Vizient/AACN Nurse Residency Program™ 
at UCLA Health System

Program Overview for Unit Leadership and Facilitators

E-Learning Module

Program Director: Jessica M Phillips, MSN RN-BC, Manager Nursing Professional Development
Nurse Residency Program Coordinator: Dr. Arika Duchene, DNP, RN-BC, CCRN
Objectives

• By the end of this e-learning module, you will be able to:

1. Discuss the Nurse Residency Program (NRP) history, structure, curriculum, and expectations

2. Describe NRP goals and work toward identified outcomes

3. Describe the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) – Nurse Residency Program

4. Discuss the unit leader and facilitator expectations in the NRP
Terms

• NR = Nurse Resident, also known as new grad
• NRP = Nurse Residency Program
• NRP Coordinator = Nurse Residency Program Coordinator (Arika Duchene)
• PD = Program Director (Jessica Phillips)
• UD = Unit Director
• CNS = Clinical Nurse Specialist
• CE = Clinical Educator
• ANCC = American Nurses Credentialing Center
• PTAP = Practice Transition Accreditation Program
1. Discuss the Nurse Residency Program (NRP) history, structure, curriculum, and expectations
Nurse Residency Program (NRP) History

• Program developed by:
  • Vizient (UHC) – over 70 sites
  • AACN (American Association of Colleges of Nursing)

• Joint project between schools of nursing and hospitals

• UCLA joined the UHC now Vizient system in 2005
Nurse Residency Program (NRP) Structure

• Partnership between hospital and school of nursing
• Nursing orientation - learn about the practice of nursing in the institution, the patient experience, protocols/procedures, equipment, technology
• Unit level orientation will be a collaborative effort between the NRP Coordinator and:
  • Unit Directors
  • Clinical Nurse Specialists/Educators
  • Unit Based Preceptors
• Core NRP content will be provided once a month for four hours
  • Leadership
  • Professional Development
  • Patient Outcomes
Nurse Residency Program (NRP) Curriculum

Vizient/AACN Nurse Residency curriculum

**Leadership**
- Patient care delivery and resource management
- Communication between nurse, care team, and physician
- Conflict resolution
- Organization of data and shift report

**Professional role**
- Ethical decision making
- End of life care
- Cultural competence
- Stress management and self-care
- Evidence-based practice
- Professional development

**Patient outcomes**
- Management of the changing patient condition
- Patient and family teaching
- Pain management
- Skin and wound care
- Fall prevention
- Medication administration
- Infection prevention and control
Expectations for Nurse Residents

• The Newly-Licensed Registered Nurse Policy (HS 7328) is a System Policy that formally outlines expectations for NRs transition to practice and applies to all areas where an NR would practice

• Each resident selected to participate will:
  • Commit to full-time employment for one year
  • Fulfill all the professional obligations of a first year member of the professional nursing staff on an assigned clinical area
  • Adhere to all institutional guidelines as a member of the nursing staff
  • Develop and utilize mentor relationships to support professional development
  • Participate in general and specialized learning experiences
  • Provide and evaluate care incorporating evidence based practice (EBP), research and quality data
  • Participate in the development and presentation of an EBP project with patient outcomes
  • Complete program evaluation tools for program development
Monthly Session Expectations

- Participation in these sessions is considered a workday
- This program is *part of the nurse resident’s job commitment* and orientation at UCLA
- Calendar is given out by the NRP Coordinator during Launchpad Orientation and is also posted on the UCLA Website
  - Nurse residents are responsible to attend assigned date and location of monthly seminars
- **UD’s (that’s you!):** Confirmation of Attendance is through Cornerstone

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<th>10</th>
<th>11</th>
<th>12</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Intro</td>
<td>Self-Care</td>
<td>Communication</td>
<td>EBP</td>
<td>Patient Education &amp; Infection Control</td>
<td>Change in Patient Condition</td>
<td>Skin Care, Medication Administration, Fall Prevention</td>
<td>Risk Management &amp; Genetics</td>
<td>Pain Management, End of Life, &amp; Ethics</td>
<td>Professional Role Based Training</td>
<td>Professional Development, EBP Projects</td>
<td>Graduation</td>
</tr>
</tbody>
</table>

*UD’s* (that’s you!): Confirmation of Attendance is through Cornerstone
Nurse Residency Program (NRP) Website

• On the website (password protected):
  • Calendar of NR sessions
  • NR Syllabus with objectives of each session and who is facilitating the session
  • Presentation(s) of each session (hyperlinked)
### Influx of Nurse Residents Annually – Nurse Residency Program

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Nurse Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>359</td>
</tr>
<tr>
<td>2007</td>
<td>357</td>
</tr>
<tr>
<td>2008</td>
<td>227</td>
</tr>
<tr>
<td>2009</td>
<td>166</td>
</tr>
<tr>
<td>2010</td>
<td>120</td>
</tr>
<tr>
<td>2011</td>
<td>224</td>
</tr>
<tr>
<td>2012</td>
<td>110</td>
</tr>
<tr>
<td>2013</td>
<td>140</td>
</tr>
<tr>
<td>2014</td>
<td>160</td>
</tr>
<tr>
<td>2015</td>
<td>240</td>
</tr>
<tr>
<td>2016</td>
<td>220</td>
</tr>
<tr>
<td>2017</td>
<td>130</td>
</tr>
<tr>
<td>2018</td>
<td>81</td>
</tr>
<tr>
<td>Total</td>
<td>2,534</td>
</tr>
</tbody>
</table>
Benefits of the Nurse Residency Program (NRP)

- During the orientation phase of the residency program, NRs will receive guidance from dedicated and trained preceptors in their clinical area.
- During the residency (one year), NRs will receive mentoring that will help them build clinical relationships and develop professionally as a new nurse (build a network of colleagues).
- Educational experiences will be structured to help NRs develop competence in clinical nursing practice.
- NRs will be part of a supportive cohort that allows for professional growth in a safe and protected environment.
- NRs will have the opportunity to gain experience in an environment committed to learning.
2. Describe NRP goals and work toward identified outcomes
NRP Goals with Outcomes

• There are (4) program goals for the Nurse Residency Program (NRP)
  • Nurse Retention
  • Stress Management
  • Mentorship
  • Evidence-Based Practice
NRP Goals 1-2

**Goal, Definition, Category**

Goal 1: NRP turnover will be 10% or less per cohort, to be measured at the end of year one in practice (nurse residency graduation). Turnover will be defined as involuntary or voluntary loss of a staff member to an external organization.

Category: Financial

**Outcome Measure**

NR turnover rates

**Data**

Summer 2017 NR Cohort = 5% turnover at year one

Target Benchmark: 10% or less per cohort at one year

Spring 2018 NR Cohort = 3% turnover at year one (currently)

**Program Director (PD) involvement to review and revise (as needed)**

Ad hoc. If there is a potential of losing a NR, the PD and NRP Coordinator meet with unit leadership and take actionable steps to retain the NR. This may include creating a unit action plan in alignment with the professional development plan of the NR.

Goal 2: NR self-identification of stress per the Casey Fink Survey will be equal to or less than the average score (national benchmark set by Vizient) at 6-month and 12-month increments (otherwise known as key intervals of transition to practice).

Category: Self-Reported

**Outcome Measure**

NR self-identification of stress per the Casey Fink Survey

**Data**

For 2017, the NRS self-identification of stress per the Casey Fink Survey was below the benchmark at the 6-month and 12-month intervals.

Target Benchmark: At or below benchmark set by Vizient at 6-month and 12-month intervals

For 2018, the NRS self-identification of stress per the Casey Fink Survey was below the benchmark at the initial interval and at the benchmark at the 6-month interval; 12 month data is pending.

**PD performs bi-annual review of data with NRP Coordinator to determine if program enhancements are necessary.**
NRP Goals 3-4

**Goal 3:** NRP will provide the Nurse Residency Mentor Program, where former NRs will be paired with an active NR, to support transition to practice. This is a one-year commitment for both the mentor and mentee, although pairings may change.

**Category:** Nursing professional development and clinical skills

**Outcome Measure:** Mentor-Mentee pairings (every NR paired with a mentor)

**Data:** NR Mentor Program launched in October 2016 with 81 total NRs and 20 NR Mentors (1:4 ratio). In November 2018, an additional 6 NR Mentors were trained and added. Currently, mentor to mentee pairings are 1:3.

**Program Director (PD) Involvement to Review and Revise (as needed):** Continual mentor recruitment efforts underway to reach goal of 1:1 pairing. PD presented to CNS and UD groups to recruit more mentors. PD facilitated training for new mentors on October 2 and 16, 2016 and November 8 and 20, 2018 with NRP Coordinator. PD reviews all mentor-mentee pairings.

**Goal 4:** During the NRP, every NR will be required to develop, complete, and present (at graduation, one year in practice) an evidence-based practice (EBP) project linked to patient outcomes per the respective unit.

**Category:** Patient outcomes

**Outcome Measure:** NR EBP Projects that are completed at graduation

**Data:** Summer 2017 NR Cohort. There were a total of 32 EBP projects linked to patient outcomes.

**Program Director (PD) Involvement to Review and Revise (as needed):** Bi-annually, the PD reviews and ensures quality control over the integrity of all EBP projects at completion of the NRP.
Goal 1: Nurse Retention

• For the past 18 months, NR turnover has been below 10% per cohort
• NR not progressing in orientation? The Program Director (PD) and NRP Coordinator need to meet with unit leadership

• **Unit Leadership** (that’s you!): Please notify the NRP Coordinator immediately so further steps can be taken to retain the NR

### Table 1. Nurse Residency Program (NRP) Retention Data

<table>
<thead>
<tr>
<th>Term</th>
<th>Program Start Date</th>
<th>Program End Date</th>
<th># of NR to Start</th>
<th># of NR Resigned Year 1</th>
<th>Turnover Year 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer 2018</td>
<td>10/2/2018</td>
<td>TBD</td>
<td>81</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Spring 2018</td>
<td>5/22/2018</td>
<td>4/30/2019</td>
<td>30</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Summer 2017</td>
<td>10/12/2017</td>
<td>9/20/2018</td>
<td>125</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Spring 2017</td>
<td>5/23/2017</td>
<td>4/10/2018</td>
<td>123</td>
<td>12</td>
<td>9%</td>
</tr>
</tbody>
</table>
Goal 2: Stress Management for 2017

• For 2017, the NR self-identification of stress is less than national benchmark set by Vizient at 6-month and 12-month increments (lower the score the better)
• Biannual review of data conducted, to determine if program enhancements needed

Table 2. NRs Self-Reported Stress Levels for 2017

<table>
<thead>
<tr>
<th>Period</th>
<th>n</th>
<th>mean</th>
<th>std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Survey</td>
<td>246</td>
<td>2.41</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>17237</td>
<td></td>
<td>0.8</td>
</tr>
<tr>
<td>6 Months</td>
<td>232</td>
<td>2.38</td>
<td>0.85</td>
</tr>
<tr>
<td></td>
<td>13886</td>
<td></td>
<td>0.81</td>
</tr>
<tr>
<td>12 Months</td>
<td>220</td>
<td>2.3</td>
<td>0.75</td>
</tr>
<tr>
<td></td>
<td>10029</td>
<td></td>
<td>0.82</td>
</tr>
<tr>
<td>24 Months</td>
<td>19</td>
<td>2.32</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Months</td>
<td></td>
<td>2.32</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Goal 2: Stress Management for 2018

- For 2018, the NRs self-reported stress levels initially were below the national benchmark set by Vizient
- At 6-months scores were at the benchmark
- Additional 12-month data will be collected in April 2019

Table 3. NRs Self-Reported Stress Levels for 2018
Goal 3: Mentorship

• Mentors (former Nurse Residency Program graduates) are needed each time new cohort of NRs start

• NR Mentor Program Launched in October 2018 with 81 nurse residents and 26 mentors (1:3 pairing)

• NR Mentor Pilot Program Objectives
  
  • Mentor will serve as a role model and resource (be a graduated nurse resident)
  
  • Mentor will support the development of effective decision making related to clinical judgment and performance through debriefing events/scenarios, providing constructive feedback, and demonstrating positive communication skills
  
  • Mentor will demonstrate clinical practice consistent with Relationship-Based Care and the Professional Practice Model at UCLA
  
  • Mentor will facilitate and support a healthy work environment that supports the growth of NRs
  
• Each mentor signed a mentor commitment form (emailed to Unit Leadership- that’s you!)
NR Mentor Pilot Program Commitment

• Mentor - Attend (1) educational session prior to mentoring to develop mentor skills

• Mentor - Attend (1) educational session at the six month mark of mentoring

• Mentor/Mentee – Meet virtually (Text, Email, Facebook, etc.) each month for a year, 30 minutes/month

• UD’s (that’s you!): Mentor/mentee hours are factored into mandatory education cost center
  • Validation email of hours to bill on timecard will be provided to leadership by NRP coordinator
    • Mentors: 1-3 hours/month
    • Mentees: 0.5 hours/month

• Nurse residents are surveyed each month to obtain feedback
Goal 3: Mentorship

- **Unit Leadership**—that’s you!): Call for more mentors prior to the start of every Nurse Residency cohort
  - April
  - September
- Have a former NR graduate that wants to mentor? Apply on the Nurse Resident Mentor Program website
Goal 4: Evidence-Based Practice

- In 2016, the PD established EBP timeline guidelines based on current research, literature, and evidence.
- Seven phases include:
  - Phase 1: Instruction on research, EBP, quality improvement, Iowa Model, and PICOT questions.
  - Phase 2: Guidance on biomedical library, databases, and search strategies.
  - Phase 3: Competency in writing clinically-relevant questions.
  - Phase 4: Facilitation by unit-level mentors.
  - Phase 5: Mentorship in poster development.
  - Phase 6: Presentation at NR graduation.
  - Phase 7: Abstract development course for graduated nurse residents (advanced).
### Goal 4: Evidence-Based Practice

<table>
<thead>
<tr>
<th>Clinical Inquiry Toolbox</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research</strong></td>
</tr>
<tr>
<td>• Systematic discovery of new knowledge</td>
</tr>
<tr>
<td>• Hypotheses</td>
</tr>
<tr>
<td>• Homogeneous group of subjects</td>
</tr>
<tr>
<td>• Inclusion/exclusion criteria</td>
</tr>
<tr>
<td>• Qualitative, quantitative, or mixed methods</td>
</tr>
<tr>
<td>• Statistical analysis</td>
</tr>
<tr>
<td>• Results not necessary ready for utilization (Polit &amp; Beck, 2006)</td>
</tr>
<tr>
<td><strong>Quality Improvement</strong></td>
</tr>
<tr>
<td>• Focus on internal processes</td>
</tr>
<tr>
<td>• Improve patient care, work flow, productivity, costs, systems, and quality processes</td>
</tr>
<tr>
<td>• Streamline and simplify processes</td>
</tr>
<tr>
<td>• &quot;The systematic, data-based monitoring and evaluation of organizational processes with the end goal of continuous improvement. The goal is internal application rather than external generalization&quot; (Polit &amp; Beck, 2006)</td>
</tr>
<tr>
<td><strong>EBP</strong></td>
</tr>
<tr>
<td>• Examine and change practice internally related to patient outcomes</td>
</tr>
<tr>
<td>• PICOT Question</td>
</tr>
<tr>
<td>• &quot;...a paradigm and life-long problem-solving approach to clinical decision-making that involves the conscientious use of the best available evidence (including a critical appraisal of the literature) coupled with clinical expertise and the patient preferences to improve outcomes for individuals, groups, communities, and systems (Melnyk &amp; Fineout-Overholt, 2015)&quot;</td>
</tr>
</tbody>
</table>
Goal 4: Evidence-Based Practice

P - Identify Patient, Population or Problem:
   Age, gender, ethnicity, clinical condition, commonality
   In hospitalized patients,…

I - Delineate an Intervention, Exposure, Area of Interest:
   Innovation in providing care, patient support, risk behavior
   … a nurse-driven catheter removal protocol…

C - Delineate the Comparison to be made:
   No disease, no intervention/therapy, absence of risk factor, current practice
   … compared to MD-ordered catheter removal…

O - Designate measurable Outcome(s):
   Risk of disease, rate of occurrence (i.e. death, infection, readmission),
   knowledge, patient, practice/process
   … affect catheter-associated urinary tract infection (CAUTI) rates…

T - Identify a timeframe (when applicable)
   Years, months, weeks, days, hours, minutes
   … during hospitalization?
Goal 4: Evidence-Based Practice

- **NOTE:** To ensure the NRs have enough time for project implementation, after NR session 4 the finalized PICOT needs to be signed off by **unit leadership** (UD/CNS/CE-that’s you!)
  - Signed off PICOT Question by Unit Leadership by NR Session 5
  - EBP project management is in BOX where each NR group has to upload certain action items
    - Unit leadership (UD, CNS/CE-that’s you!) has access to BOX
## Goal 4: Evidence-Based Practice Timeline

### Summer 2018 Nurse Residency Program EBP Timeline

<table>
<thead>
<tr>
<th>Month</th>
<th>Objectives/Location/Times/Dates for EBP Project</th>
<th>Action Items to Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>October-November 2018</td>
<td>Scan unit for project ideas</td>
<td></td>
</tr>
</tbody>
</table>
| December 2018     | Received an Email from Nurse Residency Program Coordinator (discuss with CNS, UD, ANII):  
  - Discuss and identify one or two priority clinical issues/problems on the unit as EBP project topics  
    a. Fill out the Brainstorming Worksheet  
    b. Reflect on the unit’s current practice for addressing the clinical issue/problem(s) and identify possible alternative interventions of interest; and  
    c. Identify outcome(s) of interest (e.g., desired outcomes of an intervention to address the clinical issue/problem)  
  - Complete EBP Survey (link in email) |                     |
| January 2019      | Bring your laptop  
  Bring the Brainstorming worksheet  
  Construct preliminary PICOT question with EBP Specialist and NRP Coordinator  
  Review sample article together with RCT Tool  
  Each NR: Spend time searching the literature and find 1 article related to PICOT question  
  Each NR Group: Granted access to BOX for EBP action item upload (Unit Leadership granted access to BOX too) | One per group: Brainstorming worksheet |

### February 2019
- UD approval of PICOT question  
- Preliminary literature review  
- Establish team leader and roles/responsibilities  
- Pre-surveys/baseline data

Each NR: Upload one article (Level 1 or Level II) as chosen in Jan

Final PICOT with UD or CNS approval (One worksheet per group)

### March 2019
- Bring your laptop  
- Finalize literature review (during March session)

Each NR: Upload one literature synthesis table and one Rapid Critical Assessment Tool

One per group: Implementation Plan

### April 2019
- Project Implementation — Intervention STARTS on the unit

### May-June 2019
- Intervention continues on the unit

### July 2019
- Intervention stops and collect post-implementation data

### August 2019
- Bring laptop to session to work on poster (per templates)  
- Analyze post-survey/patient outcome data (bring to session)

Preliminary EBP Poster

### September 2019
- Meet deadline (Tuesday September 3rd, 2019) for submission of poster for production

Final EBP Poster

### Graduation
- Attend NR Abstract Writing Course

One per group: Upload finalized Abstract

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**UCLA Health**
Goal 4: Evidence-Based Practice

Nurse Resident Impact on EBP

<table>
<thead>
<tr>
<th>Year</th>
<th>Abstracts Submitted</th>
<th>EBP Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>9</td>
<td>58</td>
</tr>
<tr>
<td>2017</td>
<td>12</td>
<td>58</td>
</tr>
<tr>
<td>2018</td>
<td>18</td>
<td>62</td>
</tr>
<tr>
<td>2019</td>
<td>9</td>
<td>32</td>
</tr>
</tbody>
</table>

WOW!  

Nurse Resident Impact on EBP

<table>
<thead>
<tr>
<th>Year</th>
<th>EBP National Conference Dissemination</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>6</td>
</tr>
<tr>
<td>2017</td>
<td>11</td>
</tr>
<tr>
<td>2018</td>
<td>17</td>
</tr>
<tr>
<td>2019</td>
<td>8</td>
</tr>
</tbody>
</table>
Goal 4: Evidence Based Practice Culture
Goal 4: Evidence Based Practice Culture

- Prior EBP Posters from Nurse Residents
  - All previous EBP projects are listed on nursing website
  - https://www.uclahealth.org/nursing/ebp-projects
3. Describe the American Nurses Credentialing Center (ANCC) Practice Transition Accreditation Program (PTAP) – Nurse Residency Program
What is ANCC PTAP Accreditation?

• The ANCC Practice Transition Accreditation Program (PTAP) ™ sets the global standard for nurse residency transition into new practice settings (nurses with less than 12 months' experience)

• By applying for this accreditation, the Nurse Residency Program at UCLA Health will demonstrate excellence in transitioning nurses to new practice settings
  • PTAP accreditation equals exemption from SE9 for magnet accreditation for any site

• Oct 1, 2018 – UCLA is on the self-study journey (system) → due February 1, 2019
  • Submitted 63 documents to show how the program is operationalized
ANCC PTAP Success Stories

• “This was an important journey to go on because it allowed us to not only validate what we were doing well, but highlight where we had opportunity to grow and improve”. ~The Ohio State University

• “The American Nurse Credentialing Center's (ANCC's) Practice Transition Accreditation Program (tm) (PTAP) served as the perfect resource and accreditation for CHLA to compare its program with a defined set of national standards. Specially, Hall said the gap analysis was particularly helpful, and allowed her team to identify their strengths as well as opportunities for improving their processes.” ~Children’s Hospital Los Angeles
Competency

• ANCC PTAP: Competencies developed for and evaluated in the program reflect Quality and Safety Education for Nurses (QSEN), the Institute of Medicine (IOM), or a combo of the two..

• ANCC PTAP: Standard processes are used to evaluate if NRs can demonstrate required competencies

• Current: Standard Process to Assess Competency
  • FY18: Developed QSEN Competency Based tools for unit orientation based on the **policy**
    • Initial Competency Validation Checklist
    • Daily and weekly feedback tools
Initial Competency Toolkit

• Initial Competency Toolkit elements can be found online, through the Required Education and Competence Portal, on the nursing website.

• In the Preceptor Development Workshop, participants have dedicated time in the session to open and practice with these tools.

New Hire Initial General Nursing Competencies for RNs

Initial Competency Toolkit:
The Initial Competency Toolkit includes elements of Knowledge, Skills, and Attitudes in both the daily and weekly evaluations. These evaluations will be completed by the preceptor and the CNS / Educator. This initiative will help the preceptor better articulate how the new graduate / new hire can grow and improve in particular areas.

- Initial Competency Validation Checklist: Orientation: RN (Step-by-Step Instructions)
- Daily Orientee Evaluation
- Weekly Orientee Evaluation
- Preceptor Evaluation
- Preceptor Competency Based Orientation Online Learning Module
Initial Competency Validation Checklist

• The Initial Competency Validation Checklist remains the standard orientation process to evaluate demonstration of required competencies for all NRs at UCLA Health

• Each Item will have a linkable KSA that preceptors will review and validate
Patient Education KSA Example

KSA FOR INITIAL COMPETENCY ASSESSMENT FOR PATIENT AND FAMILY EDUCATION (RN)

This form is to describe what is entailed in completing the initial competency assessment for. It is to be used as a guide for the preceptor and the employee to understand the expected knowledge, skills, and attitude (KSA) that is required to safely provide patient and family education.

COMPETENCY DOMAIN

Knowledge
- Review and discuss the following:
  1. Patient education module p.390
- Patient and Family Education HS 1322

Skills
- Identify learner, learner readiness, preferred language
- Assessment of barriers: Language, literacy, physical or cognitive barrier

Attitude
- Effectively educate patient and family on various topics including purpose and side effects of medications being given
- Utilize appropriate resources for educating patient and family
- Address patient education during handoff report
- Utilize discharge education beginning on day of admission
- Discusses patient and family education during NURSE reviews
- Discusses patient and family education with Case coordination/Inpatient
- Discusses barriers to education with RNs, UDCNs and educator as needed

GEM Competency Alignment: Patient Centered Care

Resources
Once the KSA is validated, the preceptor initials and dates each competency, in the appropriate column, in **real-time**.

Waiting until the last day on orientation to sign off the KSAs is not best practice.
Feedback Tool - Daily

- Preceptor and Preceptee to complete “Daily Evaluation Tool” form

- The “Goals” column serves as a template outlining specific clinical goals for each clinical day & week of orientation (e.g. Week 1; Day 1)

- Utilize Training Guidelines to guide goals and competencies to complete for each week

- The charge nurse will make assignments based upon recommendation from Preceptee/Preceptor/CNS/Educator
Feedback Tool - Weekly

To ensure consistency among all specialties, at a minimum, the unit director and/or clinical nurse specialist/clinical educator (that’s you!), preceptor, and preceptee meet at least once per month (preference is weekly) to discuss the progress of the NR.

- These weekly tools will document the progress of the NR
- Not progressing? Initiate a Learning Contract (see next slide)
Learning Contract - Remediation

- Program includes a remediation process for residents who are unsuccessful at meeting incremental goals
- CNS, UD, and CNEC recommends and supports a learning contract
- Learning Contracts are required for any nurse resident not meeting incremental goals/milestones
  - The overarching aims of the learning contract are to allow the NR to take initiative in clinical practice and to provide a supportive unit structure through utilization of additional resources when individualized learning support may be necessary
  - The learning contract is a written document that the NR and unit leadership complete collaboratively

(Gallant, MacDonald, & Higuchi, 2006)
Remediation Process

- Collect data on clinical performance
- Identify the NR who is at risk of clinical failure
- Identify and discuss actionable items for remediation
- No progress in remediation plan
  - Implement learning contract and institute a formal meeting with NR to discuss
  - Learning contract (incremental goals) are NOT achieved—Contact HR
- NR shows progress in incremental goals
  - Learning contract (incremental goals) ARE achieved
  - Continue to evaluate the NR clinical performance
  - Continue to evaluate the NR clinical performance

(Gallant, MacDonald, & Higuchi, 2006)
# Learning Contract

**UCLA Nurse Residency Program Learning Contract**

**Nurse Resident (NR) Name:**

**Unit Director Name:**

**Clinical Nurse Specialist/Clinical Educator Name:**

**Date:**

The purpose of this contract is to identify domains of competency where practice improvements are needed. This contract outlines supportive strategies to complete competencies required on the Initial Validation Checklist to successfully come off unit orientation.

<table>
<thead>
<tr>
<th>Date (start of SMART goal)</th>
<th>Competency element (From the Initial Competency Validation Checklist)</th>
<th>Performance standard (NR minimally required to demonstrate by what week of orientation)</th>
<th>Performance standard not met (Specific examples of the NR not meeting the standards)</th>
<th>Incremental SMART goals with timeline for achieving goals (Examples from practice that demonstrates performance related to independent practice)</th>
<th>Additional resources to achieve SMART goal (Provided by UD, CNS, and/or NRP Coordinator)</th>
<th>Remediation strategies (Agreed upon by all parties)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start</td>
<td></td>
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</tbody>
</table>

| 12/7/19 (Suggested and data is approx. three weeks from start date) | Example: GSEV - Safety | Safe Patient Mobilization | Janie has been observed, by two preceptors, to not safely mobilize her patients per SMART. Janie does not utilize the lift team or preceptor to mobilize the patients. This practice has resulted in one fall. | The NR will utilize the appropriate resources to safely mobilize three patients per their SMART score and document. | Extra time working with preceptor on patient mobilization. Additional safe patient handling customization Lippincott module. If goal not achieved by the end date, the NR will: (a) continue with preceptor for weeks, (b) be taken off the schedule, or (c) per unit, requested transfer to another unit. |

---

**NR Initials**

______ I am aware the **deadline** for meeting the learning contract, incremental goals, and performance standards is __________

______ I have read and understand the expectations of this learning contract.

______ I understand that this contract will be shared with the primary preceptors, unit director, clinical nurse specialist, clinical educator, and/or NRP Coordinator.

______ I am aware that Unit Leadership and Human Resources reserves the right to require a nurse resident to withdraw from the UCLA Health Nurse Residency Program if he or she is considered to be unsuit for clinical practice and/or patient safety is at risk.

**Signatures**

<table>
<thead>
<tr>
<th>Date</th>
<th>Nurse Resident Name (Print)</th>
<th>Nurse Resident Signature</th>
<th>Employee Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Unit Director Name (Print)</th>
<th>Unit Director Signature</th>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>CNS/Educator (Print)</th>
<th>CNS/Educator Signature</th>
<th>NR Coordinator Signature</th>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Preceptor (Print)</th>
<th>Preceptor Signature</th>
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(Gallant, MacDonald, & Higuchi, 2006)
Professional Development Plan (PDP)

• Program includes incremental goals reflect psychosocial/development needs at stage of novice

• PDP with S.M.A.R.T. goals introduced in 1st session with Summer 2018 cohort (October 2018)
  - Includes psychosocial, short-term, and long-term goals
  - Includes resources for professional growth and development

• NRP Coordinator will be reviewing PDP plans with residents in 1st, 4th, 8th, and 11th sessions
  - NRP Coordinator will connect with each UD/CNS (via email, meeting) goal progress
  - Recommended that each nurse resident review the PDP with UD/CNS (that’s you!)
# Professional Development Plan (PDP)

## Your S.M.A.R.T. Nursing Professional Development Plan

**It begins with U**

### Employee Info

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Department</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Employee ID</th>
<th>Position</th>
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</table>

### Psychosocial Goal

**Specific** | **Measurable** | **Attainable** | **Relevant** | **Time-Based** | **Check-in with HR Coordinator & UCLA Health** |
<table>
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<tbody>
<tr>
<td>Session 1:</td>
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<td>Session 2:</td>
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<td>Session 3:</td>
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<td>Session 4:</td>
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<td>Session 5:</td>
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</tbody>
</table>

**Short Term Developmental Goal**

**Long Term Developmental Goal**

### Reference Guide

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Audience (Senior)</th>
<th>Contact Information</th>
<th>Scan to Learn More</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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**Unit Practice Council**

Provides structure for nursing to engage in the work of our UCLA Health strategic plan. Professional performance is measured and determines that career advancement requires a commitment to excellence.

**Minimum of 1-year employment at UCLA Health.**

<table>
<thead>
<tr>
<th>Competent Nurse &amp; above</th>
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</thead>
<tbody>
<tr>
<td>Coileen Usselton</td>
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<tr>
<td>[link]</td>
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</table>

**Nursing Specialty Certification**

The Certified Nurse demonstrates the knowledge, skill, and attitude aligned with strengthening patient care. UCLA Health has several programs in place to assist nurses with testing fees and registration for certification review courses.

**Minimum of 1-year employment at UCLA Health.**

<table>
<thead>
<tr>
<th>Proficient Nurse &amp; above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathleen Fedrinas</td>
</tr>
<tr>
<td>[link]</td>
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</tbody>
</table>

**Clinical Advancement Program**

Clinical career tracks are an opportunity to advance their careers based on clinical expertise and professional development.

**Experienced Clinical Nurse II who demonstrates clinical expertise and strong mentorship skills are encouraged to apply for Clinical Nurse III.**

<table>
<thead>
<tr>
<th>Proficient Nurse &amp; above</th>
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<tbody>
<tr>
<td>Rish Bhutani Khushal</td>
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<tr>
<td>[link]</td>
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</tbody>
</table>

**Evidence Based Practice (EBP) & Research**

New advances in areas of clinical inquiry such as presentations, publications, evidence-based projects implementation, and research studies.

**Completion of Nurse Residency Program.**

<table>
<thead>
<tr>
<th>Proficient Nurse &amp; above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Pamela Miller</td>
</tr>
<tr>
<td>[link]</td>
</tr>
</tbody>
</table>

**Continuing Education**

California nurses must earn a minimum of 30 hours of continuing education every 2 years to renew their nursing license. The first renewal after initial licensure is exempt from this requirement. UCLA Health offers online and in-person professional development / continuing education offerings throughout the year.

**Ongoing renewal as an RN**

| All |
| [link] |

**ST Goal Example**

<table>
<thead>
<tr>
<th>Examples</th>
<th>Self-care management strategies</th>
<th>To meet her personal goals of improved mental health by attending a wellness seminar provided by UCLA Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>by NR Session 4,</td>
<td>by NR Session 4</td>
<td></td>
</tr>
</tbody>
</table>

**LT Goal Example**

<table>
<thead>
<tr>
<th>Examples</th>
<th>MSN in Nursing Education from UCLA SGN</th>
<th>To meet her professional career goals of becoming a Nurse Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>by 1 year after RN Graduation</td>
<td>by 1 year after RN Graduation</td>
<td></td>
</tr>
</tbody>
</table>

NR are responsible for filling this plan out during their first NR session. NR bring this plan to the NR Program Coordinator 4 3 Months to review. It is recommended that you also review this with your Unit Leadership during the NR Program.
**Preceptor Development Program**

- ANCC PTAP: Standard processes are used to evaluate if NRs can demonstrate required competencies → Preceptor plays a vital role in contributing to evaluating competency of NRs

<table>
<thead>
<tr>
<th>Description</th>
<th>Preceptor Development – Hybrid Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>Effective February 1, 2019, the Preceptor Development course is a hybrid workshop that includes (8) hours of e-learning modules followed by (1) four hour in-person session. Participants MUST complete the (8) e-learning modules in Cornerstone prior to attending the (1) four hour session.</td>
</tr>
<tr>
<td><strong>Staff Time</strong></td>
<td>12 hours Mandatory Education</td>
</tr>
<tr>
<td><strong>Objectives</strong></td>
<td>Throughout the workshop, participants will learn to: bridge cultural and generational differences, define role(s) and expectations (build the foundation), incorporate learning styles and teaching techniques, develop critical thinking, and give/receive feedback.</td>
</tr>
<tr>
<td><strong>Requirements</strong></td>
<td>Preceptors must have at least 1 year of work experience at UCLA Health. Experienced, inexperienced, preceptor mentors, and future preceptors are welcome to register. Manager approval is required.</td>
</tr>
</tbody>
</table>
October 2018: A tool was developed by PD and NRP Coordinator for unit leadership (that’s you!) to evaluate preceptors who evaluate NR performance in the practice-based learning environment.

The tool was created from the job description of the Registered Nurse related to orienting new staff.

Beginning of 2019: Unit leadership team can utilize the Preceptor Evaluation Form.
NRs have the opportunity to evaluate the preceptor(s) as part of the individualized, unit-based orientation under the guidance of unit leadership (that’s you!)

Leadership pairs the NR with an experienced preceptor that facilitates the initial unit orientation process and meets monthly with the NR and preceptor

NRs have access to the evaluation through the Required Competencies portal on the nursing website
4. Discuss the unit leader and facilitator expectations in the NRP
Expectations for Facilitators

- Provide NRP Coordinator with course materials 1-2 weeks prior to session
- Follow evidence-based content objectives – as outlined in the NRP Course Syllabus
- Update course materials, every 6 months, to reflect most accurate data
- Feedback given to each facilitator, via CSOD course evaluation
- Tailor course content to meet:
  - Needs of audience, including millennials
  - Needs of each specialty
# Expectations for Unit Leadership

<table>
<thead>
<tr>
<th>Time and Attendance</th>
<th>NR Orientation</th>
<th>Professional Development Plan</th>
<th>NR not progressing</th>
<th>EBP Project</th>
<th>Evaluating Preceptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verify NR attendance in Cornerstone and pay each NR 4 hours per month</td>
<td>Ensure that your unit is utilizing a standard process to assess competency per policy</td>
<td>Touch base every 3-4 months with your NR to ensure he/she is meeting their incremental goals</td>
<td>Notify the Program Director (Jessica) and NRP Coordinator (Arika) if a NR is not progressing toward incremental goals</td>
<td>EBP Project management in BOX</td>
<td>Complete the “Preceptor Evaluation Form for Leaders” for any preceptor (especially those new in the role)</td>
</tr>
<tr>
<td>Pay each mentor 1-3 hours/month and each mentee (nurse resident) 0.5 hours/month</td>
<td>Initial Competency Validation Checklist, Daily Feedback Tool, Weekly Feedback Tool</td>
<td>Remediation plan with learning contract</td>
<td></td>
<td></td>
<td>Feedback is appreciated and key to the preceptor’s success</td>
</tr>
</tbody>
</table>

**NR Orientation**
- Initial Competency Validation Checklist
- Daily Feedback Tool
- Weekly Feedback Tool

**Professional Development Plan**
- SMART Goals

**EBP Project**
- Signed off PICOT Question by Unit Leadership after NR Session 4

**Evaluating Preceptors**
- Preceptor Evaluation Form for Leaders
- Feedback is appreciated and key to the preceptor’s success
Post-Test

• To ensure that all individuals meet the NRP requirements and have the knowledge to adhere to ANCC accreditation criteria, a post-test score of 80% or higher is required
  • Complete the test in Cornerstone

• Additional Questions? Contact Arika (ADuchene@mednet.ucla.edu) or Jessica (JMPhillips@mednet.ucla.edu)
References


