	90.0%	36
Other (list in notes section)	22.5%	9
Additional notes:		13

answered question	40
skipped question	7

28. How would you describe the success or outcomes of your program?

	Response Count
	36

answered question	36
skipped question	11

29. Does your organization have a separate budget or cost center dedicated to this program?

	Response Percent	Response Count
Yes	57.5%	23
No	42.5%	17
Additional notes:		8

answered question	40
skipped question	7

30. Has a lack of resources challenged or limited the residency program, or contributed to variation in full program implementation in some ways (select all that apply)

	Response Percent	Response Count
Fiscal constraints or budget limitations have impacted the program	47.5%	19
Insufficient number of qualified and available preceptors	22.5%	9
Urgent/emergent staffing issues prompt variation from program plan	27.5%	11
Other (identify in notes section)	10.0%	4
Not Applicable (sufficient resources are generally available)	30.0%	12
	Additional notes:	14

answered question	**40**
skipped question	**7**