

CLINICAL PRACTICE

The Houston Methodist nurse residency program journey: Transitioning the new graduate nurse into a success

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ABSTRACT

The transition of new graduate nurses (GNs) to professional practice has its challenges, thus providing an established program to facilitate this journey can lessen some of these challenges. Various approaches exist to help GNs transition into their practice environment. This article describes the Houston Methodist Nurse Residency Program (HMNRP), a successful transition program for GNs within a multi-facility health care system. Houston Methodist (HM) moved from independent practices to a unified system approach to provide a combination of centralized and decentralized nurse residency program sessions to meet the needs of the GNs. This innovative approach has ensured the success of the program. Multiple strategies are important for an effective systematic approach. Some of these strategies include (1) identifying the ideal players, including coordinators, facilitators, stakeholders, and content experts and (2) providing the resources needed to achieve the desired results. Establishing a unified approach to ensure that outcomes are met is essential to success. Defining goals and desired outcomes will guarantee that the purpose of the program is achieved. A multi-faceted approach can be used to teach and facilitate the sessions, continuous assessment and program evaluation help to identify opportunities for improvement. Including all key stakeholders in the evaluation and future planning allows for the program to evolve to meet the outcomes and needs of all involved. Planning is a vital component to ensure a smooth transition. Program success truly lies in the planning.

Key Words: Graduate nurses, Transition programs, Nurse residency programs, Success

1. INTRODUCTION

In today's health care environment, nurses are expected to provide high-quality, safe patient care resulting in patient satisfaction. GNs must learn to translate the knowledge learned in nursing school to practice at the bedside. To ensure that GNs can meet these demands, providing adequate support during this transition is essential for their success.

The Institute of Medicine (IOM) has outlined the importance and priority of providing support to the GNs in the transi-

tion from student to professional role.^[1] Various supportive options exist; however, some strategies have been proven to have better outcomes. The IOM recommends that nurse residency programs (NRPs) be established to facilitate this endeavor.^[1] An effective NRP is measured by meeting the needs of the GN, the organization, and the outcomes of the program. A review of the literature with discussion of the strategies implemented for the HMNRP provides a guide for nurse educators seeking to establish similar residency programs.

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1.1 Literature discussion

Addressing the need of the GN has been a priority for many in health care over the last several years. As indicated in the 2010 IOM report “The Future of Nursing”, implementation of NRPs is recommended.^[1] According to Benner et al.,^[2] surveys completed by both faculty and students revealed an inadequate preparation of new nurses based upon the complexities of today’s nursing practice. Therefore, it is recommended that all GNs should have a “one-year, high-quality, postgraduate residency program” in order to further develop the knowledge and skills needed to overcome these challenges.^[2] Several authors have outlined the benefits and importance of NRPs. It is essential to examine all aspects of potential supportive options to determine the value of such programs. Various programs exist today, from homegrown to developed frameworks; therefore, as indicated by Capel et al.,^[3] health care organizations of various levels must determine their individual needs to identify which type of supportive option will work best for them. According to Franquiz and Seckman,^[4] exploring the preparedness of the organization for the change in practice and leadership support will determine the success of the initiative. In a study by Linus et al.,^[5] nurse leaders found the NRP to be effective in reducing first-year turnover rates and in assisting the new nurse in his or her transition. Rosenfeld and Glassman^[6] examined the nurse resident’s perception of an NRP over a 7-year period. In that study, past residents expressed that the program was beneficial, and improved retention rates were noted.^[6] In addition, Letourneau and Fater^[7] examined the literature regarding NRPs, and it was evident based on their review that NRPs provide a great benefit to the new graduate nurse and organization. Multiple authors reviewed, enumerated an improvement in retention within the first year and the financial burden associated with replacing a nurse who has left the organization.^[7] In one study by Jones,^[8] turnover cost for one nurse was estimated to be as high as \$88,006. Additionally, other studies have shown NRPs can improve communication, organization, prioritization and overall confidence in practice and leadership abilities.^[9] Overwhelmingly, the literature demonstrates the value of providing a structured, supportive program for new graduate nurses in their first years of practice.

1.2 Background

HM, a nonprofit healthcare organization that provides comprehensive medical services, includes 6 hospitals. The mission of HM is “to provide high-quality, cost-effective health care that delivers the best value to the people we serve in a spiritual environment of caring in association with internationally recognized teaching and research”.^[10] The organizational culture, decisions, and activities are guided by

the ICARE values of integrity, compassion, accountability, respect, and excellence.

In 2004, Houston Methodist Hospital’s Department of Nursing supported the development of a post baccalaureate NRP as a part of a demonstration project conducted by the University HealthSystem Consortium (UHC). The UHC/AACN (American Association of Colleges of Nursing, Washington, DC) Nurse Residency Program, now known as the Vizient/AACN Nurse Residency Program, aligns with the Houston Methodist Department of Nursing mission to serve, educate, and excel. Since its inception, the HMNRP has continued its affiliation with Vizient. A partnership between the University of Texas Health Science Center at Houston (UTHealth) School of Nursing and Houston Methodist Hospital was established to create a relationship between the academic world and the hospital environment. As the program demonstrated improved retention rates and the successful transition of GNs, Houston Methodist San Jacinto Hospital, one of the 6 community-based hospitals within HM system, introduced the structured UHC/AACN Nurse Residency Program in 2009. In 2010, the Houston Methodist Hospital program became accredited through the Commission on Collegiate Nursing Education (CCNE). The other hospitals within the system provided various homegrown approaches to support their new graduate nurses.

Therefore, in 2012, the Houston Methodist Chief Nursing Officer (CNO) Council approved the implementation of a strategically focused, cost-effective enhancement to its infrastructure to support a system-wide approach, thus unifying the Houston Methodist hospitals. Through the support of the CNOs, the HMNRP program transitioned into a system-wide approach, thereby ensuring a stronger alliance between the hospitals, enhanced educational opportunities, increased access to resources, and additional support for the GNs across the system.

As the program continues, numerous relationships have developed over the years with multiple academic institutions, ensuring a strong partnership between the academic and clinical worlds. These relationships continue and remain a foundational component of the HMNRP. In 2016, the HMNRP transitioned to a new academic partnership with Houston Baptist University. These academic partnerships have been and continue to be instrumental in the success of the HMNRP.

2. PLANNING

In the planning phase, it is essential to examine current practice and review the literature for recommendations, established frameworks, and best practices. In this phase, it is vital

to include all key stakeholders so that a unified approach is achieved.

Guided by this system-wide approach to ensure that all GNs entering the profession at HM would be supported via a standardized NRP, a concerted team of NRP coordinators and facilitators was identified to establish and refine the mission, goals, and expected outcomes of the program. Thus providing a guide for all stakeholders. The coordinators for each hospital were selected based upon their expertise and level of educational experience. The NRP Coordinator, according to Bratt,^[11] must have expertise in nursing professional development and be dedicated to advancing GNs transition to practice. Through UHC, each NRP coordinator received comprehensive training regarding his or her roles and responsibilities. Within the HMNRP, the NRP coordinators oversee all elements of the program to guarantee success. Various organizations assign this role to different individuals. For some, it is included under the umbrella of the nurse residency coordinator; other organizations may have a project manager to accomplish this task. Project management is another responsibility that is essential. Defining roles and responsibilities of the team members ensures that all required actions have a responsible individual for completing the task.

In the pre-system-development phase, the team of coordinators met regularly to strategize and organize the approach to a system cohort. Another aspect that is essential in the process is to identify and include the key team members or stakeholders. For a program to be successful, it is important to have the right people involved in the decision-making and planning. In addition, it is important to evaluate the existing program with consideration of its history to identify strengths to implement in the new program. Furthermore, reviewing established frameworks, other programs, and accreditation standards will provide guidance for the success of the program. As a result of this collaborative effort, the initial HMNRP cohort began in the winter of 2013.

HMNRP coordinators manage the program and facilitate the sessions. This method allows the coordinators to oversee logistics such as identifying the location, resources required, and available financial, administrative, and technological support necessary. Furthermore, the coordinators review session evaluations and encourage GN feedback to provide timely data to support ongoing improvements to the NRP. This hands-on approach ensures direct contact establishing strong communication lines with executive leadership, directors, managers, nurse residents, academic affiliations, faculty of presenters and the community.

3. THE HOUSTON METHODIST NURSE RESIDENCY PROGRAM

The mission of the HMNRP is to facilitate the professional and leadership development of GNs while providing needed support to gain the confidence and competence needed for the transition from advanced beginner to competent professional nurse at the bedside. The main features of the program include several approaches to the individualized orientation for the GN. During this time, several aspects of the NRP are added to support the GNs transition.

First, transition to practices (TTP) classes are added to GNs schedule to provide knowledge, clinical reasoning, and skills related to their specialty area. This aspect of the program occurs within the first 8 to 10 weeks of hire and supports the development of key skills, knowledge and behaviors required for their position.

In addition, a series of thoughtfully developed classes designed to enhance critical thinking skills, leadership, professional development, patient safety, and outcomes are integrated throughout the 12-month NRP. These 4-hour monthly sessions are in addition to the nurses' 36-hour work week, which ensures that the individual is not away from the clinical unit during important clinical experience time. This approach has been widely supported because it does not add to the financial burden through overtime.

3.1 Goals of the HMNRP

For nurse residents to:

- Transition from an entry-level, advanced beginner nurse to a competent professional nurse;
- Develop effective decision-making skills;
- Provide clinical leadership at the bedside;
- Incorporate research-based evidence into practice;
- Experience professional growth; and
- Promote lifelong commitment to the profession of nursing.

3.2 Expected outcomes of the HMNRP

- Completion of the NRP;
- Completion of an Evidence-Based Practice project;
- Satisfactory performance during clinical orientation and the first 12 months;
- Satisfactory aggregate results on the surveys related to autonomy and satisfaction;
- Completion and submission of a professional portfolio highlighting achievements; and
- Promotion from RN I to RN II on the Clinical Career Pathway, the career advancement ladder within the hospital system.

3.3 Description of the Houston Methodist nurse residency program

3.3.1 Overall structure

The HMNRP has used the recommended curriculum designed by UHC and the AACN since the inception of the program. The delivery and the framework of the program have been individualized to align with the mission, vision, and values of Houston Methodist. The curriculum incorporates the following elements:

- General hospital orientation;
- Nursing-specific orientation comprising pertinent system and institutional protocols, procedures, technology, and equipment;
- Clinical unit orientation;
- Transition to practices classes;
- Specialty Focused Pathways, for example, perioperative, intensive care, emergency care, post-anesthesia care, women's services;
- Delivery of NRP core content as listed below; and
- Monthly 4-hour NRP sessions as a cohort: a group of GNs, known as Nurse Residents, who will continue the 1-year (12-month) program together.

3.3.2 Core curriculum description

The work of Benner and Dreyfus as interpreted by the UHC/AACN Task Force is the foundation for the HMNRP curriculum.^[12] Benner's research on novice to expert identified 5 levels of competency in clinical nursing practice.^[12] The GN enters the NRP as an advanced beginner.^[13] These nurses have theoretical knowledge yet lack the clinical experience to apply clinical judgment and experiential knowledge to practice situations. The key elements of the HMNRP curriculum are as follows:

- Critical thinking;
- Leadership;
- Professional growth;
- Evidence-Based practice;
- Safety; and
- Patient outcomes.

4. IMPLEMENTATION

In a large health care system, it is important to standardize approaches, policies, and practices to ensure consistency. In this, defined recruiting and hiring practices demonstrate a unified approach. A strong preceptor program makes certain that the new graduate nurses receive the same type of orientation and support during their clinical orientation. Lines of communication are essential, because this will allow for all invested parties to be on the same page.

Establishing facilitators and providing training guarantees that the facilitators have a clear understanding of the expectations of the program and the goals and outcomes to be achieved. It is also important to establish an advisory board of the key stakeholders who can help make decisions, address any concerns, and establish priorities of the program to ensure success.

5. EVALUATION

The evaluation process may be one of the most important facets of a successful NRP. It ensures that all aspects of the program are assessed, inspected, appraised, reviewed, and analyzed to identify areas of opportunity for growth and improvement. Clear scheduled data collection and evaluations are critical.

Multiple methods for evaluation are utilized. The HMNRP program collects data through validated Vizient/AACN NRP surveys at the start of employment, at 6 and 12 months. Session and end-of-year evaluations are collected. In addition, informal information is gathered through panel discussion and one-on-one meetings with nurse residents, preceptors, managers, directors, educators, and clinical experts. The feedback and evaluations are reviewed and analyzed by the coordinators and the academic partner on a regular and as-needed basis. This information is reviewed and communicated during the coordinator, advisory board, and academic collaborative meetings. A formalized model like the Plan-Do-Check-Act (PDCA) is created to ensure effectiveness of the curriculum and faculty for continuous improvement.

6. ACCREDITATION

The HMNRP became an accredited post baccalaureate program in 2010, meeting the CCNE nurse residency accreditation standards. In September 2015, HMNRP welcomed the CCNE accreditation surveyors for our first system accreditation. During the 3-day visit, the surveyors met with the executive leadership team, directors, managers, faculty, preceptors, past and current nurse residents and described the graduate nurses as highly articulate professionals who take pride in providing high-quality care for their patients. The surveyors commended the organization on the professional, supportive culture provided to the new graduate nurses. In May 2016, official notification was received regarding the HMNRP reaccreditation of the program. This exemplifies the success of the program.

Accreditation is a formalized process that allows an NRP to demonstrate that the particular program meets standards established by a regulatory agency. Accreditation of an NRP is the ultimate confirmation of an effective program. The journey is long and demanding, multiple components are re-

quired to achieve accreditation: a team, a plan, and an outline are essential. Even though it may look like a daunting task, the reward is worth the challenge of the journey.

7. CONCLUSION

In conclusion, to promote nursing excellence, the HMNRP will continue the collaborative approach to provide the solid

foundation needed for the ongoing support and development of the GNs as they transition into becoming the future leaders at the bedside.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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