

TOOL KIT

UTAH'S NURSE RESIDENCY PROGRAM

Background

Utah's State Implementation Program (SIP) grant application to the Robert Wood Johnson Foundation (RWJF) recommended purchasing the UHC/AACN Nurse Residency Program for use in all of the hospitals selected to participate in the grant. A Utah specific proposal from UHC/AACN was received on May 13, 2013 and a statewide meeting with the hospitals and nursing education programs was convened later that month to discuss the feasibility of purchasing the program. It was the unanimous decision from the participants at the meeting that the cost of the UHC/AACN program was cost prohibitive and another nurse residency program needed to be found. At the same time, the Salt Lake Veteran's Administration (VA) Hospital had already begun implementing a nurse residency program, modeled after other national VA hospitals' nurse residency programs. Furthermore, the Salt Lake VA was beginning the process of Commission on Collegiate Nursing Education (CCNE) accreditation of their nurse residency program. The nurse residency group decided the best approach for the grant was to adopt a Utah specific nurse residency program, based on the nurse residency model at the Salt Lake VA Hospital and the CCNE accreditation standards.

Curriculum Model

A Curriculum Crosswalk document, based on the CCNE accreditation standards, was developed by the grant coordinator to be used by each hospital site as an "overlay document" on their existing nurse orientation program content. This document details how each program would meet the CCNE standard, the type of enrollees in the nurse residency program (ADs, BSNs, or both), how the standard will articulate with the capstone experience, and evaluation standards).

An environmental scan of each hospital new registered nurse orientation program was also conducted which found a wide variation of content, length, and nomenclature of the program (orientation, internship, residency, etc.). Site visits by the grant coordinator and grant co-lead were conducted the summer of 2013. Expectations of the program and suggested curriculum content and methods were explored and suggested at this site visits.



No firm commitment to seek CCNE accreditation was obtained at this time, although two of the grant's hospitals are presently in the process of seeking accreditation in the Fall 2014.

Components of the Tool Kit

The following are components of Utah's nurse residency program tool kit:

- 1. *The Curriculum Crosswalk document*** – see description in above section. The complete document is attached in the Appendix, for further review.
- 2. *“Nurse Residency Program Builder” book, author Jim Hansen, MSN, RN-BC.*** - This book was recommended as a valuable resource by the Salt Lake Veteran's Administration Hospital nurse residency coordinator. Copies of this book were provided to each nurse residency program at the beginning of the grant or when the additional nurse residency programs became operational.
- 3. *“Take Charge of Your Nursing Career, Open to the Door to Your Dreams” book, author Lois S. Marshall.*** - This book is recommended by the National Honor Society of Nursing, Sigma Theta Tau, on their website. The content of the book is directed to nursing careers, professionalism, life-long learning, and such practical items as writing a resume and a letter to a future employer. Content from the book were integrated into individual nurse residency program's leadership and professionalism curriculum. Copies of this book were provided to each nurse residency program by December 2013 or when the additional nurse residency programs became operational.
- 4. *REDCap Training Module*** – This training module, developed by Bob Wong, PhD, University of Utah College of Nursing, details the elements of the data collection system and survey tools for Utah's nurse residency program. Elements of the data collection were collaboratively determined by the nurse residency program participants in August and September 2013. For instance, the Casey-Fink scale was rated as the best tool to use in our data collection, with the McCloskey-Mueller scale being rated as second. Hence, the Casey Fink was selected for inclusion into the REDCap system. For ease in collecting and interpreting data, the demographic components of the Casey Fink scale were broken out separately into a demographic data collection tool. The Intermountain Health Care tool on evaluating preceptors was used in our data collection, with some



modifications. The Salt Lake Veteran's Administration data tool on evaluating nurse resident competency was used with some minor modifications.

The learning content of the REDCap training module is directed to the individual hospital nurse residency coordinator. In addition to this module being available to all programs, a group training on REDCap was provided at the September 2013 Nurse Residency Program meeting. Individual trainings on REDCap were also provided by Dr. Wong and the grant coordinator, at the request of individual participants. The REDCap training module is attached in the Appendix, for further review.

5. Broadened Diversity Data Collection Definition - The Utah Action Coalition for Health (UACH) hosted a group viewing of the 2013 Rosenthal Lecture at Salt Lake City Shriners' Hospital for Children in December 2013. Based on the keynote speech from Dr. Donna Shalala, and panel participants comments on diversity, individuals in attendance recommended broadening our definition of diversity to include first time college graduates, and rural (vs. urban) nurse residents. This definition became operational in Spring 2014, after formal adoption by the UACH and the nurse residency program participants. REDCap has been modified to collect data on the broader definition in all of our nurse residency sites. In conclusion, Utah has a small minority population, compared to other states, so the comments from the Rosenthal Lecture panel particularly resonated with us, prompting us to broaden our diversity definition. The diversity data collection definition is included in the Appendix, for further review.

6. Retention/Termination Data Definition - Working collaboratively with the nurse residency coordinators, a data definition on retention/termination was created and adopted. This data collection definition is included in the Appendix, for further review.

7. Evidence-Based Projects Group Presentation - Evaluation of the Salt Lake Veteran's Administration Hospital nurse residency program revealed that the nurse residents found conducting evidence-based projects in the later part of the year-long residency particularly satisfying and rewarding. These projects required using all of the skills learned in the residency, while allowing the nurse residents to contribute to the nursing units they were assigned to work. A sense of professionalism was fostered in the nurse residents that completed an evidence-based project. Dr. Nicolette Estrada, Salt Lake Veteran's Administration Hospital, presented their model and process for doing evidence-based projects to the nurse residency



participants at the March 2014 meeting. Prior to the presentation by Dr. Estrada, many of the nurse residency coordinators were skeptical of the ability of the residents to do such a project, much less find it so fulfilling.

8. *SharePoint Resource Site* - This site was developed so the nurse residency coordinators at each hospital could share best practices such as curriculum, education methods, hiring practices, leadership and career planning materials, and other pertinent grant information. Each coordinator has a log-in to the SharePoint site and is able to independently post information. At the request of the nurse residency partners group, the SharePoint site is housed on the *HealthInsight* website and is categorized into files based on the CCNE accreditation criteria, along with grant information and tools.

Summary

The curriculum model and tool kit were designed to meet the individual needs of each hospital nurse residency program. This Utah model is flexible and meant to be tailored to best meet the needs of each hospital's nurse residency program.



Appendix 1. The Curriculum Crosswalk Document

Nurse Residency Curriculum and Commission on Collegiate Nursing Education (CCNE) Cross-Walk

Hospital _____

Date _____

Person Completing _____

<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
1. Leadership				
A. Management of Patient Care Delivery				
1. Monitor the patient's condition and develop an individualized plan of care that includes identification of patient and family emotional and spiritual needs.				
2. Delegate patient care functions and supervise patient care delivered by unlicensed or support personnel.				
4. Evaluate patient and organization care delivery outcomes.				
5. Identify situation in which patient needs have changed.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
6. Make appropriate referrals for managing care delivery in complex patient situations.				
7. Examine quality and patient safety as complex issues that involve all health care providers and systems.				
8. Analyze how data are used to investigate quality and safety issues and how action plans are developed for quality improvement.				
B. Resource Management				
1. Develop time management strategies that support professional nursing care.				
2. Competently use the health care facility's documentation systems.				
3. Identify factors relating to patient flow through the health care system that affect institutional and patient outcomes.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
4. Appropriately utilize resources to ensure safety of patients, self, and others.				
5. Evaluate effectiveness of team roles and analyze their effects on patient care outcomes.				
6. Analyze and set priorities within the context of the health care team.				
<i>C. Communication</i>				
1. Communicate effectively with patients and their families, considering any speech, hearing, or visual impairments and any language or cultural barriers.				
2. Communicate effectively with physicians and other members of the health care team.				
3. Use available resources to promote effective communication with patients, families, and members of the health care team.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
4. Collaborate with physicians and other members of the health care team in planning care and meeting patient needs.				
5. Recognize a patient's changing condition and concisely articulate the key cues and alterations from established parameters.				
6. use a standardized approach to hand-off communication that includes an opportunity to ask questions and verify information.				
7. Describe factors that create a culture of safety (such as standard communication strategies and organizational error reporting systems).				
<i>D. Conflict Management</i>				
1. Detect signs of tension and interactions that may lead to conflict and develop successful strategies to prevent continued escalation.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
2. Effectively manage conflict using appropriate resources.				
3. Ensure safety of self and others in a threatening situation.				
<i>II. Patient Outcomes</i>				
<i>A. Management of the Changing Patient Condition</i>				
1. Review critical functions and, using evidence from nursing research and other sources, perform accurate patient assessment and reassessment.				
2. Recognize changes in patient condition, demonstrate critical thinking, and intervene utilizing institutional resources.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
3. Describe the role of the nurse within the multidisciplinary team when there is a change in patient condition.				
4. Analyze the importance of the chain of command and the impact of team functioning on patient outcomes.				
<i>B. Patient and Family Education</i>				
1. Identify how the institution provides patient education across the continuum of care.				
2. Identify patient and family education needs, including those related to health promotion and prevention.				
3. Assess patient readiness to learn and identify resources to achieve the learning objectives.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
4. Plan, deliver, and evaluate effectiveness of patient education consistent with the plan of care and institutional procedure.				
5. Evaluate the effectiveness of existing educational materials and participate in developing new materials and strategies for patient education.				
<i>C. Pain Management</i>				
1. Define the concepts and special considerations in pain management among various patient populations.				
2. Discuss the barriers to optimal pain management in specific situations based on evidence.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
3. Identify and implement principles of pain assessment and management based on evidence, including the pharmacological and non-pharmacological management of pain.				
4. Evaluate the effectiveness of pain management strategies.				
5. Follow institutional policies and procedures and identify resources for pain management.				
6. Discuss institutional policies and procedures for pain management, comparing these to professional and regulatory standards for pain management.				
<i>D. Evidence-Based Skin Care</i>				
1. Describe the rationale for skin care that is evidence-based.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
2. Discuss institutional policies and procedures for assessing and implementing safe skin care practices, comparing these to relevant professional and regulatory standards.				
3. Demonstrate proper use of an evidence-based scale to identify risk for and assess skin breakdown.				
4. Identify wound care principles and establish treatment goals.				
5. Implement interventions to prevent and treat skin breakdown.				
6. Evaluate the effectiveness of interventions to prevent and treat skin breakdown.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
<i>E. Fall Prevention</i>				
1. Identify patient fall risk factors and the nursing assessment of these risk factors using an evidence-based assessment and risk rating tool.				
2. Implement interventions to prevent patient falls.				
3. Evaluate the effectiveness of interventions to prevent patient falls.				
4. Discuss key strategies to effectively manage clinical and systems issues to prevent falls.				
5. Accurately report patient falls.				
6. Review institutional and unit data on patient falls to improve practice.				
<i>F. Infection Control</i>				
1. Recognize the evidence-based principles underlying the institution' infection control policies and procedures.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
2. Comply with the institution's infection control policies, procedures, and surveillance programs, including those related to hand hygiene.				
3. Critically evaluate the institutional and unit data on nosocomial infection rates.				
4. Discuss barriers to compliance with the institution's infection control policies and procedures.				
5. Perform a self-evaluation of adherence to principles of asepsis and the institution's infection control policies.				
6. Describe the implications of infection control practices for patient care outcomes and health care provider safety.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
<u>III. Professional Role</u>				
<u>Inter/Professional Team Communication</u>				
<i>A. Ethical Decision Making</i>				
1. Review the ethical principles important to nursing.				
2. Utilize an ethical decision-making model to frame the ethical dilemmas encountered daily.				
3. Describe the role of the American Nurses Association's Code for Nurses with Interpretive Statements in guiding ethical decision making.				
4. Analyze and implement evidence-based approaches to resolving selected ethical problems.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
5. Describe the institutional policies and procedures for handling complex ethical dilemmas.				
6. Take action to prevent or limit unsafe or unethical health and nursing care practices by self and others.				
7. Advocate for health care that is sensitive to the needs of patients, with particular emphasis on the needs of vulnerable populations.				
8. Advocate for high quality and safe patient care as a member of the health care team.				
<i>B. End-of-Life</i>				
1. Identify factors that affect the patient's and family's beliefs and perceptions regarding end-of-life care.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
2. Describe the nurse's role in supporting the patient and family in palliative and hospice care.				
3. Discuss ethical considerations in end-of-life care.				
4. Examine and implement evidence-based interventions to manage pain and discomfort at end of life.				
5. Describe signs and symptoms of imminent death.				
6. Discuss patient and family counseling and educational strategies related to end-of-life care.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
<i>C. Cultural Competencies in the Nursing Care Environment</i>				
1. Identify dimensions of diversity in self, patients, and staff.				
2. Compare and contrast similarities and differences in the values, beliefs, and different cultural practices.				
3. Apply evidence-based strategies related to cultural competence to effectively manage clinical issues to ensure patient safety and quality outcomes of care for diverse populations.				
4. Use appropriate language assistance services to achieve mutual understanding with the patient and family.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
<i>D. Stress Management</i>				
1. Identify personal and professional sources of stress.				
2. Discuss the concept of compassion fatigue.				
3. Identify evidence-based techniques to manage stress.				
4. Assess situational stress in various relationships.				
5. Practice stress management interventions.				
6. Apply self-care techniques.				
<i>E. Evidence-Based Practice</i>				
1. Identify the key concepts of evidence-based nursing practice.				
2. Apply the concepts of evidence-based practice when caring for specific patient populations and/or to a clinical setting.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
3. Identify and use available resources for best practice information.				
4. Identify the institution's process for using evidence in the revision of standards, guidelines, policies, and procedures.				
5. Critically appraise a research study.				
6. Develop an evidence-based practice project.				
<i>E. Professional Development</i>				
1. Identify the resident's progress toward becoming a competent professional nurse.				
2. Evaluate benefits of joining professional nursing organizations.				
3. Construct a preliminary career plan.				
4. Identify a professional mentor.				



<u>CCNE Standards</u>	<u>How Standard is Met</u>	<u>Enrollees: AD, BSN, or Both</u>	<u>How Standard Articulates with Capstone Experience</u>	<u>Evaluation Standards</u>
5. Review the benefits of and resources for life-long learning.				



Appendix 2. REDCap Training Module



Appendix 2. REDCap Training Module

Utah Nurse Residency Program

Data Collection and REDCap

Bob Wong, PhD
September 25, 2013



Agenda

- Login usernames and password
- Work flow
 - How to add residents
- Data Quality
 - Keeping track of who has not filled out the surveys
- Data Reporting
 - Quick statistics
 - Exporting data



REDCap Link

<https://redcap01.brisc.utah.edu/ccts/redcap/>

Role name (click role name to edit role)	Username or users assigned to a role (click username to edit or assign to role)	Expiration (click expiration to edit)	Data Access Group (click DAG to assign user)
—	u0196549 (Bob Wong)	never	—
Residency program coordinator	jgallegos@healthinsight.org (Joan Gallegos)	never	—
	soostema@healthinsight.org (Steve Oostema)	never	—
Site coordinator	dsprague@iasishealthcare.com (Debbie Sprague)	never	Davis
	janell.anderson@imail.org (Janell Anderson)	never	UVRMC
	jstaley@iasishealthcare.com (Jan Staley)	never	Davis
	mark.bigwood@va.gov (Mark Bigwood)	never	VA
	mary-jean.austria@hci.utah.edu (Gigi Austria)	never	Huntsman Cancer Institute
	patty.hansen@imail.org (Patty Hansen)	never	Dixie
	rebecca.holt@imail.org (Rebecca Holt)	never	Dixie
	rlarkin@iasishealthcare.com (Robyn Larkin)	never	Davis
	scotts.christensen@hsc.utah.edu (Scott Christensen)	never	UUHC
	student_1 (Bob Wong)	never	Davis
	susan.childress@hci.utah.edu (Susan Childress)	never	UUHC
	tammy.richards@imail.org (Tammy Richards)	never	UVRMC
	tarbon@iasishealthcare.com (Terron Arbon)	never	Davis
tiffany.noss@hsc.utah.edu (Tiffany Noss)	never	UUHC	



REDCap Home Screen

The screenshot shows the REDCap interface. At the top, the REDCap logo is displayed. Below the logo, there are navigation links: "Request New Project", "Training Resources", "Help & FAQ", and "Send-It". A user profile "student_1" is visible in the top right corner with links for "My Profile" and "Log out".

A text box on the left side of the screenshot contains the instruction: "Select the Utah Nurse Residency Program link". A large orange arrow points from this text box to the "Utah Nurse Residency Program" entry in the project list table below.

The project list table is as follows:

Project Title	Records	Fields	Instruments	Type	Status
Utah Nurse Residency Program	24	331	1 form 10 surveys		

Below the table, there is a link to "Show Archived Projects".



Work Flow

- Our goal was to be as flexible as possible for each site, and minimize site coordinators responsibility
- Site coordinator enters a new resident
 - Basic information
 - Resident's name or ID
 - Start date
 - Site coordinator's email address
- Site coordinator is responsible for forwarding the survey links to Resident and Preceptor/Clinical Coach



Adding a New Resident

Utah Nurse Residency Pro x

https://redcap01.bris.c.utah.edu/cts/redcap/redcap_v5.5.6/DataEntry/index.php?pid=1140&page=nurse_resident_information

Apps Imported From Firef... Canvas Adobe Connect Login REDCap - Nursing REDCap - CCTS My Yahoo! Rhapsody Player - ... ULTIMATE GUITAR ...

REDCapTM

Logged in as **student_1** | Log out

My Projects
Project Home
Project Setup
Project status: **Development**

Data Collection

Manage Survey F...
- Get a public survey li...
list for inviting respon...

Record Status Da...
- View data collection st...

Add / Edit Records
- Create new records or edit/view existing ones

Data Collection Instruments:

- Nurse Resident Information
- Base Demographic Information
- Base Casey Fink
- Six Mth Casey Fink
- Six Mth Evaluation Of Preceptor

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Center for Clinical and Translational Sciences

Utah Nurse Residency Program

VIDEO: Basic data entry (16 min)
Download PDF of - select PDF download option -

1) Click the add/Edit Records link on the left hand panel

You may view an existing record/response by selecting it from one of the drop-down lists below. The records are separated into each drop-down list according to their status for this particular data collection instrument. To create a new record/response, click the button below.

Total records: **24** / In group: **13**

Incomplete Records (4) select record --

Complete Records (9) select record --

Add new record

Show Unverified Records above

2) Press the Add new record button



Adding a Resident

REDCap™

Logged in as u0196549 | Log out

- My Projects
- Project Home
- Project Setup

Project status: **Development**

Data Collection [Edit instruments](#)

- Manage Survey Participants
 - Get a public survey link or build a participant list for inviting respondents
- Record Status Dashboard
 - View data collection status of all records
- Add / Edit Records
 - Create new records or edit/view existing ones

Participants: Barney Rubble

Data Collection Instruments:

- Nurse Resident Information**
- Base Demographic Information
- Base Casey Fink
- Six Mth Casey Fink
- Six Mth Evaluation Of Preceptor
- Six Mth Evaluation Of Mentor
- Six Mth Resident Competency Assessment
- Six Mth Resident Competency Assessment
- Twelve Mth Casey Fink
- Twelve Mth Evaluation Of Preceptor
- Twelve Mth Evaluation Of Mentor
- Twelve Mth Resident Competency Assessment

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Start Date, Email address of Site Coordinator are required fields, also set status to active

VIDEO: Basic data entry (16 min)

download option -

Davis

value immediately below.)

Location of resident: Davis

Name or ID of resident: Barney Rubble
* must provide value

Start Date: 09-01-2013
* must provide value

Cohort name: Davis 2
Optional - Can help with group residents later on

Email address of Resident's site coordinator: bob.wong@nurs.utah.edu
* must provide value
Usually your email address

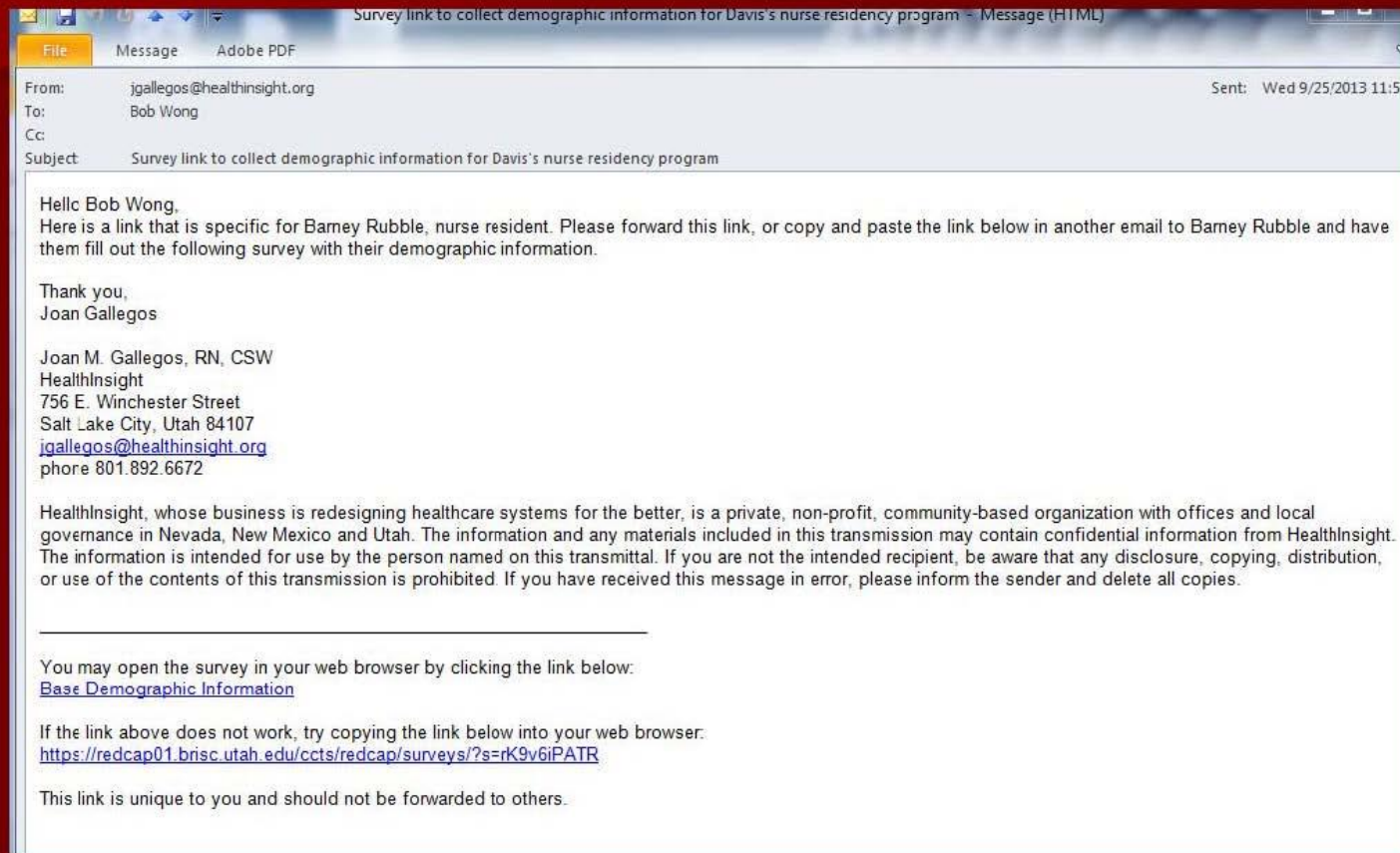
Name of Resident's site coordinator: Bob Wong
Usually your name

Resident's status: 1 - Active 2 - Inactive (LOA - Death - Quit - etc)

reset



Forward the email to Nurse Resident



Data Collection Forms

- **Baseline**
 - Resident's demographic information
 - Casey Fink (Satisfaction)
- **6 and 12 Month**
 - Casey Fink
 - Mentor Evaluation
 - Preceptor/Clinical Coach Evaluation
 - Resident Competency Assessment
 - Completed by Preceptor/Clinical Coach



Data Quality

The screenshot displays the REDCap data entry interface for the Utah Nurse Residency Program. The browser address bar shows the URL: https://redcap01.brics.utah.edu/cts/redcap/redcap_v5.5.6/DataEntry/index.php?pid=1140&id=485-1&page=nurse_resident_informat. The interface includes a navigation sidebar on the left with options like 'My Projects', 'Data Collection', and 'Applications'. The main content area shows the 'Nurse Resident Information' form for 'Adding new Participant's ID 485-1'. The form fields include: Participant's ID (485-1), Location of resident (Davis), Name or ID of resident (text), Start Date (with a calendar icon and 'Today' button), Cohort name (Optional - Can help with grouping residents later on), Email address of Resident's site coordinator (Usually your email address), and Name of Resident's site coordinator (Usually your name). There is also a text area for 'Any notes about the resident'. At the bottom, the 'Form Status' is 'Complete?' and there are buttons for 'Save Record', 'Save and Continue', and 'Save and go to Next Form'. A red arrow points to the 'Data Quality' option in the 'Applications' section of the sidebar.



Data Quality

Utah Nurse Residency Program

Data Quality

This module will allow you to execute data quality rules upon your project. It will identify discrepancies in your data. Listed below are some pre-defined data rules that you may utilize and run. You may also create your own rules or edit, delete, or reorder the rules you have already created. To find discrepancies for a given rule, simply click the Execute button next to it, or click the Execute All Rules button to fire all the rules at once. It will provide you with a total count of discrepancies found for each rule and will allow you to view the details of those discrepancies by clicking the View link. [Read more detailed instructions.](#)


NOTE: Since you have been assigned to a Data Access Group, you are only able to view discrepancies for records assigned to your group.

Execute rules: All All except A&B All custom

Rule #	Rule Name	Rule Logic (Show discrepancy only if...)	Real-time execution ?	Total Discrepancies
A	Missing values*	-		<input type="button" value="Execute"/>
B	Missing values* (required fields only)	-		<input type="button" value="Execute"/>
C	Field validation errors (incorrect data type)	-		<input type="button" value="Execute"/>
D	Field validation errors (out of range)	-		<input type="button" value="Execute"/>
E	Outliers for numerical fields (numbers, integers, sliders, calc fields)	-		<input type="button" value="Execute"/>
F	Hidden fields that contain values**	-		<input type="button" value="Execute"/>
G	Multiple choice fields with invalid values	-		<input type="button" value="Execute"/>
1	Baseline demographic info not complete	[base_demographic_information_complete]< 2 and (dateiff([start_date], "today", "d", "true")> 1)	<input type="checkbox"/>	<input type="button" value="Execute"/>
2	Baseline Casey Fink not complete	[base_casey_fink_complete]< 2 and (dateiff([start_date], "today", "d", "true")> 1)	<input type="checkbox"/>	<input type="button" value="Execute"/>

Rule #1: **Baseline demographic info not complete**

Discrepancies found: **12**

Record	Discrepant fields with their values	Status	Exclude 
3 Gary 123	base_demographic_information_complete: <u>0</u> start_date: <u>08-01-2013</u>	Issue exists	exclude
4 res 1	base_demographic_information_complete: <u>0</u> start_date: <u>08-01-2013</u>	Issue exists	exclude
5 Resident 1 (Joan G)	base_demographic_information_complete: <u>0</u> start_date: <u>08-01-2013</u>	Issue exists	exclude
6 NR 1	base_demographic_information_complete: <u>0</u> start_date: <u>07-01-2013</u>	Issue exists	exclude
7 Resident's name	base_demographic_information_complete: <u>0</u> start_date: <u>08-04-2013</u>	Issue exists	exclude
8 Resident 007	base_demographic_information_complete: <u>0</u> start_date: <u>08-03-2013</u>	Issue exists	exclude
9 Jill Smith	base_demographic_information_complete: <u>0</u> start_date: <u>08-03-2013</u>	Issue exists	exclude
10 Susie Q	base_demographic_information_complete: <u>0</u> start_date: <u>08-03-2013</u>	Issue exists	exclude
11 Katarina	base_demographic_information_complete: <u>0</u> start_date: <u>08-04-2013</u>	Issue exists	exclude
12 Penelope	base_demographic_information_complete: <u>0</u> start_date: <u>08-04-2013</u>	Issue exists	exclude
13 Katarina	base_demographic_information_complete: <u>0</u> start_date: <u>08-04-2013</u>	Issue exists	exclude
20 Shawna Lake	base_demographic_information_complete: <u>0</u> start_date: <u>08-09-2013</u>	Issue exists	exclude

Pressing the zero will bring you to the record, and an email can be resent to Resident

Close



The screenshot displays the REDCap interface for the Utah Nurse Residency Program. The left sidebar contains navigation options such as 'My Projects', 'Project Home', 'Project Setup', and 'Data Collection'. The main content area shows the 'Base Demographic Information' form for participant 'Gary 123'. The form includes fields for 'Participant's ID', 'Unit', 'RN ID', 'Age in years', 'Gender', 'Race/Ethnic Origin', and 'Nursing degree earned from'. A red arrow points to the 'Open survey' button, which is highlighted in a blue box. A text box with a black background and white text states: 'You can resend the link to the Resident via this button.' The top right of the interface shows the 'Center for Clinical and Translational Science' logo and a 'VIDEO: Basic data entry (16 min)' link.



Basic Stats

The screenshot displays the REDCap interface for the Utah Nurse Residency Program. The browser address bar shows the URL: https://redcap01.brics.utah.edu/ccts/redcap/redcap_v5.5.6/DataEntry/index.php?pid=1140&id=485-1&page=nurse_resident_informat. The page header includes the University of Utah logo and the Center for Clinical and Translational Science. The main content area is titled "Utah Nurse Residency Program" and "Nurse Resident Information". It shows a form for adding a new participant with ID 485-1. The form includes fields for "Participant's ID", "Location of resident" (set to Davis), "Name or ID of resident", "Start Date", "Cohort name", "Email address of resident's site coordinator", and "Name of Resident site coordinator". A red arrow points to the "Graphical Data View & Stats" option in the left-hand navigation menu. The bottom of the form shows a "Form Status" section with a "Complete?" dropdown set to "Complete" and buttons for "Save Record", "Save and Continue", and "Save and go to Next Form".



Data Export

The screenshot displays the REDCap web interface for the Utah Nurse Residency Program. The browser address bar shows the URL: https://redcap01.brics.utah.edu/cts/redcap/redcap_v5.5.6/DataEntry/index.php?pid=1140&id=485-1&page=nurse_resident_informat. The page title is "Utah Nurse Residency Program" and the header includes the University of Utah logo and "Center for Clinical and Translational Science".

The main content area is titled "Nurse Resident Information" and shows a form for "Adding new Participant's ID 485-1". The form fields include:

- Participant's ID: 485-1
- Location of resident: Davis
- Name or ID of resident: text
- Start Date: [calendar icon] Today 11:01 AM
- Case name: [text field]
- Address of Resident's site coordinator: [text field]
- Phone number of Resident's site coordinator: [text field]
- Any notes about the resident: [text area]
- Form Status: Complete

The "Applications" sidebar on the left contains the following items:

- Data Export Tool
- Logging
- Field Comment Log
- Graphical Data View & Stats
- Data Quality
- Report Builder

A red arrow points from the "Data Export Tool" option in the sidebar to the "Data Collection Instruments" section of the main form.



Exporting Data

REDCap™

Logged in as **student_1** | Log out

My Projects

- Project Home
- Project Setup

Project status: **Development**

Data Collection

- Manage Survey Participants**
- Get a public survey link or build a participant list for inviting respondents
- Record Status Dashboard**
- View data collection status of all records
- Add / Edit Records**
- Create new records or edit/view existing ones

Data Collection Instruments:

- Nurse Resident Information
- Base Demographic Information
- Base Casey Fink
- Six Mth Casey Fink
- Six Mth Evaluation Of Preceptor
- Six Mth Evaluation Of Mentor
- Six Mth Resident Competency Assessment
- Twelve Mth Casey Fink
- Twelve Mth Evaluation Of Preceptor
- Twelve Mth Evaluation Of Mentor
- Twelve Mth Resident Competency Assessment

THE UNIVERSITY OF UTAH Center for Clinical and Translational Science
University of Utah
Center for Clinical and Translational Sciences

Utah Nurse Residency Program

Data Export Tool

REDCap allows you to easily export your project data to Microsoft Excel, SAS, Stata, R, or SPSS for analysis. Exporting your data out of REDCap is as simple as you want it to be. To get a quick data dump of all records for your project, choose the Simple Export one-click option. However, if you prefer more control, choose the Advanced Export option. Whenever you perform a data export, your data will be saved in the File Repository, if you wish to view it later.

★ Before exporting your data, you may want to first consider using the [Data Audit module](#) to check for any errors or discrepancies in your data before you begin data analysis.

Download any of the 11 different forms

Simple Data Export (one-click)

To perform a quick data dump of your entire data set, simply click the button below. When done, it will provide you with various format options for downloading your data.

Export all data now

— OR —

Advanced Data Export

This option provides a variety of choices for customizing what data gets exported. You may select individual fields one at a time or entire data collection instruments to export. You may also utilize the data de-identification options (if your user privileges permit) that allow you to remove sensitive information that you are exporting, if you wish.

Display advanced options

What If I Forget All This Information?

The screenshot displays the HealthInsight web application interface. On the left is a sidebar with navigation options: Manage Survey Participants, Record Status Dashboard, Add / Edit Records, Participant's ID (Barney Rubble), Data Collection Instruments (Nurse Resident Information, Base Demographic Information, Base Casey Fink, Six Mth Casey Fink, Six Mth Evaluation Of Preceptor, Six Mth Evaluation Of Mentor, Six Mth Resident Competency Assessment, Twelve Mth Casey Fink, Twelve Mth Evaluation Of Preceptor, Twelve Mth Evaluation Of Mentor, Twelve Mth Resident Competency Assessment), Applications (Data Export Tool, Logging, Field Comment Log, Graphical Data View & Stats, Data Quality, Report Builder), and Project Bookmarks (How To Use This Project). The main content area has a header with instructions: "You may view an existing record/response by selecting it from one of the drop-down lists below. The records are separated into each drop-down list according to their status for this particular data collection instrument. To create a new record/response, click the button below." Below this is a summary bar: "Total records: 26 / In group: 14". A green message box says "Participant's ID 485-1 successfully added". There are two sections for "Incomplete Records (4)" and "Complete Records (10)", each with a "-- select record --" dropdown and an "Add new record" button. A search section includes a "Data Search" header, a "Choose field to search" dropdown, and a "Query" input field. A yellow "NOTICE" box at the bottom states: "This project is currently in Development status. Real data should NOT be entered until the project has been moved to Production status." A large red arrow points from the "How To Use This Project" link in the sidebar to the "NOTICE" box. A black text box with white text says "Download the PDF of this PowerPoint".



Appendix 3. Broadened Diversity Data Collection Definition

Utah Action Coalition for Health – Diversity Statement

Increasing the diversity of the nursing workforce and supporting inclusion-oriented environments within the profession of nursing is one of the core values of UACH and is a driver for all of our statewide initiatives.

Diversity statements are increasing among organizations, universities, and professional organizations and relate to recruiting diverse students and faculty (Association of American Colleges and Universities & University of Maryland, 2001); having diversity in viewpoints, belief systems, and demographic make-up of staff, membership, and leadership (NACCHO, 2001); achieving access to health professions training programs by diverse populations (HRSA, 2000); and "...considering socioeconomic class, gender, age, religious belief, sexual orientation, and physical disabilities, as well as race and ethnicity" (AACU & UM, 2001, p. 1), (STTI, 2003).

The UACH is guided by this inclusive perspective of diversity as we act to diversify the nursing workforce in Utah.

Our working definition and operational categories for tracking diversity in the nursing workforce includes the following five categories:

1. Race
2. Ethnicity
3. Gender
4. First generation college graduates
5. Rural

Our goal is to prepare and position nurses from all of these underrepresented groups for successful careers in nursing in Utah. Ultimately the nursing population in Utah should reflect the general population of the state and intermountain west.

In addition we want to ensure that all nurses are well prepared to care for a diverse range of individuals and families: those reflecting different cultural backgrounds, different racial and ethnic groups, differing sexual orientations and various physical and mental limitations.



Appendix 4. Retention/Termination Data Definition

RN Residency

Retention and Termination Data Definition

Retention = 100% - Termination %

$$\text{Termination \%} = \frac{\# \text{ terminated}^* - \# \text{ failing NCLEX or died}}{\text{Total number of residents}} \times 100$$

A termination of an employee that does not result from an issue or environmental feature or trait that is under the control of the employer is counted as uncontrollable termination. Examples of “uncontrollable” resignations or terminations would be those occurring as a result of the nurse’s death, spouse’s relocation, a family illness or retirement secondary to age.

Nurses that transfer units, specialties or relocate within the organization (health care delivery system) are not counted as terminated or resigned.



Nurses that decrease hours from full time to part time or float pool to continue their education, for health reasons or to start a family are not counted as terminated/resigned.

