Developing a Residency in Post-Acute Care

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PROGRAM PLANNING AND TEACHING STRATEGIES

CHAPTER 1

The Institute of Medicine (IOM) (2011) landmark report, *The Future of Nursing: Leading Change, Advancing Health*, recommended that nurse residency models be implemented across settings. This became a priority for the New Jersey Action Coalition (NJAC), as nurse resident programs are primarily, if not exclusively, conducted in hospital settings. Because the focus of healthcare is shifting beyond the walls of hospitals to post-acute settings, it is imperative that new nurses seek out opportunities in these settings. Post-acute settings include long-term care, assisted living, rehabilitation, homecare, and hospice settings.

FRAMEWORKS FOR COURSE

In designing the preceptor and nurse residency program, common components should be included to help ensure success (Cadmus, Salmond, Hassler, Black, & Bohnarczyk, 2016; Rush, Adamack, Gordon, Lilly, & Janke, 2013). They include:

- A defined resource person: The preceptor
- Peer support opportunities: The planned educational classes and collaborative opportunities
- A mentor: A faculty member who serves a mentor for the nurse resident and preceptor

Benner's (1984) five levels of competency, Novice to Expert, were used to design the overall program and are further defined in Chapter 5. Because the

nurse residents and preceptors are adult learners, it is also important to understand the principles of effective adult learning. Role transition principles for adult learners can be found in Chapter 3.

The NJAC program was designed with three phases. The first phase comprises a series of five one-day sessions exclusively for the preceptor. These sessions include content on how to be a preceptor and an overview of the Nurse of the Future (NOF) Nursing Core Competencies© and the Geriatric Competencies. The focus on review of the competencies is to ensure that the preceptors understand and are current in the content being delivered to the nurse resident. Ideally, these preceptor education sessions should be completed before the nurse resident sessions begin, so that the preceptor has in advance the information required to begin the precepting experience.

The second phase of the program is geared for the resident. The nurse resident attends a 20-day program that includes the NOF Core Competencies© and the Geriatric Competencies. The third phase is 20 days; 8 of those days are collaborative, or joint education, sessions for both the nurse resident and preceptor. These feature guest speakers on topics of interest to both audiences. The collaborative sessions also provide an opportunity for further connection between the nurse resident and the preceptor with protected time.

Developing a residency program in the post-acute environment has similarities and differences from those in the acute care setting. The overall goals are the same: to transition the new nurse from the student role into a competent and confident nurse in the practice setting. In this process, the intent is to not only build on the clinical aspects of care using critical thinking skills but also improve communication and political skills needed to promote quality patient-centered care. Residencies in both environments require planning, preceptorship, preceptorship training, planned curriculum focusing on application of knowledge into practice, and thorough evaluation. However, the resources needed to accomplish these goals vary significantly between the two settings. Chapter 29 highlights the lessons that we learned in planning, implementing, and evaluating a nurse residency program in the long-term care (LTC) environment.

DEFINITIONS

Nurse resident: A nurse who graduated from an accredited RN program with fewer than 12 months of experience

Patient: A varied array of healthcare consumers, including patients, residents, and clients

Post-acute: For the purposes of this book, LTC, sub-acute care, assisted living, rehabilitation centers, homecare, and hospice.

Preceptor: A registered nurse (RN) selected by the facility who demonstrates a breadth of competencies to include clinical as well as teaching abilities, considered a role model and coach by the facility with effective communication skills. The preceptor is someone who acts as a resource for the new nurse resident throughout the residency program.

Nurse of the Future Nursing Core Competencies©

The NJAC had previously selected the NOF Nursing Core Competencies© as a framework for planning academic progression models to update generic BSN programs and RN to BSN curricula. Therefore, it seemed a logical transition to use the same competency model to transition new nurses into practice within the nurse residency program with an application focus.

The Massachusetts Department of Higher Education and the Massachusetts Organization of Nurse Executives convened in 2006 to develop the Massachusetts Nurse of the Future Nursing Core Competencies©. The 10 competencies include Evidence-Based Practice, Patient-Centered Care, Professionalism, Leadership, Systems-Based Practice, Informatics and Technology, Communication, Teamwork and Collaboration, Safety, and Quality and Improvement (www.mass.edu/nahi/home.asp) (Massachusetts Department of Higher Education, 2016). These competencies have been defined based on the knowledge, skills, and attitude (KSA) needed for practice. The competencies have been updated in the third edition to evolve with the changes in the healthcare system. Figure 1.1 shows a representation of the NOF Nursing Core Competencies©.

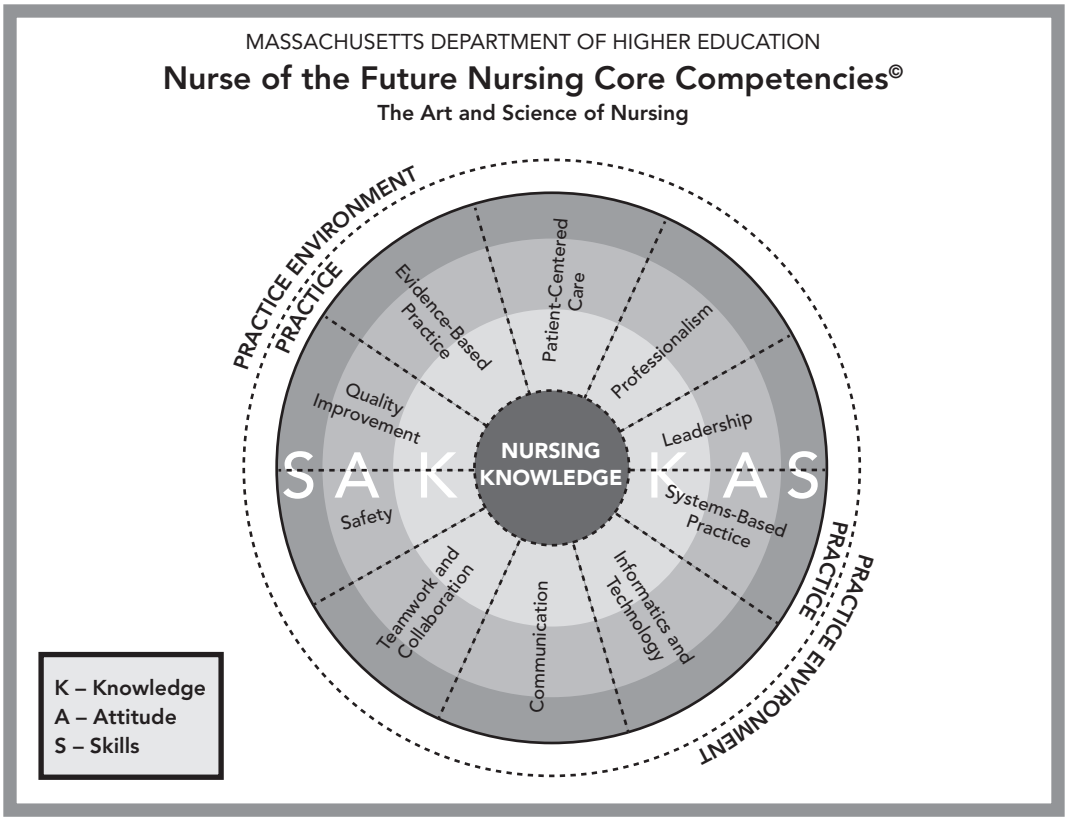

Figure 1.1. Nurse of the Future Nursing Core Competencies©

Source: Massachusetts Department of Higher Education Nurse of the Future Competency Committee. (2010). Nurse of the Future Nursing Core Competencies. Boston, MA: Massachusetts Department of Higher Education.

Curricula developed using the KSAs and objectives as outlined by NOF for each core competency didactic and a complete lesson plan are incorporated. In setting up your own residency, there are likely to be additional KSAs or adaptation of the NOF competencies that you may want to include based on data and observations within your particular environment.

Geriatric Competencies

Due to the increasing number of older Americans and the complexity of their healthcare needs, there is a need for a nursing workforce with greater skills and competencies in geriatrics. This gap demands additional education and preparation for the nursing workforce that seeks to meet the care needs of the older adult (Institute of Medicine, 2008; Mezey, Mitty, Cortes, Burger, & McCallion, 2010). Changes in healthcare financing and utilization of healthcare resources have intensified the focus on aging in place or using post-acute care resources.

The team selected competencies deemed critical based on feedback from post-acute settings and quality issues identified in national and state data. Topics include:

- Bowel and Bladder Health
- Caring for Older Adults With Sensory Deficits
- Delirium
- Dementia
- Depression
- Elder Abuse and Mistreatment
- Falls Prevention and Intervention
- Nutrition and Hydration
- Pain
- Pressure Injury

Each topic has an accompanying detailed lesson plan reflecting best practices.

Leveling the playing field: Emphasis on application

The residency program provides a curriculum for preceptors and nurse residents who may be educated at the associate degree or baccalaureate level. Although the intent is not to reteach content, it was recognized that each group would begin with differing levels of competence. To this end, brief overviews of content and/or detailed topical outlines in each lesson plan are provided to ensure that the nurse residents and preceptors are grounded in the same content for application. Detailed recommendations are provided for applying the content/competency in the practice setting to facilitate competence and confidence progression.

It is essential to educate the preceptor first so that he/she has an overall understanding not only of how to be a preceptor but of the frameworks that are used in the program so that he/she is not feeling inadequate. Therefore, an abbreviated version of the NOF and geriatric competencies is important to incorporate into your plan for preceptor development.

Adult learning principles

The teaching strategies used in the development of all of the program modules are based on adult learning principles (Knowles, Holton, & Swanson, 2005). The authors stated, "We become adult psychologically when we arrive at a self-concept of being responsible for our own lives, of being self-directing" (Knowles, Holton, & Swanson, 1998, p. 64). The principle of being self-directing is key to adult learning. The facilitator should create a safe environment for the participants to ask questions regardless of experience level to ensure best practices are understood. Here are the principles and how to apply them.

Teaching strategies

This program is designed with an application focus. To this end, we designed materials so that the content can be given in an interactive manner—the learner can immediately apply the lesson to practice. Varied teaching strategies are used, some of which are summarized in the following sections.

Adult Learning Principles	Application of Principles
1. Adult learning should be self-directed, with the learner making choices about his or her learning goals.	Preceptor and resident complete self-assessments used to guide learning. Goal setting and contract development.
2. Adult learning incorporates the learner's prior knowledge and life experiences.	Exercises and critical-thinking strategies encourage the learner to draw on past knowledge and experiences and build on them with current learning experiences.
3. Adult learning is relevant to real-life situations and is designed for the learner to reach relevant goals.	Curriculum is grounded in relevant KSAs, and learning activities engage the learner with KSAs to achieve development goals. Link between training and practice issues is clear.
4. Adult learning is relevancy-oriented, and adults want to use the learned information immediately.	Learner selects a project that is relevant to his or her own practice situation.
5. Adult learning highlights practicality.	Resident is actively involved in application exercises, with reflection used to assess personal transition.
6. Adult learning is grounded in respect and collaboration.	Learning experiences (such as reflection and simulation) directly advance personal learning objectives, enhancing motivation to learn. Focus of program is not theoretical but application in the real-world work experience of the participant. Learning activities are practical and give the opportunity to apply content to the work situation. Instructor role is as a colleague, resource person, and helper and encourages self-reflection and evaluation.

Reflective techniques

Reflective practice requires practitioners to think on their own situations and past experiences to assess general levels of understanding on the topic. This assessment guides the facilitator in determining how much of the content is needed to jump-start the lesson plan. For example, preceptors may have more

experience and knowledge on the topics so that a minimal amount of content is needed, whereas a new nurse may need more content and activities to help understand the topic. Less-experienced participants are encouraged to ask questions to gain information they may need for practice.

Internet exploration

The use of technology to reference websites, articles, and professional organization sites contributes additional information to the topic and serves to heighten use of finding evidence for practice. Although this method may come easily for new nurses, it may not be as easy for preceptors, depending on their comfort level with technology. It is also a way to ensure that learners understand what is reliable evidence and what is not, especially when considering Internet resources.

Case studies and role playing

Case studies and role playing provide the participants with the ability to critically think about situations that occur in practice and allow them to practice in a safe environment. The curriculum provides examples of pertinent scenarios for role play, although it is helpful if the participants bring common cases that they have experienced so that it is meaningful to them. Quality data and outcomes experienced in the organization can also serve as models for case studies.

Discussion

The ability of the group to learn from each other is important both in small and large groups. The instructor can guide these discussions with specific questions, and sample discussion questions are provided in the lesson plans. Small groups of three or four develop their solutions and come together as a larger group to share information. Feedback then can be given to each group by peers.

Clinical simulation

Using standard patients in a simulation laboratory affords an opportunity for nurses to assume various roles and work as a team to assess, plan, implement, and evaluate their progress. In academic settings, actors are frequently hired

and prepped to play the patient role; however, in single organizations, other staff could serve in this role if they are prepared ahead of time. A sample simulation of congestive heart failure (CHF) is available online using INTERACT™. INTERACT™ and other useful tools are described in the appendix of this book.

Expert guest speakers

Using guest speakers to deliver content provides the participants with different viewpoints. These speakers might come from regulatory bodies to explain the survey process or to provide a broader breadth regarding financial challenges in healthcare.

Transitional care

Visits or panel discussions with members of the health team across the continuum provide a context to where there may be gaps in communication or care aspects that could be solved through joint discussion and protocol changes. They also foster the concept of seamless care for the patient.

Project development

Having a new nurse select a project with the preceptor is an excellent way for the new nurse to gain confidence and contribute to the organization's success. This method provides the new nurse with an opportunity to practice quality-improvement techniques learned in the program as well as gain leadership experience through leading the project.

Collaborative learning teams

The curriculum calls for inclusion of collaborative learning teams with the cohort of preceptors and residents. These one-day sessions promote collaborating, problem solving, and sharing of best practices specific to shared complex issues, such as transitional care, end of life, and preparing for regulatory surveys. Participation in learning collaboratives enhances engagement and satisfaction and accelerates change and innovation.

Online

The team tried to incorporate online learning to augment the program; however, it was recognized early in the process that it was not effective for the preceptor or nurse resident, because time was a factor. However, it may be a strategy that is effective in other settings.

DEVELOPMENT PHASE

As you begin to plan your nurse residency program, start by identifying the five Ws (who, what, where, when, and why) and the one H (how). This ensures that you have considered all that is needed for a smooth transition into the implementation and evaluation phases (see the corresponding sections about each in this chapter).

Who (Personnel)

Questions to consider:

- Who will be teaching this program? Is it your educator? If so, does this person have the skills and competencies needed? If not, who can be solicited to support the content components of the program?
- Will this be the educator's only focus, or does he/she have other duties? If so, do you divide the responsibilities or reassign them?
- Will there be administrative support to help develop the handouts, set up room logistics, and communicate needed information to the nurse residents and preceptors?
- Is there an opportunity for an academic/practice partnership to help develop the content for the specific setting? Even though you can certainly use the information and lesson plans provided in this book, who will be responsible for adapting them to your individual environment?
- If you are collecting data as part of your plan, who will ensure that the data are analyzed and evaluated both pre- and post-implementation?

- Who will be the preceptor? Will it be a staff nurse or an educator? Where is he or she on Benner's model in both clinical and preceptor roles?
- Who are the nurse residents (personal demographics, clinical, and educational preparation)?
- Have the nurse residents completed orientation prior to the nurse residency program?

What (Resources)

- If you have a small number of participants in the program, can you organize it through a statewide initiative or through a professional organization?
- What resources will be needed to deliver the content? Do you have the instruction technology (for example, suitable AV equipment) needed? Is it available for the entire course? Do you have to book the equipment in advance?
- Do you need to purchase any materials (such as books or supplies) for the participants and the facilitator of the program?
- Do you have Internet access to show some of the resources identified in the program?
- Are you offering contact hours for the program? If so, what are the required forms and materials that need to be provided, and how far in advance does the organization you are applying for the contact hours need the materials to have time to get them approved? If offering contact hours, is it required that the nurse resident and preceptor complete the whole program? Or will each day count individually for contact hours?
- Are you advertising the program beyond the walls of your institution? If so, who can develop a brochure and oversee that cost?
- What organizational issues should be integrated into the program or nurse resident quality-improvement project?

Where (Location)

- Do you plan to offer this course onsite, or are you planning to use a different location? Who will be responsible to book that venue and configure rooms differently, depending on which portion of the curricula is being presented?
- How will nurse residents obtain their food? Are you providing food for breaks and lunch, or are you having them obtain their own? Who will be responsible for making sure to allot enough time in the agenda?

When

- When will you be offering the program? Who will determine the date so as to consider the weather and the issues of vacation time so that the new resident and the preceptor will be able to attend?
- How much time will there be between the preceptor and the nurse resident program?

Why

- Why are you offering the nurse resident and preceptor program in your organization?
- Why should you offer the nurse resident and preceptor program as a statewide initiative as opposed to within a single organization?
- Why engage the leadership of the organization in supporting the nurse resident and preceptor program?

How

- How will staff relief be provided so that the preceptor and the nurse resident can attend the program and meet? How can you ensure that they do not feel pressure either to have to return to a patient care assignment or feel resentment from others due to their attendance at the program?

- How many days will the program be per week? Have you decided whether to have it once per week over a period of time or in a compressed format? If it is compressed, how will you engage the nurse resident beyond the program?
- How does the content apply to your particular setting?
- How will you select the preceptor?
- How are you defining *nurse resident*? How much experience will you permit so that a nurse can attend the program (6 months, 12 months, new to the environment)?
- How will you structure and ensure regular meetings between the preceptor and the nurse resident?

IMPLEMENTATION PHASE

Implementing the nurse residency program is dependent on the time allotted for the program. The overviews and lesson plans are adaptable to your program, covered in Chapters 2–27.

EVALUATION PHASE

The evaluation plan should be considered before implementation of the preceptor and nurse residency program. What you measure should be completed both before and after the program to determine whether it was successful. This phase is defined in Chapter 28.

SUMMARY

This chapter provides an overview of the preceptor and nurse residency program, challenges to consider, and questions to reflect on as you develop a program. The key takeaway should be to explore how to best integrate a program of this

magnitude into your post-acute setting and to identify whether it should be done as a solo organization or be considered a statewide program for efficiency and sharing of resources.

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