

SE11b

Provide one example, with supporting evidence, that demonstrates the effectiveness of the transition to practice program for new graduate nurse(s).

- Narrative must include a description of the five domains of the transition to practice program that facilitates effective transition.
- Evidence must include quality outcomes that demonstrate the effectiveness of the transition to practice program.

Note: The five domains of the transition to practice program must include

- Program Leadership
- Organization enculturation
- Development and design
- Practice-based learning and
- Quality outcomes

Example b: Transition to Practice Program for New Resident Nurses

Transition Program Overview

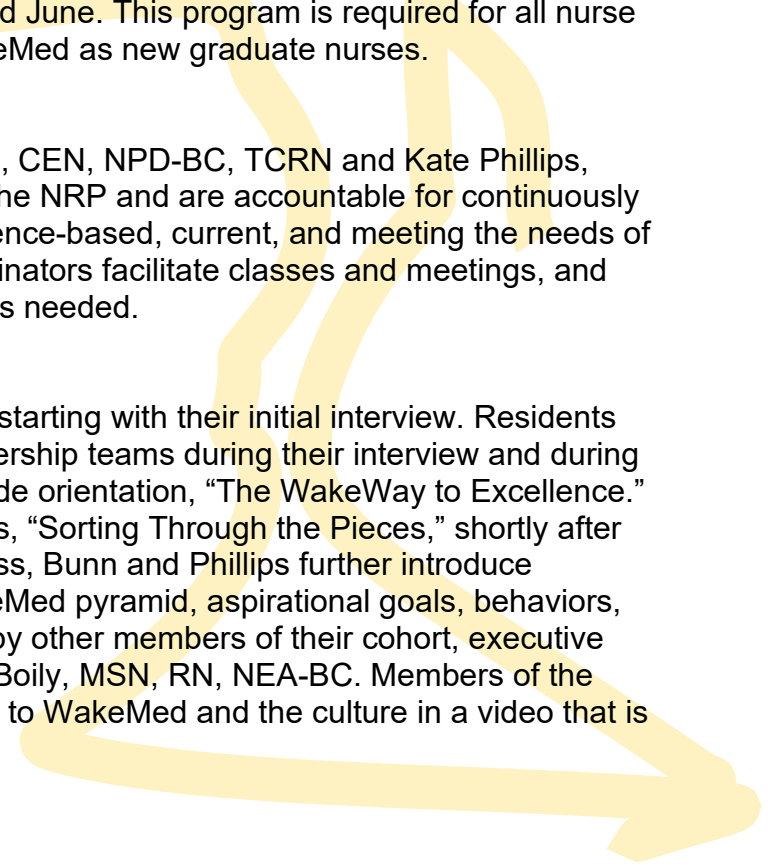
WakeMed Health & Hospitals facilitates the effective transition of new resident nurses into the nurse practice environment through the Nursing Residency Program (NRP), which begins twice a year, in February and June. This program is required for all nurse residents who begin their careers at WakeMed as new graduate nurses.

Program Leadership

NRP Coordinators Jamie Bunn, MSN, RN, CEN, NPD-BC, TCRN and Kate Phillips, MSN, RN, CEN, SANE-A, NPD-BC lead the NRP and are accountable for continuously assessing it to ensure the content is evidence-based, current, and meeting the needs of the nurse residents (NR). The NRP coordinators facilitate classes and meetings, and they implement changes in the program as needed.

Organizational Enculturation

NRs learn about the culture of WakeMed starting with their initial interview. Residents are introduced to the culture by their leadership teams during their interview and during the presentation they attend at system-wide orientation, "The WakeWay to Excellence." Residents attend their first residency class, "Sorting Through the Pieces," shortly after starting in the system. During this first class, Bunn and Phillips further introduce WakeMed culture by discussing the WakeMed pyramid, aspirational goals, behaviors, and tenets. The NRs are also welcomed by other members of their cohort, executive leaders, and Chief Nursing Officer Cindy Boily, MSN, RN, NEA-BC. Members of the interprofessional team also welcome NRs to WakeMed and the culture in a video that is shown at "Sorting Thorough the Pieces."



Residency coordinators begin each NRP class by reviewing the WakeMed pyramid and explaining the aspirational goals, behaviors, and tenets that align with the content being taught in that specific class.

Development and Design

The NRP was developed in 2004. The program has maintained the mission, vision, and values that have enabled it to be built into what it is today. The program's mission is to bridge NRs' nursing academic education and professional practice. The vision is to provide a supportive environment to develop competent professional nurses, while also valuing the relationships built with colleagues through the transition to practice that will provide a foundation for advanced beginner nurses to advocate, practice safely, and provide compassionate, excellent care to patients and families.

NRs are introduced to the NRP during the interview and hiring process. Michelle Mullican, RN, Human Resource Resident Recruiter, collaborates closely with residents during the hiring process and sends them an initial offer letter. NRP Coordinators Bunn and Phillips then receive a list of residents who will be onboarding. Mullican, Bunn, and Phillips have monthly meetings before the residents' arrival in spring and summer to discuss the timing of arrivals, licensure verification, etc.

Residents attend the same onboarding as other staff nurses in the system-wide new hire orientation, along with two days of clinical orientation. The residency coordinators are present during this time to greet the residents and welcome them to the NRP. Residents are then assigned to a preceptor on their unit and use their RN competency as a guide to facilitate learning and competence. Orientation periods are unit-specific, ranging from eight weeks to one year. After the residents complete their unit orientation, their home unit will typically assign them a mentor to provide additional support and guidance.

NRs are given a Welcome Packet and Survey after the coordinators complete an overview presentation of the program during day two of clinical orientation. This survey is used to gain insight into NRs' short- and long-term goals, along with information such as the school they attended and their birthday. Coordinators review this data to make individual connections with the NRs.

All NRs attend NRP classes facilitated by the residency coordinators. Six classes in the yearlong program coincide with the theme of the program Putting the Puzzle Together. The program starts with Sorting Through the Pieces, followed by Looking at the Big Picture, then Building the Framework. The program comes to an end with One Piece at a Time and the last class, A Star of Excellence. These offerings provide education on various topics, including nurse-driven quality outcomes, delegation, professional accountability, trauma-informed care, and critical thinking/time management.

Stakeholders (supervisors, nurse leaders, and nurse educators) and the residency coordinators convene at least twice a year before the two cohort arrivals to discuss the program, its effectiveness, and any feedback from the group. They also examine

hospital and system-wide initiatives, course evaluations, and current literature to ensure the program's evidence-based foundation.

The overall framework of the NRP is based on the transition to practice model developed by Patricia Benner. The timing of the NRP classes is based on research into their appropriateness for the NRP transition to practice and anecdotal data from previous WakeMed fellows. Two NRP cohorts begin each year, in February and June.

Practice-based Learning

Multiple resources are used to prepare residents' competence for independent practice after completing orientation. The Nurse Preceptor Program includes nurse residents being given communication tools including the weekly self-evaluation and the evaluation of the new nurse. These tools are used to foster communication between preceptors, NRs, and leadership teams. Residents are precepted by experienced clinical nurses, guided by the unit competency checklist. Unit leaders meet regularly with preceptors and residents to ensure they are progressing and meeting goals.

Several service lines have programs specifically designed for their residents. These include classes taught by clinical experts that incorporate simulations facilitated by an expert simulation specialist. Service line-specific resident programs includes ED Core, OB Core, and ICU 101. These service line-specific classes and simulations provide residents with hands-on training, addressing areas such as interdisciplinary teamwork and emergent patient scenarios.

Quality Outcomes

The NRP is evaluated in several ways:

- Outcome: The core measure of success is the one-year retention rate, a standard evaluation of effectiveness for new graduate transition programs. The quality and effectiveness of the NRP is determined by the one-year retention rate; for the summer 2022 cohort, this was 92.4%, which is well above the national average one-year retention rate of 84.5%. ([Evidence SE11b-1, WakeMed Health & Hospitals, New Resident Annual 1-Year Retention Rate](#))
- Following each "Putting the Puzzle Together" class, residents are instructed to complete the QR code evaluation through Microsoft Forms. This information is used to determine that learning outcomes were met and that each nurse resident can identify takeaways from the lecture to apply to their nursing practice. Bunn and Phillips use these results to determine whether the program goals are met and review the nurse residents' suggestions for future offerings.
- The program is also evaluated qualitatively by the nurse residents through a one-year follow-up Casey-Fink survey that is sent to them three months after their first year of practice. The survey is used primarily to assess nurses' perception of competence in providing feedback, delegation, and time management; it also asks nurses to evaluate the success of the program and provide any suggestions for improvement.

The overall goal of the NRP, “To support and facilitate growth and build community throughout the new nurse’s first year of practice,” reflects WakeMed Health & Hospitals aspirational goal to “recruit, retain and develop an extraordinary team.” By growing new nurses in a supportive and educational environment, WakeMed has consistently met the program goal and retained new nurses.