

Dear Nurse Manager:

The Northwest Rural Nurse Residency (NWRNR) funded by the Health Resources and Services Administration (HRSA) provides year long support and education residency programs for acute care and community care new graduates, re entry nurses, and employees transitioning from urban settings. Other transition-to-practice projects include: Preceptor education and mentoring, building leadership capacity and coaching programs. The NWRNR supports rural employers in improving professional development.

Residencies require preceptors and novice nurse education. The NWRNR provides:

- Preceptor education, mentoring, certificate upon training completion, clinical teaching aids, a 12-month curriculum, competency measurement tools, simulation, and library subscription.
- Resident education, core curriculum, self-study electives, a nursing suite software, a library subscription, competency testing, simulation, and certificate upon graduation.
- Chief nursing officer progress reports for both residents and preceptors.

The NWRNR developed a curriculum that is controlled and administered by rural agencies. All resource tools are available on the University learning site—Moodle. A residency requires time, resources, and supervision. Research findings from past residencies indicate the most common predictor of success is the quality and frequency of the nursing supervisor's involvement. Novice nurses need employer commitment to quality patient care through nurse educational achievement.

The resident's supervisor agrees to provide:

- Work time to attend live and self-study learning sessions.
- Preceptor support (time, resources) to complete the residency requirements.
- Preceptor education includes 4 days (16 hours) classes, validation of resident's competency, and 104 clinical teaching hours.
- Computer with internet connection and microphone for preceptor and resident educational sessions.
- Frequent supervisor contacts with the novice, preceptor, and program staff about progress.
- Completion of program and competency measurement surveys. Including preceptor and resident education in a clinical ladder and recognition is important for completion.

Attached is an outline of the program and answers to frequently asked questions.

Please contact me or the office for further information and to obtain application packets

Send e-mail to: nurseopd@isu.edu.

Sincerely,

Deana L Molinari PhD, RN, CNE

**IDAHO STATE UNIVERSITY, SCHOOL OF NURSING
OFFICE OF PROFESSIONAL DEVELOPMENT**

TRANSITION-TO-PRACTICE PROGRAM OUTLINES

I. Rural Preceptor Certificate and Role Activities:

- Workshop (16 hour divided over 4 days) Via web-based video
- Competence testing
- Preceptors are mentored with monthly evidence based articles and webinars
- Conduct Resident Competence Validation Via Simulation 15 hours (4th Thursday for 10 months).
- Learning Plan: Develop, teach, and measure outcomes of 10 Clinical Skills (Second Thursdays)

II. Two Residencies Activities:

- **First Thursday** of the Month: Live 3 hr webinars-Topic listed below
- **Second Thursday:** Precepted experience demonstrating competency in ten clinical skills
- **Third Thursday:** Self-study of one elective (12 hours yearly total).
- **Fourth Thursday:** Competence Validation via Simulation 1.5 live hours/1.5 local measurement hours.

Acute Care Webinars

Rural Nursing and Critical Thinking	4 hours
Communication (Patient and Family)	3 hours
Cultural Sensitivity	3 hours
Leadership	3 hours
Psychiatric Crisis Assessment and Management	3 hours
Medical Surgical Crisis Assessment and Management	3 hours
Obstetrics Crises Assessment and Management	3 hours
Pediatric Crises Assessment and Management	3 hours
Geriatric Crises Assessment and Management	3 hours
Emergency and Trauma Crises Assessment and Management	3 hours
Pharmaceuticals – Drug Allergies and Overdose	3 hours
Information Management/Program Evaluation	3 hours

Care in the Community Webinars

Rural Nursing and Critical Thinking	4 hours
Communication	3 hours
Cultural Sensitivity	3 hours
Leadership	3 hours
Teamwork and Collaboration	3 hours
Safety and Assessment	3 hours
Patient-Centered Care	3 hours
Geriatric Assessment	3 hours
Changing Patient Condition	3 hours
Ethical and Legal Issues	3 hours
Quality Improvement	3 hours
Information Management/Program Evaluation	3 hours

Communication and Resources: Information for completion of coursework, updates, and class resources are kept on Moodle, which is the distance education courseware. Moodle is found on the Idaho State University web page. A user name and password are provided.

Clinical Expectations:

The employer assigns a preceptor to teach and mentor residents. A learning plan of up to 10 clinical skills is developed during the first two weeks of the residency. Preceptors assess and collaborate with the resident about which skills to develop

II. Preceptor/Resident Manual:

The resident and preceptor guide the residency with a workbook containing:

- Monthly schedule and expectations
- Class and Competency Resources
- Processes to ensure success and for communication

III. Simulation and Competency Validation:

Residents and Preceptors experience hands on clinical testing and validation of competence in crisis assessment and management using high fidelity simulation.

IV. Additional Resources:

Participants are encouraged to use hand held computers to reduce errors and increase knowledge. Subscriptions are given for:

- Pepid, a nursing software suite for patient education, procedures, drugs, etc.
- The online ISU library for evidence-based practice resources
- RN.org for residents needing specific electives.

Frequently Asked Questions

What is the Northwest Rural Nurse Residency?

The Rural Nurse Residency is a yearlong education and support system for newly hired rural nurses throughout the United States. The program consists of live web-based seminars, self-study based modules, a preceptor, simulation competence validation, nursing software for smart phones, support processes, and rural nursing expert teachers.

What are the Residency Goals?

Residents demonstrate competent practice by the time they complete classes, clinical learning with a preceptor, and competence validation. Competence is validated by course completion (self chosen and CORE classes), Measurement of knowledge, skills and attitudes during complex simulations, bedside behaviors observed by preceptor and unit managers. 93% retention rate at two years after hiring is demonstrated by graduates. Confidence increases with competence measurement.

How are Residents Recruited?

Health care provider employers decide which newly hired and expert nurses will benefit from professional development. The employer owns the program, administers, and measures completion. ISU supports employers in educating staff. Nurses must have passed their NCLEX and have less than one year of rural work experience. The employer provides preceptors who are trained and certified.

What are the Employer Responsibilities?

The employer provides adequate time to complete program tasks during work hours. Program staff mentor nurse managers in how to implement a residency. Managers also ensure adequate resources, encouragement, recognition, and measurement of accomplishment. Standardized clinical experiences using CORE nursing competencies are provided. Quality programming is standardized as well.

How will a Yearlong Residency Benefit a New Employee?

The residency provides newly hired nurses with the support they need to transition from past roles like student, home manager, or urban nurse to proficient professional nurses. Educational structure, employer support, national standards, expert teachers, numerous simulated practice, and frequent competence measurement validations hasten new graduate competency skills. Residencies provide safety nets during first year of practice. Research states the increased job satisfaction evolves into nurse retention.

What Does the Residency Pay for?

Federal grant funds pay for teachers, distance education technologies, nursing suite, and a project coordinator to assist with program completion. The preceptor and residency programs are provided by the Office of Professional Development, Idaho State University, School of Nursing. Employers across the United States host the programs to increase the quality and safety of patient care.

WHY NURSE RESIDENCY or TRANSITION-TO-PRACTICE PROGRAMS?

In 2008, The Robert Wood Johnson Foundation (RWJF) and the IOM launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing. Through its deliberations, the committee developed four key messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

The United States has the opportunity to transform its health care system, and nurses can and should play a fundamental role in this transformation. However, the power to improve the current regulatory, business, and organizational conditions does not rest solely with nurses; government, businesses, health care organizations, professional associations, and the insurance industry all must play a role. Working together, these many diverse parties can help ensure that the health care system provides seamless, affordable, quality care that is accessible to all and leads to improved health outcomes.

Nurse residency programs, recommended by the Joint Commission in 2002, can provide important hands-on experience for newly graduated nurses or those transitioning into a new area of practice. These planned, comprehensive periods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined standards of practice, can help new nurses develop skills in such important areas as organizing work; establishing priorities; and communicating with physicians and other professionals, patients, and families. In addition, transition-to-practice residency programs can help develop leadership and technical skills in order to provide quality care. Residency programs are supported predominantly in hospitals and larger health systems, with a focus on acute care; **they also need to be developed and evaluated outside of acute care settings to accommodate the coming shift of care from hospital to community-based settings and the need for nursing expertise in chronic illness management, care of older adults in home settings, and transitional services.**

While the evidence is limited because residency programs are not wide-spread, they have been shown to help reduce costs, increase stability in staffing levels, and help first-year nurses develop critical competencies in clinical decision making and autonomy in providing patient care. The committee recommends that actions be taken to support

nurses' completion of transition-to-practice nurse residency programs after they have completed a prelicensure or advanced degree program or when they are transitioning into new clinical practice areas.