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Development of a Graduate Nurse Residency Program in Women's Services

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This is to certify that the doctoral study by

Dinez Esmail

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2017

Abstract

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MS, Texas Women's University, 2005

BS, Texas Woman's University, 2003

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Graduate nurses' transition from school to the work place is challenging and often leads to burnout. There was no graduate nurse residency program in women's services at the practicum facility. As a result, this facility had been unable to recruit or hire graduate nurses in the women's services unit. The purpose of this project was to develop a nurse residency program in women's services to address the lack of formal orientation for new graduate nurses at this facility. A graduate nurse residency program will provide further training for nurses to care for a more complicated population of pregnant women. Theoretical support for this project was Duchscher's, theory of transition, which suggests that allowing graduates time to adjust within a context of support allows them to develop their thinking and practice and helps them move through the stages of professional role transition. The project included a review of literature, development of a nurse residency plan, all materials needed to operationalize the program in the institution, and plans for implementing and evaluating the program over time within the context of institutional challenges, goals, and strengths. Collaboration with institutional stakeholders helped to ensure the contextual relevance of the program and ongoing administrative ownership to provide momentum for the program to move forward following delivery of the products of the DNP project to the institution. In sum, the products of this project comprise a turn-key solution to the institutional need for a graduate nurse residency program in women's services. Social change implications include possible improvement in the recruitment and retention of graduate nurses as well as the consistent development of competent and safe practitioners who will improve maternal and newborn outcomes at the facility.

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Dedication

This project is dedicated to my dear friend, Afzal. His life ended too soon in 2013. His death has motivated me to work harder and never take life for granted. I began my doctoral journey when he was alive, and I completed it in his memory. I never knew how much his memory would push me to succeed and grow stronger as a scholar and person.

Acknowledgments

First and foremost, I would like to thank God for being my anchor and guiding my path. I would like to thank my committee for all of their hard work and dedication to this developmental project. Dr. Suzanne Baird, thank you for motivating me to take this journey into to the DNP program. It has been a tough and wonderful journey and one that I will never forget. I also thank you for your mentorship at my practicum facility and your continued support and encouragement throughout this process. Dr. Eric (Stoerm) Anderson, Dr. Riyad Naser, and Dr. Jonas Nguh, thank you for your feedback and assistance in this long process.

I would also like to thank my two peers who have been there to listen to me vent and console me when I have been in tears. Lance and Diane, you both have been an integral part of this process for me.

Lastly, I would like to thank my family, I love you all. To my husband, Blake and my beautiful children, Kayden and Alyna, thank you for all your support and patience throughout this long journey.

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Section 1: Nature of the Project

The United States is on the verge of a health care crisis related to the shortage of registered nurses (RNs). New-graduate nurses are the largest pool of nurses available for recruitment across the nation. However, upon entry into practice, new graduate nurses face many challenges including role transition, high performance expectations in an increasingly high acuity environment, and an increased level of accountability as it relates to nursing quality indicators (Thiesan & Sandau, 2013). New graduate nurses and nursing leaders have identified that these graduates are ill prepared to meet the demands of today's health care expectations (Reinsvold, 2008). The Institute of Medicine (IOM, 2011) recommended the development and implementation of nurse residency programs to improve retention of nurses and expand existing competencies to improve patient outcomes. The financial implications that arise from not addressing this issue are the cost of turnover. The perspectives of nurse residents and the financial benefits of residency programs related to turnover and retention have been well documented in the literature (MacDonald &Ward-Smith, 2012). Residency programs such as the University Health Consortium (UHC) and the American Association of Colleges of Nurses (AACN) Nurse Residency Program and Versant, have shown that upon completion the nurse is equipped with the skills and knowledge needed to provide quality safe care. Both programs have shown a significant decrease in turnover rates (Olson-Sitki et al., 2012; Pine & Tart, 2007; Ulrich et al., 2010; Williams, Goode, Krsek, Bednash, & Lynn, 2007). Taking into consideration a replacement cost per nurse is approximately $88,000, money invested in a formal nurse residency program can be a very strong investment with great return (Jones, 2008).

Background

The current demands placed on new graduate nurses by healthcare institutions differ from the past. Since the early 1980s, patient acuity levels have increased and the number of comorbidities per patient continues to rise (Tanner, 2010). Although graduate nurse residency

programs have been supported in large healthcare systems, the focus has primarily been with acute care. This doctorate of nursing practice (DNP) developmental project served as the first graduate nurse residency in women's services to address the need for improving maternal and newborn outcomes.

Traditionally, the new graduate RN has struggled to make this strenuous transition into practice (Rother & Lavisso-Mourey, 2009). The reality of nursing usually does not mirror the textbook or case studies students are exposed to in an educational setting. In an educational setting, student nurses care for fewer patients. Immediately after graduation, the expectation is for new graduates to begin to provide care to numerous patients (Dracup & Morris, 2007). This expectation can be daunting and leads to stress, anxiety, and lack of confidence with the role transition from graduate nurse to professional nurse.

There are limited didactic and clinical opportunities due to the increase in the number of students accepted into nursing programs. Most nursing programs limit the exposure of students in women's services to 1 day a week for 6 weeks. This lack of exposure hinders the ability of the new graduate nurse to become prepared to take care of this population of patients.

The development of a formal graduate nurse residency program is one strategy to provide a smooth transition from nursing school to the workplace (Pilcher, 2011).

A graduate nurse residency program should provide the new nurse with critical thinking, delegation, priority skill setting, and conflict resolution skills, while building confidence and providing a mentoring relationship (Dyess & Sherman, 2009). Implementing a structured graduate nurse residency program will serve as a strong foundation for future nurses (Bratt, 2009).

My role in this scholarly project was the development of a graduate nurse residency program in women's services for the practicum site in Southwest Texas. The director of women's services and the director of education at my practicum facility identified the need for

this program (personnel communication, October 13, 2013). A review of literature supported the need for a graduate nurse residency program to facilitate a seamless transition into the RN role. The practicum facility, as well as my mentor, were supportive of this scholarly project and planned to implement this graduate nurse residency program in women's services upon completion of this project (personnel communication, October 13, 2013).

Problem Statement

The women's services clinical units at the practicum facility consist of triage, high-risk antepartum, labor and delivery, postpartum, and care of the well newborn specialties. Currently, this facility does not hire graduate nurses in women's services due to a lack of a specific orientation plan to educate graduates to this specialty area. Previously, the organization cared primarily for pediatric patients; however, in March 2012 physical expansion occurred with the building of a new section of the hospital and the addition of a new service line for women's services. This resulted in not only a new patient population but also an increase in patient acuity levels and a doubling of the census on these units. The hospital also hired nine new maternal fetal medicine providers, attracting even more high-risk pregnant women. Graduate nurses in this facility need to be knowledgeable in caring for the normal as well as high-risk pregnant women (director of women's services, personal communication, October 13, 2013).

The previous education structure and orientation content of the pediatric residency program was not applicable for women's services because it did not include adult or pregnancy-related content. Therefore, the practicum facility needed a graduate nurse residency program to augment current staffing and to attract graduate nurses to this specialty (director of women's services, personal communication, October 13, 2013). As of March 2012, there had been no new graduate nurses hired in women's services and there were over 40 positions that needed to be filled (director of women's services, personal communication, October 13, 2013). Only nurses experienced in women's services had been hired. Because of the ongoing nursing shortage,

increasing acuity of patients and doubling of patient census, new graduate nurses needed to be trained to meet this need and fill these vacant positions. However, the new graduate nurse must master both psychomotor and critical thinking skills needed to work in women's services. The problem addressed in the project was that the practicum facility was unable to employ new graduate nurses in women's services and had difficulty maintaining magnet status without offering a graduate nurse residency program (Chappell, 2014).

Purpose

The purpose of this DNP project was to design a nurse residency program in women's services for new graduates. The nursing profession has acknowledged the practice competency gap between the technical, cognitive, and communication abilities of new graduate nurses and the requirements of the health care industry (Reinert, Bigelow, & Kautz, 2012). The need for this project was determined through discussions with the leadership team at the practicum facility, which included the director of women's services, the director of education, two education coordinators, and the chief nursing officer (CNO) (personal communication, October 13, 2013).

Magnet status is awarded to a nursing facility that is noted for excellent patient outcomes, increased job satisfaction, decreased turnover rates, and increased communication between nurses and other health care professionals (American Nurse Credentialing Center, 2008). Magnet status organizations are poised to be the leaders in evidence-based changes such as nurse residency programs. Magnet hospitals focus on excellent patient outcomes, high levels of job satisfaction, and where there is a low staff nurse turnover rate.

Recent studies addressing the cost of nurse turnover have indicated amounts ranging from $22,000 to over $64,000 per nurse (Jones, 2005; O'Brien-Pallas et al., 2006; Stone et al., 2007; Waldman et al., 2004). Though the development and implementation of a graduate nurse residency can be costly to the practicum facility, the turnover costs are more troublesome because the current turnover rate is 33% and the retention rate is 67% (director of women's

services, personal communication, October 13, 2013). According to Halfer (2008), improvement in job satisfaction and retention has been found after implementation of structured graduate nurse residency programs.

Goals and Outcomes

The goal of the DNP project was to improve recruitment and retention of new graduate nurses by offering a structured, evidence-based residency program for a major metropolitan health care institution. The quality improvement project focused on the development of a structured graduate nurse residency program in women's services for new nurses pursuing a career in women's services. This initiative followed the IOM (2015) recommendation to implement nurse residency programs:

> The state boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas (p. 4).

The practicum facility only had a unit-specific nursing orientation program for nurses with experience and had nothing in place to hire graduate nurses. The new graduate residency program was developed to create structured mentorships and training programs to promote skill and competency of new graduate nurses in women's services. Global outcomes included increased patient safety, increased graduate nurse satisfaction, decreased graduate nurse turnover, and improved quality of care.

Nursing-sensitive indicators reflect the structure, process and outcomes of nursing care. The supply of nursing staff, the skill level of the nursing staff, and the education/certification of nursing staff indicate the structure of nursing care. Process indicators are used to measure aspects of nursing care such as assessment, intervention, and RN job satisfaction (American Nurse Association, 2015). The outcomes related to quality care and patient safety can be

monitored using the organization's existing quality improvement (QI) program for recruitment and retention of registered nurses. The pilot facility identified the following measures for its QI program: recruitment and retention rates, job satisfaction rates, and turnover. Graduate nurse turnover rates were 30% in the first year of practice and as much as 57% in the second year. At a cost of $82,000 or more per nurse, new graduate attrition was costly in economic and professional term and negatively impacted patient-care quality (Twibell, Johnson & Kidd, 2012). Goals related to turnover can be measured using existing human resource records related to length of employment of new graduates before and after implementation of the graduate nurse residency program. The project team will have direct involvement in the specific evaluation plan as a secondary outcome of this project.

Theoretical Support

The theoretical support for the development of the graduate nurse residency program in women's services was Duchscher's theory of transition (Duchscher & Cowin, 2008). This theory was chosen because it addresses the issues in the new graduate nurse's period of introduction to professional practice, which are directly related to how successful a new graduate can be. This theoretical support will be used to develop a 12-month graduate nurse residency program in women's services by aligning the three stages in the theory.

New graduates begin with a prescriptive and linear approach to their thinking and practice (Duchscher & Cowin, 2008). Although nurses adjust to changing roles, routines, responsibilities, and relationships, new graduate nurses require all their energy and focus for specific tasks (e.g., administering medications, speaking with physicians, or performing a dressing change) (Dushscher & Cowin, 2008). Regarding women's services, the theory of transition would guide new graduate nurses to build their knowledge base, identify clinical competencies unique to their role, and use simulations to enhance their competencies.

Dearmun (2004) and Duchscher (2004) claimed that the initial 3 months of new graduate nurses' transition is consumed by an adjustment to new roles and responsibilities, theoretical orientation, the practical focus of their professional work, and integration into an environment that emphasizes teamwork as opposed to individually based care. Although the transition into practice can be exhilarating, the experience often becomes traumatic during the first year as new graduates experience the real world of health care (Duchsher & Cowin, 2008).

A graduate nurse transition begins with the doing stage and orientation to the role. During this stage, the graduate nurse experiences varying degrees of emotions; including initial excitement of finishing nursing school and acquiring a new job. This may be followed by grief associated with loss of friendships, familiar routines, and faculty support. Although initially excited to manage the transition from student to professional nurse, the nurse quickly realizes a lack of confidence for the responsibility and the functional workload of this new role (Duchsher, & Cowin, 2008). As nurses discover this transition shock they conceal their feelings of inadequacy as they struggle to ensure patient safety, adjust to new routines, accommodate unit practices, and cope with patient deaths or medication errors. These adjustments are most apparent in the first 4 months (Duchsher & Cowin, 2008).

During the being stage, the real work of role transition becomes apparent and lasts up to 7 months. The nurses acquire a rapid amount of knowledge, skill, and critical thinking during this phase but also experience loss of confidence, uncertainty, and confusion. Described by Varner & Leeds (2012) as a psychological wilderness state between identities and realities, this stage is profoundly frustrating and irritating for nurses, impacting their personal and professional lives. The critical point in this stage takes place at the 6-month mark. Nurses who cannot cope with this stage will leave the position or the profession. If they are able to embrace the new reality, they will move forward into the knowing stage (Duchsher & Cowin, 2008). As they continue to

transition past the seventh month, the new graduate begins to develop a renewed confidence, sense of purpose, calmness, and optimism in the knowing stage. This stage can vary from 8 months to 18 months (Duchsher & Cowin, 2008). After this stage, the graduates have developed better coping mechanisms, become part of the team, and are able to manage the workload of nursing.

Graduate nurse residency programs address common situations that new nurses experience. The transition theory suggests that allowing graduates time to adjust to what is, within a context of support that allows them to develop their thinking and practice expertise, will assist them in moving through the stages of professional role transition (Duchsher & Cowin, 2008). The use of the theory of transition in the graduate nurse residency program in women's services facilitated understanding of the complex transition that graduate nurses experience.

Definition of Terms

For this project, key terms found in the literature and associated with nurse residency programs were as follows:

New graduate: "A nurse in first employment following the completion of registered nurse education in the United States" (ANCC, 2008, p. 41).

Preceptor: An experienced nurse assigned to assist a new nurse. A preceptor may be selected based on his or her knowledge, skills and/ or experience in the given area (Kanaskie, 2006).

Preceptorship: An organized instructional program in which nurse preceptors facilitate the integration of a newly hired nurse into the responsibilities of the work setting (Greene & Puetzer, 2002).

Residency program: A structured program for orientation, education, and preceptorship of new graduate nurses with an emphasis on the transition from graduate nurse to a professional nurse on a specialty area (Bratt & Felzer, 2012).

Women's services: Areas of the hospital that provide maternity services and gynecological services. The units consist of labor and delivery, antepartum (care before delivery) postpartum (care after delivery), newborn nursery, and gynecological services (Burr & Maldonado, 2013).

Assumptions and Limitations

An important aspect of any scholarly work is to identify assumptions and limitations of the project. One major assumption of this project was that the new graduate would remain employed by the facility 1 year from the start of the nurse residency program. Another assumption was that new graduates would acquire improved critical thinking skills necessary for a women's services specialty. I also assumed that the practicum facility would have enough financial support to implement the program and that the return on investment would be positive the first year. These assumptions were based on evidence from other specialty residency programs.

Several limitations were identified in the DNP developmental project. Based on the timeline of this DNP program, a limitation was the inability to implement or evaluate the project. Also, not being an employee of the practicum facility limited the amount of data I could collect for this project. Another limitation for this project was that the nurse residency program was being designed to meet the needs of one specific agency. As a result, the program may be limited in generalizability to other agencies without modifications. The only bias was identified was that the nurses may have wanted to be a part of this program so that they could be hired by the agency to work in women's services; therefore, they may have found this program beneficial compared to graduate nurses who did not attend this program.

Scope

The curriculum of the graduate nurse residency program would start with education focused on the non-complicated obstetric patient initially then introduce the complicated obstetric patient. The perinatal orientation and education program (POEP) which was developed by the Association of Women's Health, Obstetric and Newborn Nurses (AWOHNN) would be the specific women's services content chosen and would be purchased by the facility for this graduate nurse residency. The cost of these education modules would be paid for by the facility. These modules were chosen because the content was evidence based and the professional standards of care were integrated throughout the program. The content specific to women's services would be supplemented with case studies, reading lists, pretests and post-tests, participant and instructor/presenter handouts, and guides (AWOHNN, 2012).

New graduate pathways have been developed to facilitate hands-on clinical experiences. Simulation would also be incorporated into the curriculum.

Implications for Social Change in Practice

Despite attempts to improve quality and safety in women's services, maternal morbidity and mortality rates continue to be a significant public health issue (World Health Organization, 2012). The maternal mortality rate in the United States (28 deaths per 100,000 live births) is well over the rate in the world (World Health Organization, 2012). In addition, the rate of maternal mortality in Texas is 24.6 per 100,000 live births (Texas Department of Vital Statistics, 2013) compared to the Tennessee maternal mortality rate of 11.7 per 100,000 live births (Tennessee Department of Vital Statistics, 2013). Although the risk of death from complications during pregnancy, birth, and postpartum remain low, for the past 5 years these numbers have been rising by 27% (Vogel et al., 2014). This project was intended to influence social change by creating a program to educate graduate nurses in women's services. The practicum facility has

magnet designation making attributes of leadership and continuing education essential to retaining magnet status (director of women's services, personal communication, November 14, 2013). The social impact for the community and surrounding areas would focus on quality improvement and better maternal and newborn health outcomes. New nurses would develop skills that would be used during their nursing careers.

Evidence-Based Significance of the Project

Disparities between the student role and the staff nurse role create a professional and personal struggle that new graduates often find difficult to manage (Newhouse, Hoffman, Suflita, & Hairston, 2007). Research has shown that nurse residency programs benefit hospitals in providing new graduate hiring opportunities while decreasing turnover rates (Orsolini-Hain & Malone 2007). If this type of program prevents one nurse from leaving, then it will make the program cost neutral (Brad, 2009). Most U.S. nurse residency programs focus on acute care, pediatrics, critical care and emergency room settings. A graduate nurse residency program in women's services would improve patient outcomes and how nursing care is delivered to this patient population. This type of nurse residency program specific to maternal and newborn outcomes would be the first of its kind in South Texas and would affect the way new graduates are educated in women's services.

Summary

Hospitals are being challenged to become more creative in hiring and retaining new graduate nurses in specialty areas such as women's services. Establishing a graduate nurse residency program is one strategy that may be effective in addressing these problems. This program may offer new graduate nurses the knowledge and skills necessary for transitioning to the professional nurse role. The theory of transition served as the foundation for how graduate nurses move from one stage to another as they transition to their new professional role. These graduates may enter the profession with more confidence and greater organizational commitment

after participating in the program. One limitation of this project was that it was agency specific and may not be generalizable to another agency without modifications. The first step for the development of a graduate residency in women's services was to review the current evidence-based research to support the program.

Section 2: Review of Literature and Scholarly Evidence

An extensive review of the literature was completed to identify the importance and benefits of graduate nurse residency graduate transition programs. Most of the literature was geared toward generic graduate nurse residency programs rather than women's services. However, the importance of a comprehensive graduate nurse residency program with a smoother transition to practice was evident.

Background and Context

The practicum facility was a 220-bed hospital located in Southwest Texas. With the recent expansion of the service line from primarily pediatric, the facility suffered a shortage of daily nursing staff and struggled with recruitment and retention, especially of new graduates (director of women's services, personal communication, November 21, 2013). This facility employs 400 RNs and would like to hire 40 graduate nurses in the next 2 years. The current turnover rate is 33% and is defined as any nurse who leaves the organization (director of women's services, personal communication, October 13, 2013). Transfers within the organization are not considered turnover.

Short staffing, long hours, and the restructuring of health care is requiring direct care providers to increase productivity while improving patient satisfaction and quality of care. Overall job dissatisfaction is causing newer nurses to report burnout. "Burnout comprises chronic emotional exhaustion, cynicism and detachment from work, and feelings of ineffectiveness in the job" (Laschinger & Leiter, 2006, p. 260). The overall transition period for new nurses traditionally has resulted in exhaustion and burnout within the first 18 months (Duchscher & Cowin, 2008). Because of this challenging transition, new graduates hired usually resign within 1 year, either locating a job with another organization or leaving the profession entirely (Duchscher & Cowin, 2008). Due to the extensive training required for a new graduate, the cost of this turnover is $88,000 every time a new graduate resigns (Kovner et al., 2009).

Formal preceptor and mentor programs affect the orientation positively and enhance the socialization process of the new graduate. New graduates develop competence and increased confidence using these programs, which result in increased retention. These programs have been shown to reduce new graduate RN turnover (Trepanier et al., 2012). Preceptors and mentors also benefit from these programs with increased confidence and the ability to identify their own development needs (Block et al., 2005; Halfer, 2007). Organizationally, these programs have been associated with improving staff engagement, communication, patient outcomes, patient satisfaction, and physician satisfaction (Ulrich et al., 2010).

Conceptual Framework

An adapted version of the logic model served as the framework for the project. This conceptual framework has been used to guide managers, policy-makers, and evaluators in the program planning process allowing the team leader to differentiate between inputs, outputs, outcomes, and impact (Kettner, Moroney & Martin, 2013). The logic model process, as shown in Figure 1, is a tool that has been used for more than 20 years by program managers and evaluators to describe the effectiveness of their programs. The model addresses logical linkages among program resources, activities, outputs, audiences, and short-, intermediate, and long-term outcomes related to a specific problem or situation (McCrawley, 1999). Outcomes and impact are the ultimate components of the logic model. Program managers recognize the importance of outcomes and impact in the early stages of project design. Project stakeholders want to be assured that goals are identified and outcomes and objectives are achieved. For example, the nurse residency program focused on improving patient care, increasing patient safety, increasing the new graduate job satisfaction, and reducing turnover.

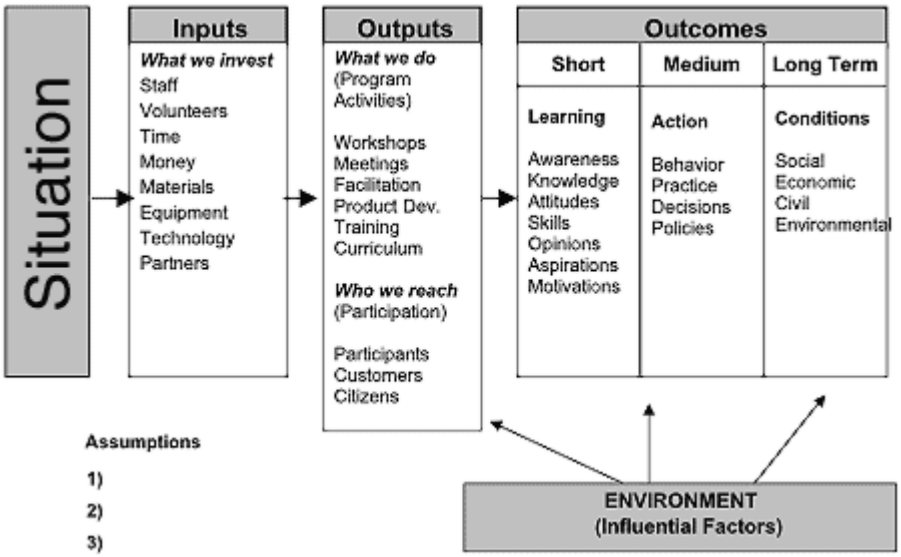

Figure 1. A logic model (adapted from University of Wisconsin Extension: "Logic Model").

Inputs include things invested in a program or that are brought to bear on a program, such as knowledge, skills, or expertise (CDC, 2015). For the current project, the inputs are resources such as funding, staff, and materials needed for the nurse residency program. Outputs include products, goods, and services to program customers (see McCrawley, 1999). In this project, the output was the actual project and how it impacts new graduate retention, job satisfaction and recruitment.

Literature Review

I conducted a literature review to find evidence related to graduate nurse residency programs. A Boolean search was conducted using the words: *graduate nurse residency program, transition to practice, nurse residencies programs, new graduates, acute care settings, and women's health*. This literature search included several databases such as CINAHL, EBSCO, Medline, and PUBMED. The Cochrane Library did not have any systematic reviews of graduate nurse residencies. The scholarly articles that were chosen were reviewed and synthesized. The search was limited to the English language, full text, and articles published in the past 10 years (2004 to 2014).

The search yielded 52 articles. The article abstracts and overviews were reviewed to reduce the search results based on exclusion criteria. There were 29 articles excluded because they were not specific to nursing or a hospital setting, were not written in English, and were not pertinent to the DNP project. Twenty-three of the 52 articles reviewed were included. Each article is discussed in relation to design, sample, methods, findings, and limitations. The themes for this review are recruitment and retention, competence of graduate nurses, and benefits of a nurse residency program.

Factors in Nursing Today

Recruitment and Retention Factors

Many institutions have created ways to help new nursing graduates become more skilled, attract nurses with higher education degrees, and retain nurses in the workforce (Williams, Goode, Krsek, Bednash, & Lynn, 2007). The Chief Nursing Officers Council of the University Health System Consortium, a working group of nurse executives, along with deans from nursing schools in the American Association of Colleges of Nursing (AACN) designed a yearlong residency program in acute care university hospitals. The purpose of this cross sectional, descriptive study was to address the increase in patient acuity levels, the rising complexity of the acute care setting, and high turnover rate among nurses in their first year of work (Beecroft, Kunzman, & Krozek, 2004). A convenience sample of 461graduate nurses hired at three sites over a period of 1 year was used for this study. The implications from this study support the need for standardization of terminology, program components, and metrics of success. Beecroft et al. (2004) also recommended that nursing programs develop a common metric for measuring first-year turnover, overall turnover, and retention of RNs. The limitations of this study included the decreased response rate and high attrition, which could have affected the validity of the results (Beecroft et al., 2004).

New graduate turnover is costly to health care institutions and causes difficulty for the entire healthcare team. In an effort to reduce costs associated with high turnover rates among new RNs, Halfer, Graf, and Sullivan (2008) conducted a cross-sectional, descriptive study that explored the effect of an RN internship program on new graduate job satisfaction and retention. The sample consisted of 234 participants. A job satisfaction tool developed by the researchers consisted of demographic information, 21 statements measured on a 4-point Likert type scale, and four open ended questions. Findings revealed an increase in perceived new graduate job satisfaction; overall job satisfaction was significantly higher in the post-internship nurses compared to the pre-internship graduates. Work experience included significant results as post-internship graduate nurses felt comfortable asking questions. The study findings provided evidence of the positive impact of a new graduate nurse residency program. One limitation of this study included mailed responses with a low response rate (Halfer et al., 2008).

High turnover in the first year of employment for new graduates has been documented in recent literature. Price Waterhouse Coopers' Health Research Institute (as cited in Rosseter, 2009) found that the national average turnover of all RNs in hospitals was 8.4%, whereas it was 27.1% for new graduate nurses. Harrison and Ledbetter (2014) described the best available evidence associated with nurse residency programs in a cross-sectional, descriptive study comparing three different residency programs within a single health system. The purpose of this study was to compare all three sites relative to first-year turnover, intent to stay, and new graduate competencies. The study participants were 358 new graduate nurses hired at the three sites between November 1, 2010, and September 30, 2011. The findings showed that all three sites had the lowest first-year turnover at 2%. The limitations of the study included the use of a convenience sample and measurement of only a single point in time, one year (Harrison & Ledbetter, 2014).

New graduate turnover rates remain a problem in the nursing profession. A stressful work environment and increased workload have resulted in high turnover of new graduate nurses at a rate of 35-65% per year within the first year of employment (Giallonardo, Wong, & Iwasiw, 2010). During a time when the retention of new graduate nurses is of the upmost importance, the reliance on nurse residencies to facilitate the transition of new graduate nurses is paramount. Giallonardo et al., (2010) conducted a predictive non-experimental survey study to examine the relationship between new graduate nurses' perceptions of preceptor authentic leadership, work engagement and job satisfaction in the first year. The sample consisted of 170 randomly selected RNs with less than 3 years' of experience, who worked in an acute care setting. The findings indicated that new graduate nurses in graduate nurse residencies demonstrated higher levels of authentic leadership, felt more engaged, and were more satisfied with their jobs. Limitations of this study were the methods used for data collection and sampling (Giallonardo et al., 2010). Although self-report questionnaires are cost effective and less time-consuming than other methods, there is a potential for response bias (Polit & Beck 2008).

Hayes et al. (2006) reviewed 37 studies reporting measures of turnover (or turnover intent). Hayes et al. found job satisfaction, turnover intention and turnover behaviors to be influenced by organizational characteristics associated with workload, management style, empowerment and autonomy, promotional opportunities, and work schedules. When these factors are lacking in the work environment, nurses become disengaged and dissatisfied with their work environment. Zangaro and Soeken (2007) conducted a meta-analysis of 31 studies in which they found job satisfaction correlated with job stress, nurse-physician collaboration and autonomy. Of the three finding, autonomy ranked the highest with job satisfaction.

Nooney, Unruh, and Yore (2010) completed a retrospective analysis to determine why nurses were choosing to leave the profession and whether there were characteristics that

increased the risk of a person leaving nursing. The researchers used data from the 2004 National Sample Survey of Registered Nurses, which were collected from Health Resources and Services Administration, in which 29,472 nurses participated. This survey was mailed to actively licensed RNs throughout the United States every 4 years and had a 70.47% return rate. In Nooney et al.'s (2010) study, nurses were classified as either exiting the work force entirely or changing careers. Nooney et al. examined how family structure, education, gender, and socioeconomics were correlated with attrition. There were some limitations to the study, as acknowledged during the study. Women exiting with young children were considered permanently gone from the work force. Some of these women may leave the work force and return when the children are older. Nooney et al. recommended a prospective longitudinal study to examine this topic more deeply.

Competence of Graduate Nurses

Hickey (2009), conducted a descriptive study in a 591-bed teaching hospital to obtain nurse preceptors' perceptions regarding competence levels of new graduate nurses, new graduate nurses' readiness for practice, and the prioritization of skills most important to the transition to a successful nursing practice. The population consisted of preceptors who oriented new graduate nurses. The sample consisted of 62 out of approximately 200 preceptors from medical-surgical, critical care, operating room, emergency department, long-term care, pediatrics, and maternity patient care units. The nurse preceptors identified specific areas of improvement: nursing skills, prioritization, organization, patient caseload management, and critical thinking (including problem solving and clinical decision-making abilities). According to Hickey, more than half of the preceptors indicated that clinical experiences during the academic program do not adequately prepare the graduate to practice. The limitation identified in this study was there was no uniform method as to how preceptors were chosen or trained (Hickey, 2009).

Utley and Smith (2004) conducted a cross sectional survey study to identify competencies needed by new graduate nurses. The sample consisted of 363 nurse administrators

from three health care settings. The study's purpose was to measure nurse administrators' perceptions of the importance of selected competencies of recent baccalaureate graduates in hospitals, home health agencies, and nursing homes, to determine whether these expected nursing competencies could be categorized through factor analysis into particular dimensions. Nurse administrators rated the importance of 45 nursing competencies. Factor analysis was conducted on the competency items, and scores were calculated to determine the most important ratings by work setting groups. Findings revealed a simple six-factor competency structure (health promotion competency, supervision competency, interpersonal communication competency, direct care competency, computer competency, and caseload management competency). Findings indicated that the competencies new graduate nurses lacked were mainly supervision competency and direct care competency. All of the hospital administrators felt that delegation and supervision were the most important skills for new graduates. One limitation was that the educational background of the new graduate was not identified, as associate's degree or baccalaureate degree (Utley & Smith, 2004).

Benefits of Nurse Residency Programs

In response to the impending expertise gap, many hospitals have developed residency programs for new graduate nurses that are structured and evidence based (Fink & Casey, 2008). Nurse residency programs benefit new graduate nurses as they make the transition into the role of an experienced nurse. These programs decrease the new graduate turnover rate and increase patient safety and quality of care. The purpose of the Bratt and Felzer (2011) study was to explore new graduate nurses' experiences in nurse residency programs and to decrease factors that contributed to turnover and job satisfaction. The study was based on a one-year nurse residency program in Wisconsin that focused on specific knowledge, team interaction, professional growth and work environment stressors. Participants of the study included 468 newly licensed graduate nurses from acute care settings who had participated in the graduate

nurse residency program from 2005 to 2008. The study concluded that new graduate nurse residency programs have been shown to have a positive influence in new graduate's work perceptions. Residency programs and mentorships resulted in decreased turnover and increased quality of patient care. Graduate nurses have issues related to critical thinking and problem-solving skills, both of which are paramount for new graduate nurses to have to ensure patient safety through competent nursing care. Ample evidence exists that demonstrates the efficacy of a formal new RN residency. Studies have shown significant cost/benefits to the organization when this is in place. In addition, recruitment and retention rates of new graduates increase in institutions that have an established Nurse Residency Program. One limitation of this study was that not all participants responded to the survey that was mailed out (Bratt and Felzer, 2011).

Participation in new graduate residency programs and a willingness to learn are important for quality nursing performance, job satisfaction, and decreased work stress. The Kowalski and Cross (2010) study examined outcomes of a new graduate residency program that supported clinical competency and professional transition. This program incorporated general orientation, preceptor-guided clinical experiences with facilitated discussions about role development by a resident facilitator. Participants for this study were graduate nurses employed in Las Vegas, Nevada. The sample consisted of 55 associate degree nurses (ADN) and 32 Bachelor of Science in nursing (BSN) graduate nurses employed by two sister hospitals. Findings of the study showed that clinical competency of the nurse residents consistently increased during the program. Nurses also showed improvement in knowing one's own limits, setting priorities, differentiating urgency, anticipating and implementing appropriate nursing interventions and evaluating patient outcomes with adaption of the plan of care. Communication and leadership were significantly increased during the residency and supported by pre- and post-test scores. The study was limited by a small number of participants and there were challenges related to the

implementation of the new nurse residency program. Kowalski and Cross (2010) concluded that even with these limitations, the results of the study supported the value of residency programs.

Summary

The literature review concluded that graduate nurses have issues related to critical thinking and problem-solving skills, both of which are paramount for new graduate nurses to have to ensure patient safety through competent nursing care. Studies have shown significant advantages to the organization when these types of programs are in place. In addition, recruitment and retention rates of new graduates increase in institutions that have an established nurse residency program. The next section of this project will examine the methodology for the development of the graduate nurse residency program in women's services.

Section 3: Collection and Analysis of Evidence

The purpose of this quality improvement project was to establish an evidence-based curriculum along with an implementation and evaluation plan necessary to pilot a graduate nurse residency program in women's services. I assumed a leadership role in this project and directed the activities. In this section, I outline the development process for this project and describe the process by which the implementation and evaluation plan were developed:

1. establish an interdisciplinary project team of practicum stakeholders,
2. examine relevant evidence and literature,
3. Obtain institutional review board approval,
4. develop a graduate nurse residency program,
5. obtain content validation using content experts,
6. develop an implementation plan for pilot delivery in selected women's services setting, and
7. develop an evaluation plan.

Interdisciplinary Project Team

Team members were selected based on their knowledge, expertise, ability and interest in advancing the project within the practicum facility. Decision-making in health care has changed dramatically, with nurses expected to make choices based on the best available evidence and continually review them as new evidence comes to light (Pearson et al, 2007). Evidence-based practice involves the use of reliable, explicit and judicious evidence to make decisions about the care of individual patients (Sackett et al, 1996), combining the results of well-designed research,

clinical expertise, patient concerns and patient preferences (Flemming et al, 1997; & Grimshaw, 1999; Holleman et al, 2006; Sackett et al, 1996).

Finding the right people on a quality improvement team is critical to a successful improvement effort. Gaining more in-depth understanding of various roles that are involved in quality improvement and the challenges organizations face can provide important insights about how organization can optimize resources to improve patient care quality. Team members for this QI project were the following:

1. myself, who was the team leader and writer of this project and who served as the facilitator;
2. administrator/CNO for the practicum facility where the pilot implementation would occur;
3. director of women's services of the practicum facility representing the various units in the hospital who is responsible for various policies, budget, and needs of the organization;
4. director of education who provided input regarding the orientation process, curriculum, and content to be included in the residency program and the evaluation of the program; and
5. two education coordinators who will implement the program and work closely with the new graduates.

Review Evidence

This graduate nurse residency program in women's services was consistent with the practicum facility's mission to provide women and babies with high-quality care. The

interdisciplinary team was aware of the latest research and trends regarding the QI project. I led the interdisciplinary team and provided a clear, detailed summary of the evidence-based literature and theoretical support to all team members. Team members were not present at supplemental data meetings, but shared the evidence-based summaries of data that the institution used to guide the project. Only summary evidence was allowed for discussion during meetings. The leadership team expressed a concern regarding the shortage of experienced nurses, increased turnover rate of the current staff, and the inability to recruit and hire new graduate nurses due to not having a program to educate graduate nurses. This concern resulted in the development of a graduate nurse residency program in women's services because the current orientation process did not address the needs of new graduate nurses. After conducting an extensive review of the literature, I based the components of the residency program on the needs of the facility in alignment with the current orientation program. The goals and objectives of the program were identified with input from the team members. This residency program has the capacity to advance nursing practice by providing the resources necessary to address needs of new graduate nurses, reduce turnover, halt the nursing shortage in this facility, and provide new graduate nurses with a smoother transition into nursing.

The interdisciplinary team was assembled at a not-for-profit health care organization committed to caring for women and children located in Southwest Texas. The organization has the largest primary care network in the United States. The logic model was chosen to show the relationship among the resources invested and the benefits or changes that result. The pilot study took place at a 220-bed hospital located in the Texas Medical Center. This theoretical support was used to develop a 12-month graduate nurse residency program in women's services by aligning the three stages. Duchscher's theory of transition: doing, being, and knowing. New graduates begin with a rather prescriptive and linear approach to both their thinking and their practice (Duchscher & Cowin, 2008). Figure 2 shows the initial stage of role adaptation.

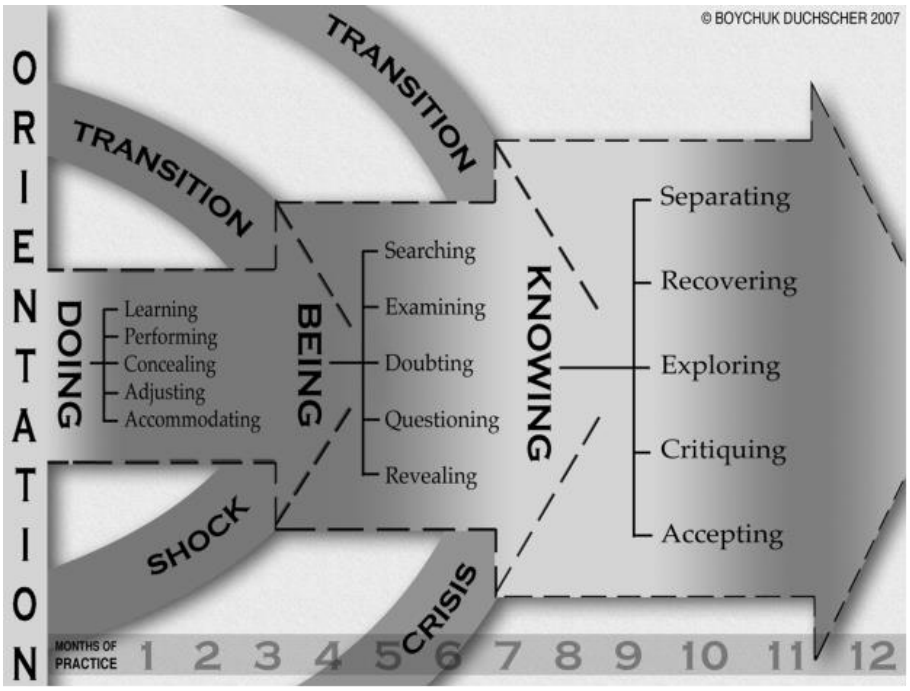

Figure 2. Duchscher, J. E. B. (2009). Transition shock: The initial stage of role adaptation for newly graduated registered nurses. *Journal of Advanced Nursing, 65*(5), 1103-1113.

Ethical Considerations

I submitted the necessary paperwork to obtain approval from Walden University's institutional review board (IRB) prior to developing the graduate nurse residency program in women's services (IRB record number 05-19-15-0187119). After meeting with the practicum facility's CNO, I determined that the proposal did not require the facility's corporate IRB approval due to the project not requiring any data collection from hospital patients. (chief nursing officer, personal communication, January 6, 2013). Permission to use the transition stages model and the Casey Fink scale were requested and granted.

Develop Nurse Graduate Nurse Residency Program

Curriculum Development

The development of the curriculum supported the graduate nurse in women's services. Discussions with the stakeholders working in the facility were conducted to determine the

specific modules in women's services to address issues surrounding new graduate nurses. The AWHONN Didactic and Clinical Competencies served as a resource for development of curriculum.

Educational Delivery Modalities

Aligned with the facility's current hospital-wide orientation, specific women's services modules, workshops, and simulation experiences were considered when developing the graduate nurse residency program.

Content Validation

An advisory committee including ten experts and two members of the target population who were familiar with women's services and graduate nurse residency programs performed a content review of the graduate nurse residency program. The advisory committee comprised the director of education, director of women's services, managers of each unit in women's services, education coordinators, a board member of AWOHNN and two nurses. All of the information chosen for this program was provided for their consideration. The advisory members provided feedback on the accuracy, appropriateness and usability of the content for new graduate nurses hired in women's services. Advisors'' feedback was incorporated into the development of the program. The advisory committee reviewed the changes and provided feedback for the final product of the graduate nurse residency program in women's services that were added to the current hospital-wide orientation.

Implementation Plan

I consulted with the interdisciplinary team to develop an implementation plan. The implementation plan was a secondary product of the DNP project and will be implemented by the stakeholder team after completion of the project. Objectives provided a starting point to operationalize the residency program and develop the curriculum before implementation.

Baseline data were collected to determine inputs, outputs, outcomes, and impact according to the logic model (Huichio et al., 2010). The practicum facility to implement the project:

1. Baseline information was discussed to determine specific needs of a residency program in women's services according to the transition to practice model.

2. Budget was developed including return on investment (ROI) calculation.

3. Team outlined an implementation plan for the pilot of program.

    - Entire team received education on components of the program.

    - Project will be implemented by facility, not DNP student.

Initially a 6-month rollout was considered. However, the team decided a 1-year plan was more realistic given the desire to front-load curriculum costs. The 1-year plan allowed the team time to review the curriculum, train preceptors, develop content to be included in face-to-face classes, and build an online platform to house training modules. Depending on fiscal allocations, the first year would focus on operationalizing the residency by training education staff, coordinating guest speakers and preceptors, and creating simulation experiences to train new graduates. A budget was included in the implementation plan. Monthly discussions were held with a small stakeholder group to develop the budget. Potential funding sources were explored. The facility felt that enough money was set aside for the pilot implementation. Return on investment (ROI) was included in budget discussions. The process for determining ROI was based on cost of staff, cost of replacement, and ability to generate revenue (Schifalacqua, Mamula, & Mason, 2011). Research supported the value of the new graduate nurse residency program from a cost-benefit analysis based on turnover and contract labor use (Trepanier, Early, Ulrich & Cherry, 2012).

Evaluation Plan

An evaluation is a purposeful, systematic, and careful collection and analysis of information used for the purpose of documenting the effectiveness and impact of programs, establishing accountability and identifying areas needing change and improvement (Wall, 2004). Program evaluation starts at the moment of program conception. The evaluation plan would have to include program outcomes and examine processes and the long-term impact on practice. The purpose of planning for the graduate nurse residency program in women's services program evaluation was to determine if the project was designed and developed to do what it was intended to do (see Hodges & Videto, 2011). All facets of the project were examined to provide information to be used for future modifications. The review was completed by an advisory panel of nurses who were familiar with new graduate nurses and graduate nurse residency programs.

Summary

In a highly complex healthcare system with the practice and expertise gap, patient safety was at risk. New graduate nurses were prone to errors due to lack of transitional support from academics to practice. With the growing shortage of experienced nurses nationally, there is a need to evaluate and promote programs to assist in the transition, retention, and recruitment of competent new nurses. This section of the project addressed how the program was developed, how it would be implemented, and how content for the project would be gathered for evaluation purposes.

Section 4: Findings and Recommendations

Hospitals across the United States are plagued with the same issues surrounding how to support new graduate nurses in their transition to professional nurses. Over the last 5 years, nurse residency programs have helped bridge the gap for the new nurse transitioning to practice and have helped health care organizations with retention rates of new graduate nurses. The problem at the practicum facility was there was no mechanism in place to hire new graduate nurses in women's services because there was no nurse residency in place to train these new graduate nurses. The goal of the project was to develop an evidence-based graduate residency program in women's services including necessary calendar, curriculum modules, and pathways, along with an implementation plan and evaluation plan for the facility to carry the project forward without additional development or planning. I presented the practice problem to the interdisciplinary project team and served as the primary investigator for establishing a current literature review addressing the practice problem. I presented the project team with an overview of several types of graduate nurse residency programs and collaborated with the project team to develop a unique, individualized nurse residency program and supporting documents. The products will serve as a turnkey solution for the facility to address the lack of a new graduate residency program in women's services. This section includes the recommendation to address the practice gap; the DNP products; and the implications, strengths, and limitations of the project.

Products of the DNP Project

The new graduate residency program in women's services was focused on taking the current orientation program and expanding it to fit the needs of new graduate nurses in women's services. The Institute of Medicine (2015) recommended the development and implementation of nurse residency programs to improve retention of nurses and expand existing competencies, leading to improved patient outcomes. The overall transition period for new nurses traditionally

has resulted in exhaustion and burnout within the first 18 months (Duchscher & Cowin, 2008). Because new graduates struggle within the first year, they usually resign within 1 year, either locating a job with another organization or leaving the profession entirely (Duchscher & Cowin, 2008). Due to the amount of time and resources required for a new graduate, the cost of this turnover is $88,000 every time a new graduate resigns (Kovner et al., 2009). These programs have been shown to reduce new graduate RN turnover (Trepanier et al., 2012).

To develop the primary and secondary products of this DNP project, I formed a work group including the director of women's services, director of education, education coordinators, managers of all units, preceptors, and myself. The work group met to review several models and samples of unit-based residency programs identified in the literature. The group identified the need for a pathway that clearly identified the weekly goals for each new graduate nurse, as well as the clinical objectives, curriculum and medication review needed to meet those goals. The group also recommended a patient assignment for the new graduate nurse each week. Each product is explained in the following sections.

Orientation Modules

The orientation modules are organized weekly to guide the orientation process. The orientation modules have well-defined weekly goals and learning activities, which are supported with clinical objectives. The assigned curriculum and computer modules are systems focused and supported by AWOHNN. The curriculum can be completed through purchasing the computer modules. The facility has chosen to purchase the modules and allow the new graduate nurse full use while in the residency program. The orientation modules are designed to serve as a framework for the clinical coach and new graduate to guide the orientation process. The process of assigning learning activities that are clearly outlined and supported with measurable clinical objectives moves the focus of orientation away from subjective notes and the completion of a clinical skills list and into the clinical decision-making process.

The clinical coach will be responsible for the patient-to-nurse ratio assignment of the unit for the duration of the residency. The unit pathways specify the patient assignment for the new graduate nurse each week. The focus of the first two weeks is basic hospital orientation and documentation system. During Weeks 3 through 9, new graduate nurses will spend 2 days doing curriculum assignments that are focused and supplemented with unit-based didactic and computer modules to support the content; the other 2 days will be spent on the unit applying theory into practice. The planning committee agreed with me to begin with the normal non-complicated obstetrics patient and move toward the abnormal complicated obstetrics patient. There is no guarantee that the graduate nurse will be able to experience caring for a patient with every disease or injury; therefore, simulation and case studies will supplement clinical experience. The planning committee recognized that the Duchscher & Cowin (2008) transition to practice model was an accurate description of the initial 3 months of new graduate nurses' transition. This period is consumed by an adjustment to new roles and responsibilities, an acceptance of the differences between the theoretical orientation of nurses' education and the practical focus of their professional work, and their integration into an environment that emphasizes teamwork as opposed to individually based care provision.

Evaluation Rubric

The evaluation rubric for the graduate nurse program was based on the Casey-Fink New Graduate Nurse Experience survey (2004) to evaluate the effectiveness of the program. Based on the theory of transition and aligned with the current orientation program, a tentative evaluation plan was presented to the work group. A recommendation based on the theory of transition model was for data to be collected during five-time periods (pre, post, 3 months, 6 months, and 12 months). The evaluation plan will include the Casey-Fink New Graduate Nurse Experience Survey (2004) to compare responses throughout the year long residency program.

This instrument has been used to evaluate the graduate nurse experience in several studies (Casey et al., 2004; Dyess & Sherman, 2009; Fink et al., 2008; Goode et al., 2009; Hickey, 2009; Komaratat & Oumtanee, 2009; Olson, 2009).

Implementation Plan

The second phase of the DNP quality initiative project was the development of secondary products to assist the practicum facility in implementing and evaluating the effectiveness of the nurse residency program. All secondary products will be implemented later by the organization. Much groundwork is still to be done to operationalize the program. Although the curriculum modules had been developed, learning modules must be expanded, lecture outlines must be developed, guest speakers must be arranged, and curriculum must be transferred to a digital platform. The stakeholder team determined a 1-year implementation plan was realistic to launch a pilot program. The education department would launch the project, collect the pre-and post-data, evaluate the program and makes changes as needed. The implementation plan included a list of items needed in each phase of the development of the residency. The estimated number of hours per project team member was based on best timeframes for project participation considering other work responsibilities.

The AWOHNN modules provided a framework for the delivery of the curriculum and required additional assignments for the graduate nurse. The graduate nurse and the clinical coach will receive the clinical workbook at the beginning of the residency period along with the nurse residency objectives. The curriculum can be completed either through purchasing the computer modules or with the book. The facility chose to purchase the modules and loan them to the graduate nurse for the residency period. New graduate nurses will be responsible for the text and will agree to replace the text if it is damaged beyond the expected wear and tear. The

curriculum is supplemented with case studies and simulation scenarios to provide experiential learning for the new graduate.

I will transition the education coordinators and the director of education in the administration process by providing resources for the transition phase. The education coordinators and director of education will implement the program, and interviewing will begin in December 2017 for the February 2018 cohort. The plan is to hire six new graduates for the February 2018 cohort. The education coordinators and director of education will meet monthly with the new graduate and clinical coach to follow the progress of the new graduate through the orientation process. The clinical coach will complete formal evaluations using the pathways and provide feedback about the new graduate's progress weekly. The clinical coach may customize the process for the graduate nurse, and the graduate nurse may progress at a different pace than projected while maintaining steady progress. The director of education and the education coordinators will provide assistance and direction for new graduate nurse who encounters any delays.

Evaluation Plan

The evaluation process will address the following question: Does the development of a nurse residency program in women's services decrease nurse turnover from the current rate and improve retention at the facility? The evaluation plan has the goal of decreasing first-year graduate nurse turnover to less than 10%. The data will be collected and tracked by the director of education and director of women's services. Results will be shared in monthly administration meetings.

The evaluation plan consists of reviewing data at 3-, 6-, 9- and 12-month check points while the nurse residency program is implemented. The evaluation plan will include the Casey-Fink New Graduate Nurse Experience Survey (2004) to compare responses throughout the year long residency program. This evaluation tool will allow the facility to adjust on an ongoing basis

and to support the new graduate nurse better. This instrument has been used to evaluate the graduate nurse experience in several studies (Casey et al., 2004; Dyess & Sherman, 2009; Fink et al., 2008; Goode et al., 2009; Hickey, 2009; Komaratat & Oumtanee, 2009; Olson, 2009). The Casey-Fink tool consists of five sections, including new graduate demographic information, comfort with skills and procedures, job satisfaction, open-ended questions, and 25 questions with Likert-scale responses.

Five factors are measured in the Casey-Fink tool: support, patient safety, stress, communication/leadership, and professional satisfaction (Casey et al., 2004). The survey has been validated with new graduate nurses and has a Cronbach's alph of 0.89. This is a highly acceptable reliability score (Casey et al., 2004). In addition, I recommended that the facility track the new graduate hiring and turnover rates for women's services at the same intervals with supporting documentation and conduct exit interviews with those who resign before completing the residency program. Data from these exit interviews will be used to determine reasons why new graduate nurses did not complete the program. This data will help the facility improve the program on an ongoing basis. The practicum facility will be responsible for collecting data and determining the sustainability of the program as it relates to the facility needs by gathering data via survey and exit interviews. I recommended that Pearson's chi-square analysis be done at the 1-year mark to evaluate the sustainability of this project at the practicum facility.

Validation of the Scholarly Product

The final products developed by the work group were submitted to two independent content experts for validation. Content Expert #1, a high-risk obstetrics clinical nurse specialist in a Tennessee university system, provided valuable feedback on the goals of the residency program. Content Expert #2 also provided expert feedback on the clinical pathways for each area.

Implications

Policy

The DNP graduate is qualified to evaluate the latest evidence and interpret evidence to put into practice. The residency start dates are biannual with the next hiring date set for February 2018. All nurses hired in the facility must attend a 2-day general hospital orientation. Graduate nurse residents attend an additional 7 days of facility new graduate orientation and then twice-a-week 8-hour classes to complete the AWOHNN modules.

Practice

The traditional unstructured and lengthy orientation did not allow the facility to hire new graduate nurses. Residencies are systematic, structured, and designed specifically to meet the needs of new graduates (Ulrich et al., 2009). The graduate nurse will receive curriculum content, patient, and simulation experiences to facilitate the development of critical thinking skills to provide safe, evidence-based care for patients. A graduate nurse who is given a strong foundation during the stressful transition period will emerge as skilled and confident and will be a valuable member of the health care team.

Research

The facility has processes in place to track the retention and turnover rate in the first year. The goal of the project was to develop a graduate nurse residency program in women's services to promote high-functioning graduate nurses and increase retention rates. To validate the project, the facility should data from the beginning of the program until the new graduate has completed the program and 2 years out.

Social Change

The process of assigning a graduate nurse to an experienced nurse with a skills checklist to be completed is obsolete and not evidence-based.

Residencies improve core competencies and increase the confidence of new graduates (Blanzola, Lindeman, & King, 2004), and the guidance and support residencies offer can help new graduates cope with the stressors and adjustments in the first year of practice (Casey et al., 2004; Fink, Krugman, Casey, & Goode, 2008; Symes et al., 2006). Formal, structured residencies have been shown to increase the likelihood that a new graduate will stay or want to stay in the organization (Beecroft, Kunzman, & Krozek, 2001; Newhouse, Hoffman, & Hairston, 2007; Pine & Tart, 2007; Salt, Cummings, & McGrath, 2008).

Strengths and Limitations of Project

There are multiple strengths to the project. Nurse residencies have been effective in increasing retention rates of graduate nurses in acute care settings. The residency program is evidence-based incorporating and building on the proven framework of the UHC/AACN program and incorporating the specialized needs of the women's services department. Through the use of the residency program, leadership, clinical coaches, and graduate nurses have an evidence-based model for the development of knowledge, skills, and critical thinking processes required of the obstetric nurse. Clinical coaches can feel confident they have provided graduate nurses with the information and experiences required to be successful in their nursing career.

Based on the timeline of this DNP program, a limitation that was identified is the inability to implement or evaluate the project. Also, not being an employee of the practicum facility limited the amount of data I was able to collect for this project. Another limitation that was identified was that the nurse residency program is being designed to meet the needs of one specific agency and can be very costly to sustain. As a result, the program may be limited in generalizability to other agencies without modifications. The number of preceptors may be a potential problem if not addressed sooner.

The only bias that was identified is that the experienced nurses may want to be a part of this program so that they can be retrained; therefore, they may find this program beneficial when compared to graduate nurses who may not attend this program.

Recommendations

The literature review validated that new graduate nurse's feel more prepared when organizations have nurse residencies in place for them to participate in and also is a satisfier for the staff when new graduates are more prepared. Some recommendations for the program include:

1. *The number of preceptors needed to sustain the program in its entirety*. Not only is the selection of a good preceptor vital to the success of the program but taking into account the number needed is an even larger piece. Having back up preceptors in the selection pool will help when preceptors go on vacation or call in sick.

2. *Reviewing the cost of the program and the cost of replacing a nurse frequently*. Nurse residency programs can be very expensive to start up and maintain since educational needs are always changing. It would benefit the practicum facility to review cost of the program and find resources that are less costly so yield a ROI.

Summary

The development of the graduate nurse residency in women's services to transition new graduate nurses from classroom to bedside is crucial in the future of nursing. The residency provided a structured program for the process of orientation and the evaluation of the needs of new graduate nurses. The program was designed to be structured and provided resources for the various units, the educators, the clinical coaches, and the graduate nurse.

Section 5: Dissemination Plan

Doctoral education emphasizes the importance of scholarship. The AACN (2008) is very clear about eight essentials for the DNP-prepared nurse and clearly outlines the expectations of the practice scholar. One of the essentials of DNP education is the dissemination of a scholarly product. The current scholarly project was the development of a graduate nurse residency program in women's services in Southwest Texas. The practicum facility leaders recognized the need for a graduate nurse residency program because they were unable to support new nurses entering the profession. DNP graduates generate evidence through their projects to guide improvements in practice and outcomes of care (DePalma & McGuire, 2005). The current project presented evidence-based practice and clear guidelines that will allow healthcare agencies to establish programs to help new graduate nurses. Dissemination of evidence-based practice is crucial to professional nursing. Dissemination of scholarly projects and research can be done in different formats including manuscript publication, poster presentations, and presentations at professional conferences.

Project Dissemination

Most DNP scholars choose the publication route because it is the most common. My first choice for disseminating my project will be to submit my manuscript to a peer-reviewed journal such as *The Journal of Obstetric, Gynecologic and Neonatal Nursing* because this project targeted a nurse residency program for nurses who care for mothers and babies. In addition, I would like to work with the practicum site once the project is implemented to collect data to show how this project has given the novice nurse a strong foundation in women's services and improved retention rates for the facility. I would analyze that data and submit a poster presentation for the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHOHNN) conference next year.

This venue would allow me to network with other scholars who care about improving maternal and neonatal outcomes. Giving new graduate nurses a strong foundation in the changing health care landscape may improve health care quality and affordability.

Analysis of Self as a Scholar

The journey of working toward a doctoral degree has been one of endurance and great strength. At times it has been exhausting and felt like it would never come to an end. Pursuing a doctoral degree has been a one of the most challenging things I have done but also one of the most rewarding. I was worried when I enrolled in Walden's DNP program. I did not feel I was scholarly enough to complete this degree. Three years later, I have completed my scholarly project. This journey has helped me grow professionally and personally. I have gained knowledge about scholarly work and learned from my classmates.

As a scholar, I have learned to depend on current research. I have learned the value of scholarly literature while in this program. The weekly discussions have been beneficial in gaining perspectives of other scholars and have helped motivate me to complete this degree. Through the trials of the scholarly project, I found my love of nursing students and their success is what motivated me to develop this program. My practicum experience and my mentor were crucial in how this project grew over the years. At times, it is still hard to be referred to as a scholar and I find myself humbled. This degree will allow me to pursue scholarship and improve nursing practice.

Analysis of Self as a Practitioner

Being a nurse is a honor and a privilege. I have gained more appreciation and respect for nursing throughout the course of this DNP journey. I have gained more confidence and competence in my practicum experiences and have been able to apply what I have learned in my clinical setting. This terminal degree has provided me the opportunity to learn from other scholars and to become a resource to my peers.

I feel by completing this degree, even though I did it for myself, there is a higher expectation of scholarship and responsibility to the profession of nursing. The development of a nurse residency program in my practice arena is something I am very proud of. This project addressed a huge gap in practice preparing new nurses entering the profession, and the work will enhance nursing practice.

Analysis of Self as a Project Developer

I have learned to search the professional literature through the development of this project. I have seen myself grow from being intimidated by databases to becoming proficient and being able to help my colleagues. As a project developer, I have found the literature has become my greatest ally. As part of this DNP journey, I have become familiar with searching databases and scholarly literature, which is a vital skill for scholars and project developers. Once I recognized a gap in current literature, with the assistance of my mentor, I was able to proceed and share what I had identified with the practicum facility.

The DNP scholarly project process was overwhelming and exhausting at times, but I have learned more than I ever imagined. This has been an exercise of perseverance and trust in my abilities. I learned a great deal about embracing the feedback of my committee and not taking it personally. I learned that I needed to be patient and endure the challenges that came at every phase. This experience will guide my future research and projects that I will develop.

Summary

I designed this nurse residency program with the most current evidence-based practice to improve the way new graduate nurses enter the profession. This project addressed the need for the development of a nurse graduate program in women's services, a specialty that researchers had overlooked. This scholarly project is a textbook example of the expectations of the DNP-prepared nurse, which is to isolate a practice problem and develop a solution to improve practice or patient safety (Zaccagnini & White, 2011).

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Appendix A

NEW GRADUATE MOTHER BABY PATHWAY

Name: _____Preceptor: _____ Start Date: _____

Employee ID#:_____

Release Date: _____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Assessment						
Performs a systematic and thorough postpartum physical assessment based upon knowledge of normal postpartum physiologic changes.	**Required** **Policies & Procedures** _____ PC110-01 Assessment/Reassessment/Follow up of Patients" _____ PC111 "Plan of Care" _____ PC 112 "Documentation of Patient Care" **Module** ____AWHONN's cross Training for Obstetrical Nursing Staff: Postpartum Care **Other** ____Postpartum Class **Recommended** • Observes a postpartum assessment • Practices performing a	*Understands normal postpartum physiological maternal adaptations.*	**V**		_____	_____
		Receives patient report, review provider's orders and patient chart X5	**DO**		_____	_____
		Reviews medical record for information pertinent to the nursing plan of care Rh, rubella status, complications during delivery, and any other pertinent information. X3	**DO**		_____	_____
		Introduces self to patient and explain the purpose of the postpartum physical assessment. X5	**DO**		_____	_____
		Assesses breath sounds both posterior and anterior x3	**DO**		_____	_____
		Assesses bowel sounds and flatus x3	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
	postpartum assessment	*Inspects the breasts for consistency, tenderness, nipple shape, nipple integrity, and presence of colostrum or milk. X3*	**DO**		_____	_____
		Palpates uterine fundus noting location, consistency and massage if necessary x5	**DO**		_____	_____
		Observes lochia flow for color, amount consistency and odor. Can verbalize normal versus abnormal lochia amount. X3	**DO**		_____	_____
		Obtains information from patient regarding her ability to urinate independently. Note presence of frequency, urgency, pain or the ability to empty bladder. Assess bladder status and catheterize according to protocol if necessary. X3	**DO**		_____	_____
		Inspects integrity of rectal area noting present size, and number of hemorrhoids. Note occurrence of last bowel movement and presence of intestinal gas or constipation x3	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Inspects extremities for presence and location of edema, redness, tenderness and/or varicosities x3	**DO**		_____	_____
Maternal Assessment						
Assesses patient for actual or potential abuse, and assists with development of a safety plan.	**Required** **Policies & Procedures** _____ Policy PC129 "Abuse/Neglect of Children or Adults/Elders" Policy PC129-A "Abuse/Neglect of Children or Adults/Elders—Checklist for Texas Department of Health **Modules** _____ Crime Against the Future _____ Houston Area Women's Center	*Previews risk assessment x2*	**V**		_____	_____
		Enters social work consult x2	**V**		_____	_____
		Describes community resources x2	**V**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Initial newborn educational needs and important information for the patient and family	**Required** **Policies & Procedures** ____Policy 119-01 "Patient Identification" _____ Dr. Stork card _____ PC134-01 "Visitation Guidelines and Family Participation of Care" **Modules/Videos** _____ Infant Abduction: Preventing Future Occurrences _____ JC Sentinel Alert	*Provides for patient/family teaching related to postpartum maternal and newborn x3* *_____Safe Sleep* *_____Infant Security-(Newborn ID bands, Newborn security device, photo of newborn, security instruction sheet, crib cards)* *____Immunizations* *____Hearing Screen* *____Universal Screening*	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Collaborates with patient and provider to plan and implement pain management	**Required** **Policies & Procedures** _____ PC110-01 " Assessment/Reassessment/Follow up of Patients"	*Assesses patient's comfort goal*	**DO**		_____	_____
		Provides interventions for pain relief x3 *_____Pain medications-oral, IM, PCA* *_____Ice Packs* *_____Peri Care* *_____Positioning and Comfort Measures*	**DO**		_____	_____
		Reassesses pain level as appropriate	**DO**		_____	_____
Care of the Postpartum patient without complications						
Plan and provide appropriate care to the	**Required** **Policies & Procedures** _____ PC110-01 "	*Receives patient handoff, reviews orders and patient care plan x5*	**DO**		____	____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
postpartum patient	Assessment/Reassessment/Follow up of Patients"	*Initiates / follows through on plan that supports postpartum assessment and vital signs findings x5*	**DO**		____	____
		Vaginal delivery: Inspects perineum for intactness of episiotomy and/or lacerations. Note presence of erythema, ecchymosis, edema and/or drainage x3	**DO**		____	____
		Cesarean or tubal ligation: Inspects incision for intactness. Note presence of erythema, ecchymosis, edema and/or drainage x3	**DO**		____	____
		Provide for patient's immunization needs for Rhogam, Rubella and TdaP x1	**DO**		____	____
		Identifies and meets patient's psychosocial, spiritual and cultural needs x3	**DO**		____	____
		Assesses foley catheter for patency, signs and symptoms of infection x3	**DO**		____	____
		Encourages incentive spirometry as needed x2	**DO**		____	____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Care of the Postpartum patient with complications						
Identifies and cares for the postpartum patient at risk for Postpartum Hemorrhage	**Required** **Policies & Procedures** _____ PC145 "Blood or Blood Component Transfusion" _____ Massive Transfusion Protocol	*Assesses for predisposing factors: x3* * *Previous postpartum hemorrhage* * *Rapid or prolonged labor* * *Uterine over distention due to macrosomia, multiple births and/or polyhydramnios* * *Use of tocolytic and/or anesthetic agents during labor and/or delivery* * *Operative birth* * *High parity* * *Intrauterine infections* * *Previous uterine surgery*	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Assesses blood loss according to protocol. Keeps pad count as needed. X3 _____ *Scant lochia- < 1 inch stain on peripad within 1 hour of assessment* _____ *Light lochia- < 4 inch stain on peripad within 1 hour of assessment* _____ *Moderate lochia- < 6 inch stain on peripad within 1 hour of assessment* _____ *Heavy lochia- saturated peripad within 1 hour of assessment*	**V/DO**		_____	_____
		Assesses Vital signs every 15 minutes when indicated x3	**V/DO**		_____	_____
		Accurately records intake and output x2	**V/DO**		_____	_____

Essential Job Accountabilities	**Learning Resource**	**Validation Criteria**	**Validation Methodology**	Date	**Preceptor Validation**	**New Graduate Validation**
		Plans and takes appropriate nursing actions: x3 * *Ensure large-bore needle IV access* * *Obtains appropriate lab specimens* * *Massages uterus correctly* * *Anticipates need for uterotonic and pain relief measures* * *Administers appropriate IV fluids as necessary* * *Administers prescribed meds as necessary* * *Provide for emotional needs of woman and her family*	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Identifies and cares for the postpartum patient at risk for Infection		***Endometritis*** *Assesses for predisposing risk factors:* * *History of pyelonephritis, cesarean birth, hemorrhage, prolonged labor, pronged ROM, use of internal monitoring, amnioinfusion, fetal scalp sampling and/or multiple vaginal examinations.* * *Anemia, systemic illness, and/or evidence of socioeconomic and nutritional factors which compromise host defense mechanisms*	**V/DO**		_____	_____
		Assesses for appropriate signs and symptoms. Appropriate physical and lab findings may include: x3 *_____Fever* *_____Malaise* *_____Lower abdominal pain* *_____Foul smelling lochia* *_____Urinalysis results* *_____Leukocytosis* *_____Results of all cultures*	**V/DO**			

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Urinary Tract Infection*: Assesses for predisposing risk factors: x3* * *History of birth trauma, anesthesia, frequent vaginal exams, and/or catheterization*	**V/DO**		_____	_____
		Assesses for appropriate signs and symptoms: x3 _____*Dysuria* _____*Frequency and/or urgency* _____*Low-grade fever* _____*Back pain or lower pelvic pressure* _____*Chills* _____*Hematuria* _____*Malaise* _____*Nausea and vomiting*	**V/DO**		_____	_____
		Obtain urine for analysis, culture and sensitivity x2	**V/DO**		_____	_____
		Understand Lab results and communicate using SBAR to provider x3	**V/DO**		_____	_____
		Administer antimicrobials as ordered x3	**V/DO**			
		Assess vital signs per policy x2	**V/DO**		_____	_____
		Encourage rest, adequate fluid intake, adequate diet, and frequent voiding	**V/DO**		_____	____
		Teach and/or reinforce appropriate perineal hygiene and hand washing x3	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Identifies and cares for the postpartum patient at risk for Preeclampsia/ Eclampsia Identifies and cares for the postpartum patient at risk for Thrombophlebitis and Thromboembolism		***Thrombophlebitis and Thromboembolism*** *Assesses for predisposing risk factors: x2* * *First pregnancy or pregnancy of new genetic makeup* * *Multiple gestation* * *Presence of pre-existing diabetes, collagen vascular disease, hypertension or renal disease* * *Hydatiform mole* * *Fetal hydrops* * *Maternal age* * *African American race* * *Family history of Preeclampsia /eclampsia*	**V/DO**		_____	_____
		Defines preeclampsia and its classifications x3 _____*Preeclampsia* _____*Eclampsia* _____*HELLP Syndrome* _____*Edema*	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Assesses in the first 48 hours after birth for signs and symptoms of preeclampsia x3 *_____Hypertension* *_____Proteinuria* *_____Edema* *_____Assess reflexes and clonus*	**V/DO**		_____	_____
		Thrombophlebitis and Thromboembolism: *Assesses for predisposing risk factors: x2* * *Normal coagulation changes of pregnancy* * *Cesarean Birth* * *Forceps delivery* * *Blood vessel and tissue trauma* * *Previous history of thromboembolic disease* * *Varicosities* * *Obesity* * *Age > 40 years* * *Sepsis* * *Immobility associated with antepartum bed rest*	**V/DO**		_____	_____
		Assesses for: x3				
		Tenderness, pain, redness and/or edema of lower extremity	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Circumference of affected leg 2 cm larger than unaffected leg	**V/DO**		_____	_____
		Decreased pulse in affected leg	**V/DO**		_____	_____
		Provides appropriate nursing interventions:				
		Assess vital signs every 4 hours	**V/DO**		_____	_____
		Assess affected extremity for edema and pain every 4 hours	**V/DO**		_____	_____
		Apply antiembolic support stockings as ordered	**V/DO**		_____	_____
		Apply warm packs to affected extremity	**V/DO**		_____	_____
		Elevate affected leg	**V/DO**		_____	_____
		Ambulate as ordered	**V/DO**		_____	_____
Identifies and cares for the psychosocial needs of the postpartum woman		*Provides for privacy*	**V/DO**		_____	_____
		Assesses need for additional resources	**V/DO**		_____	_____
		Identifies signs and symptoms of depression	**V/DO**		_____	_____
		Identifies signs and symptoms of affected coping	**V/DO**		_____	_____
		Identifies signs and symptoms of ineffective parental bonding	**V/DO**		_____	_____
Care of the Nursing and Non-nursing Mother						
Facilitates the breastfeeding process	**Required** **Policies & Procedures** _____Policy #NF109 "Lactation Support and Management" ____Policy #NF-110	*Supports the woman's feeding choice and provides expert information*	**V/DO**		_____	_____
		Has a thorough understanding of the physiology of human lactation	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
	"Collection, Storage and Transport of Mother's Own Milk" _____Policy #NF-114 "Handling of Expressed Breast Milk" _____PW OB114 "Lactation Support for Breastfeeding Mothers and their Newborns"	*Has a thorough knowledge of breastfeeding and supports the woman who wants to initiate breastfeeding during the immediate postpartum period*	**V/DO**		_____	_____
		Utilizes the concept of enticement	**V/DO**		_____	_____
		Facilitates the breastfeeding process including feeding cues, feeding on demand, positioning, latch on, satiation cues and beast care	**V/DO**		_____	_____
		Provides the woman with information to manage engorgement	**V/DO**		_____	_____
		Supports the mother using an electric breast pump x2	**V/DO**		_____	_____
		Uses L.A.T.C.H. scoring tool for successful breastfeeding appropriately	**V/DO**		_____	_____
		Initiates lactation consult as appropriate x2	**V/DO**		_____	_____
		Utilizes weight-loss algorithm as appropriate x2	**V/DO**		_____	_____
Facilitates the formula feeding process		*Facilitates the formula feeding process: x2* *_____provides information about amount of Feeds* *_____satiation cues* *_____demand feeding* *_____positioning* *_____burping* *_____formula preparation*	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Provides the patient with information to manage engorgement	**V/DO**		_____	_____
Newborn Assessment						
Performs a systematic and thorough newborn physical assessment based upon knowledge of expected adaptation to extrauterine life	**Required** **Policies & Procedures** _____ PC110-01 " Assessment/Reassessment/Follow up of Patients" **Recommended** • Observes performing a newborn assessment • Practices performing a newborn assessment	*Verbalizes the physiologic changes which take place during the newborn transitional period x2*	**V**		_____	_____
		Observe newborn in quiet, alert state, noting breathing pattern, overall skin color, posture and muscle tone	**DO/V**		_____	_____
		Assesses vital signs per protocol x5	**DO/V**		_____	_____
		Observes skin color for presence of duskiness, cyanosis, jaundice, bruising or edema x3	**DO/V**		_____	_____
		Assesses cardiovascular system-capillary refill, murmur x3	**DO/V**		_____	_____
		Assesses respiratory system-grunting, flaring, retracting, bilateral breath sounds x3	**DO/V**		_____	_____
		Inspects head for presence of molding, caput, cephalahematoma, and fullness or depression of fontanels x3	**DO/V**		_____	_____
		Inspects cord condition for intactness, dryness, signs of infection and presence of clamp x2	**DO/V**		_____	_____
		Assesses symmetry and movement of face	**DO/V**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Assesses symmetry and movement of limbs	**DO/V**		_____	_____
		Assesses genitourinary: swollen labia, testes descended x2	**DO/V**		_____	_____
		Assesses elimination pattern-stools (color, consistency, number) and urine (color, amount, number) x3	**DO/V**		_____	_____
		Assesses muscle tone and elicits reflexes- Babinski, Moro and suck x2	**DO/V**		_____	_____
		Assesses per pain per NIPS and intervenes as appropriate. X3	**DO/V**		_____	_____
Care of the Normal Newborn						
Initiates/follows through on plan that supports newborn physical assessment findings	**Required:** **Policies & Procedures** _____ Neonatal Blood Glucose Algorithm _____PW NB 204 "Neonatal Blood Glucose Testing" _____PW NB 201"Care of the Newborn" _____PW NB 203 "Newborn Safety and Security"	*Applies Infant Security Bracelet and activates system x3*	**DO**		_____	_____
		Provides care for umbilical cord stump x2	**DO**		_____	_____
		Prepares for and cares for newborn with circumcision x3	**DO**		_____	_____
		Administers Hepatitis B vaccine x3	**DO**		_____	_____
		Administers HBig when appropriate x2	**DO**		_____	_____
		Performs heel stick for capillary blood sampling, bilirubin screening, PKU x5	**DO**		_____	_____
		Performs Car Seat Tolerance Test x2	**DO**		_____	_____
		Understands the policy on hearing screening	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Care of the Newborn with Complications						
Identifies and cares for the newborn at risk for complications	**Required** **Policies & Procedures** ____ TM 523 "Phototherapy in Infants"	*Provides care for the newborn with respiratory complications x3* _____*Recognizes the signs and symptoms of respiratory distress* _____*Provides adequate oxygenation and ventilation as necessary*	**DO**		_____	_____
		Provides care for the newborn with hypoglycemia x3 _____ *Recognizes the signs and symptoms of hypoglycemia* _____*Performs glucose screening according to glucose algorithm* _____*Provides supplemental feeds as necessary based on glucose algorithm*	**DO**		_____	_____
		Provides care for the newborn with hyperbilirubinemia x3 _____*Assesses for jaundice according to protocol* _____*Interprets bilirubin test results*	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Provides care for newborn with sepsis x3 _____*Recognizes signs and symptoms of infection in the newborn*	**DO**		_____	_____
		Provides care for newborn with hypothermia x3 _____*Recognizes signs and symptoms of hypothermia in the newborn* _____*Maintains neutral thermal environment for the newborn*	**DO**		_____	_____
Mother / Baby Discharge						
Incorporates Barriers to Learning and Preferred Learning Styles in implementation of the patient's educational plan	**Required <u>Policies & Procedures</u>** _____ NP 204 "Discharge Process" _____NP 205 "Discharge of a Patient to Agency or to a Person Other than Biological Parent" _____ Handout "Caring for You" _____ Handout "Caring for Your Newborn"	*Assesses patient for readiness for discharge x3*	**DO**		_____	_____
		Assesses patient & families educational needs x2	**DO**		_____	_____
		Provides patient/family education x3	**DO**		_____	_____
		Completes teaching sheets x3	**DO**			
		Removes Infant Security Bracelet and discharges out of computer system. X3	**DO**		_____	_____

NEW GRADUATE ANTEPARTUM ORIENTATION PATHWAY

Name: _____Preceptor: _____**Start Date: _____**

Employee ID#: _____

Release Date:_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
Maternal Assessment						
Performs a systematic and thorough intrapartum physical assessment based upon knowledge of normal physiologic changes.	**Required** **Policies & Procedures** _____ PC110-01 " Assessment/Reassessment/Follow up of Patients" _____ PC111 "Plan of Care" _____ PC 112 "Documentation of Patient Care" AWOHNN Module **Other** **Recommended** • Observes performing a intrapartum assessment • Practices performing a intrapartum assessment	*Understands normal antepartum physiological maternal adaptations.*	**V**		_____	_____
		Receives patient report, review provider's orders and patient chart X5	**DO**		_____	_____
		Reviews prenatal record for information pertinent to the nursing plan of care- Medical, surgical, obstetric, gynecological and family history, identifying maternal-fetal risk factors. X3	**DO**		_____	_____
		Identify chief complaint/ reason for admission. X2	**DO**		_____	_____
		Assesses risk factors for infection (ruptured membranes, Group B strep, Hepatitis B) X3	**DO**		_____	_____
		Determine estimated gestational age X3	**DO**		_____	_____
		Introduces self to patient and explains the purpose of the physical assessment. X5	**DO**		_____	_____
		Assess fetal lie, presentation. Perform Leopold's maneuvers X5	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Cervical examination; if not contraindicated X5 *_____Dilation* *_____Effacement* *_____Position* *_____Consistency* *_____Station*	**DO**		_____	_____
		Uterine activity X10 *_____Frequency* *_____Duration* *_____Intensity* *_____Resting tone*	**DO**		_____	_____
		Status of fetal membranes X10 *_____assist with sterile speculum exam* *_____performs Nitrazine test / Fetal Fibronectin Test (FFN)*	**DO**		_____	_____
		Assesses perineum. X5	**DO**		_____	_____
		Assesses maternal bleeding. X5	**DO**		_____	_____
		Assesses breath sounds both anterior and posterior x3	**DO**		_____	_____
		Assesses bowel sounds x3	**DO**		_____	_____
		Obtains information from patient regarding her urination. Note presence of frequency, urgency, pain or the ability to empty bladder. X3	**DO**		_____	_____
		Inspects extremities for presence and location of edema. X3	**DO**		_____	_____
		Assess reflexes and for clonus x3	**DO**		_____	_____
		Completes Obstetrical Admission Data Sheet x5	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Explains Admission procedures to patient and family x3	**DO**		_____	_____
		Assembles all paperwork for any antepartum procedure x3	**DO**		_____	_____
		Communicates labor status to physician x3	**DO**		_____	_____
Maternal Assessment						
Assesses patient for actual or potential abuse, and assists with development of a safety plan.	**Required** **Policies & Procedures** _____Policy PC129 "Abuse/Neglect of Children or Adults/Elders" _____ Policy PC129-A "Abuse/Neglect of Children or Adults/Elders—Checklist for Texas Department of Health Monitoring" **Modules** _____ Crime Against the Future _____ Houston Area Women's Center	*Performs abuse risk assessment x3*	**V**		_____	_____
		Enters social work consult x2	**V**		_____	_____
		Describes community resources x3	**V**		_____	_____
Performs a systematic and thorough Fetal Heart Rate (FHR) assessment.	**Required** **Policies & Procedures** _____ PW OB# 105"Fetal Monitoring" _____ PW OB #110 Acute	*Orients patient and family to surroundings x3*	**DO**		_____	_____
		Auscultates FHR, noting rate and rhythm. X5	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
	Tocolysis **Modules/Videos** **Other** _____ Navicare Documentation _____ FHR Class _____ FHR Competency Test **Recommended:** • Observes performing a FHR assessment • Practices performing a FHR assessment	*Operates electronic fetal monitoring safely: x5* _____*Assemble and apply external fetal monitor* _____*Documents accurately in Electronic Medical Record* _____*Documents accurately in Navicare* _____*Documents accurately in paper chart*	**DO**		_____	_____
		Recognizes FHR characteristics x10 _____*Baseline HR* _____*Variability (absent, minimal, moderate, marked)* _____*Accelerations* _____*Decelerations(early, late, variable, prolonged)* _____*Unusual fetal heart rate characteristics (sinusoidal pattern, fetal arrhythmias …)*	**DO**		_____	_____
		Identifies Category I, II, III FHR patterns x10	**DO**		_____	_____
		Conducts an NST x5	**DO**		_____	_____
		Explains procedures to patient and family as needed	**DO**		_____	_____
Collaborates with patient and	**Required Policies &**	*Assesses patient's comfort goal*	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
provider to plan and implement pain management	**Procedures** _____ MA#318 "Controlled Analgesia" _____ PCA Policy **Modules/Videos** **Other:** **Recommended:**	*Discusses pain management options x3*	**DO**		_____	_____
		Provides nonpharmacologic methods for pain relief: x5 _____*Cognitive techniques(relaxation, breathing, imagery, music)* _____*Movement and Positioning* _____*Hydrotherapy* _____*Application of heat or cold* _____*Touch (effleurage, Massage)*	**DO**		_____	_____
		Provides analgesia and anesthesia: x5 _____*Parenteral medications* _____*PCA pump* _____*Local infiltration*	**DO**		_____	_____
Care of the Antepartum patient without complications						
Plan and provide appropriate care of patients for cervical ripening/induction of labor	**Required** **Policies & Procedures** _____ PW OB # Cervical Ripening **Modules/Videos** **Other:** _____ OB Medications Orientation Class	*Demonstrates ability to manage patients receiving cervical ripening. X5*	**DO**		____	____
		Applies prepidil for cervical ripening x5	**DO**		____	____
		Administers cytotec for cervical ripening x5	**DO**		____	____
		Understands the management of patients who require augmentation of labor. X5	**DO**		____	____
		Demonstrates ability to balance the needs of multiple patients	**DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Prioritizes and delivers care based on information obtained from the initial examination, risk assessment, and maternal, fetal, labor assessment, and consultation with primary care provider x5	**DO**		_____	_____
		Assesses family interaction and support systems. X3	**DO**		_____	_____
		Discusses desired birth plan including cultural and/or spiritual considerations	**DO**		_____	_____
		Encourage expression of concerns	**DO**		_____	_____
		Encourage participation in decisions for care	**DO**		_____	_____
		Identifies the woman with high-risk or critical conditions who may require consultation or stabilization for transfer to labor and delivery or a critical care environment x5	**DO**		_____	_____
		Prepares the woman and support persons for transport when indicated. X3	**DO**		_____	_____
Care of the Antepartum patient with complications						
Prepares patient for a cesarean birth		*Assembles all documentation for case x3*	**V/DO**		_____	_____
		Completes Labor & Delivery Pre-Op Checklist x3	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Inserts Foley catheter using aseptic technique x3	**V/DO**		_____	_____
		Applies Sequential Compression devices x3	**V/DO**		_____	_____
		Documents on OB transfer and report sheet x3	**V/DO**		_____	_____
Plans and cares for the intrapartum patient with complications	**Required** **Policies & Procedures** _____ **Modules/Videos** _____ **Other** _____ Complications in Pregnancy Class	***Demonstrates the ability to manage and care for patients with the following complications:***	**V/DO**		_____	_____
		IUFD*: x3* *_____Prepares patient for induction and delivery* *_____After care and grief support* *_____Performs nursing care of the baby* *_____Takes photographs/Creating memories*	**V/DO**		_____	_____
		Diabetes: X3 *_____Provides glucose management* *GDM / IDDM*	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Preeclampsia: X3 _____*Assesses for signs and symptoms* _____*Assesses clonus/DTR's* _____*Administers Magnesium Sulfate* _____*States signs and symptoms of Magnesium Sulfate toxicity* _____*Administers labetalol*	**V/DO**		_____	_____
		PTL: X3 _____*Preterm delivery management* _____*Administers 17 Hydroxyprogesterone* _____*Administers Betamethasone*	**V/DO**		_____	_____
		Multiple Gestation	**V/DO**		_____	_____
		P-PROM	**V/DO**		_____	_____
		Acreta	**V/DO**		_____	_____
		Previa	**V/DO**		_____	_____
		Hyperemesis	**V/DO**		_____	_____
		Cholestasis	**V/DO**		_____	_____
		HIV	**V/DO**		_____	_____
		Kidney Stones	**V/DO**		_____	_____

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Date	Preceptor Validation	New Graduate Validation
		Maternal Heart Disease X3 *_____Perform a cardiovascular nursing Assessment* *_____CIC*	**V/DO**		_____	_____
		Fetal SVT	**V/DO**		_____	_____
		Incompetent Cervix	**V/DO**		_____	_____
		Chronic Hypertension	**V/DO**		_____	_____
		Genetic and fetal anomalies	**V/DO**		_____	_____
Patient Discharge						
Incorporates Barriers to Learning and Preferred Learning Styles in implementation of the patient's educational plan	**Required Policies & Procedures** _____ PC 104 "Discharge Process" _____ Handouts	*Assesses patient for readiness for discharge*	**V/DO**		_____	_____
		Assesses patient & families educational needs	**V/DO**		_____	_____
		Provides patient/family education X3	**V/DO**		_____	_____
		Completes teaching sheets X3	**V/DO**		_____	_____

Phase III

Essential Job Accountabilities	Learning Resource	Validation Criteria	Validation Methodology	Preceptor Validation	New Gra Validation
Independent Care of the Patient and Family					
Provides safe and effective care to a full assignment of patients with varying acuities.	**Recommended:** • Preceptor consultation • All applicable Policies and Procedures related to specific patient care situations • Interdisciplinary health care team consultations	Applies knowledge and skills from phase II to the management of a full assignment of patients with varying acuities.	**DO**	_____	_____

Phase III: Narrative Notes

This page is to be used to document any narrative note related to graduate nurse progress that may require an action plan. Each entry should be signed by both the preceptor and the graduate nurse. Additional pages may be added as needed.

Date	Entry followed by preceptor and new graduate signatures

End of Phase III Assessment

☐ Additional learning needs identified. See Action Plan.

☐ No additional learning needs identified.

Date	Preceptor Initials	New Graduate Initials	**Identified Learning Need**	**Action Plan**	**Date Achieved/ Comments**

☐ New graduate successfully met requirements for Phase III of Orientation.

Employee Signature_____ Date_____

Preceptor _____ Date_____

Educator/Manager_____ Date_____

OFF-ORIENTATION ASSESSMENT

☐ Employee demonstrates competence to fulfill job accountabilities.

Employee Signature_____ Date_____

Preceptor _____ Date_____

Educator/Manager_____ Date_____

Appendix B

Women's Services Nurse Residency Objective:

To initiate professional nursing practice careers in a supportive environment committed to mentoring, coaching and learning. To build confidence through a structured, professional transition-into-practice experience that is customized to individual developmental needs. To also develop leadership skills that will positively impact the clinical practice environment and patient outcomes.

During the program, the graduate nurses will create and enhance professional networks and relationships with peers during the residency, while honing and developing clinical and leadership skills in a world-class medical institution.

New graduate objectives:

The nurse residency program aims to help new graduates:

1. Transition from advanced beginner nurse toward competent professional nurse in the clinical environment.

2. Develop effective decision-making skills related to clinical judgments and performance.

3. Provide clinical leadership at the point of patient care.

4. Strengthen their commitment to nursing as a professional career choice.

5. Formulate an individual development plan related to the nurse's new clinical role.

6. Incorporate research-based evidence into their practice.

Appendix C

Project Implementation Plan

Goal: Development of a graduate nurse residency program in Women's Services

Estimated implementation time = 12 weeks
Resources needed for implementation:
Pathways/Articles/Modules
Access to computers/printer/paper supplies
Binders for workbook:
Meeting space for class, competency assessment, simulation center

Estimated number of hours per project team member

Administrator	2 hours
Director of Women's Services	8 hours
RN-Preceptor training	8 hours
Director of Education	16 hours
Education Coordinators (x2)	48 hours
Clerical staff	8 hours
Total team hours	138 hours

Task	Team members	Target date	Person responsible	Product outcome
Develop timeline and program products	• Project team leader • Director of education • Director of Women Services line • Education coordinators	Week 1-4	Project team leader	Products: • Projected Unit Pathways • Projected nurse residency objectives • Projected nurse residency calendar • Validation Process • Evaluation tools • Implementation plan
Develop	• Project team	Week 4-8	Project team	• Review and

education for new graduate nurses	leader • Director of education • Director of Women Services line • Education coordinators		leader	organize purchased AWHONN modules • Pre-test • Medication List • Simulations • Case studies
Develop graduate nurse workbook prototype	• Project team leader • Director of education • Education coordinators	Week 9	Project team leader	• Workbook
Evaluation plan	• Project team leader • Director of education • Director of Women Services line • Education coordinators	Week 10-12	Project team leader	• Casey-Fink survey questions • Outcome evaluation • Transition plan

Appendix D

Project Evaluation Plan

Task	Team members	Person responsible	Product outcome
Identify evaluation criteria	• Project team leader • Director of education • Director of Women Services line • Education coordinators	Project team leader	• Retention data at 1 year.
Develop method to track data	• Project team leader • Director of education • Director of Women Services line • Education coordinators	Project team leader	• Casey Fink survey responses at : 3, 6, 9 and 12 months • Outcome survey at 1 year and 2 years.
Transition Plan	• Project team leader • Director of education • Director of Women Services line • Education coordinators	Project team leader	• Project team leader transitions program development to Director of education for implementation.

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday
One week before start	Newsletter emailed to staff		Need preceptor welcome card for GN Workbook		Assemble GN Workbook
1	General TCH Orientation 8-5pm	General TCH Orientation 8-5pm	Open Session 9am-2pm Welcome (Badging/CHEX) Modules/policy review POCT Medication Test	• Welcome – (Review schedule/NR Team site, Demographic forms) • Getting to know each other • Guest speaker: Chief Nursing Officer • Assertive Communication Videos/modules/policies • Tour of Hospital	EMR Training

2	9-5pm Welcome to PFW ***Overview of Mission and Philosophy (Communication, Teamwork, PCC, EBP, QI, Informatics) educators and preceptors have lunch with new graduates.	8am-5pm • AHA Learn: Rhythm (Adult) • Modules – on pathway	8am-5pm • Scenarios - Skills Lab – (Alaris, bear hugger, SCD's, T pump, Hover Mat, kangaroo pump, push-pull, life-pack 20, bladder scanner, • Trauma intro (20m) • Central drsg change • Protecting our Patients, protecting ourselves Fireside Chat rules	8am-5pm Get Familiar with your environment Room orientation Voalte/Call system Panda warmer GE Fetal monitors Nursing smart panel Get well network 1pm-5pm Fetal Monitoring (Basics Navicare)	8am-5pm Pre-Assessment Exam CHEX modules-Policy and Procedures
3	8am-10am Module Maternal Assessment, 1015- 1200 Postpartum Assessment, 1200-1pm Lunch 1pm-3pm Newborn Assessment 330-5pm Low Fidelity Simulation Case Studies	8am-5pm Period of Purple Crying Bereavement P-PACT Emancipated Minor Therapeutic Communication How do feel? What do you say? RTS segments Transport and Morgue Paperwork	DAY 1 7am-7pm 1st Day with preceptor Observation Acclimate to Unit Scavenger Hunt Department Orientation checklist Infant Security Omni cell Access	DAY 2 7am-7pm How preceptor plans day Prioritization of care Time management Workflow SBAR	

4	8-10 Health Assessment of Women • Psychological adjustments • Physiological changes 1015-1115 STDs/STIs 1115-1200 Violence against women 1200-100 Lunch 1300-1700 The Antepartum Period . Assessment for physiological and psychosocial risk factors Anatomy and physiology of pregnancy Application of the nursing process during pregnancy Maternal and fetal nutrition	0800-1100 Labor and birth processes 11-1200 Lunch 1200-1400 Fetal assessment 1430-1630 Nursing care during labor and birth 30 min Birth Stories	DAY 3 7a-7p	DAY 4 7a-7p	

5	Nursing care: postpartum ·0800-1000 Maternal psychological and physiological changes 1015-1200 Application of the nursing process during the fourth trimester 1300-1500 Transition to parenthood 1500-1700 Breastfeeding lecture	0800-1200 Nursing care: The neonate ·Newborn Assessment ·Application of the nursing process in newborn care 1300-1700 Hands on Baby care class	DAY 5 7a-7p	DAY 6 7a-7p	
6	0800-1200 Labor and Delivery complications 1300-1700 Case studies and low fidelity simulation	DAY 7 7a-7p	8am-5pm • Code Cart • Mock Code Skills (CRM-simulation skills) • Code Documentation • Ethics • EAP Team work • Child Abuse Fireside Chat	DAY 8 7a-7p	

7	0800-1200 Postpartum Complications 1300-1500 Coaches Corner 1500-1700 Teamwork and Communication	NRP 8-12 1-5pm Pain lecture with Anesthesia team	0800-1200 Accreta Program 1-5 CHEX Modules	0800-1100 Fetal intervention overview 1100-1200 Lunch 1300-1700 QI and informatics	
8	This week L&D GN will do OR time MBU—will be in NB 2 days and 1 Day NTN WSU 3 shifts with preceptor				
9	This week L&D GN will do OR time MB—1 day with Lactation WSU 3 shifts with preceptor		8-5 • Simulation codes – • Professional Boundaries Fireside Chat		
10	0800-1700 Fetal Monitoring Course				
11	Three 12hour shifts on unit with preceptor				
12	Three 12hour shifts on unit with preceptor				

13	Three 12hour shifts on unit with preceptor				
14	Three 12hour shifts on unit with preceptor				
15	Three 12hour shifts on unit with preceptor				
16	Three 12hour shifts on unit with preceptor				
17	Three 12hour shifts on unit with preceptor				
18	Three 12hour shifts on unit with preceptor				
19	Three 12hour shifts on unit with preceptor				
20	Three 12hour shifts on unit with preceptor				
21	Three 12hour shifts on unit with preceptor				
22	Three 12hour shifts on unit with preceptor				
23	Three 12hour shifts on unit with preceptor				
24	Three 12hour shifts on unit with preceptor				
25-52	Three 12hour shifts on unit with resource nurse				

Appendix E

Nurse Residency Program Evaluation

I. Evaluation of Offerings: (1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree)

Topic #1 by Presenter #1

The presentation gave me good and useful information 1 2 3 4

The presenter was a good teacher with good teaching materials 1 2 3 4

I can (objective) as a result of participating in this presentation 1 2 3 4

Topic #2 by Presenter #2

The presenter was a good teacher with good teaching materials 1 2 3 4

The presentation gave me good and useful information 1 2 3 4

I can (objective) as a result of participating in this presentation 1 2 3 4

Topic #3 by Presenter #3

The presenter was a good teacher with good teaching materials 1 2 3 4

The presentation gave me good and useful information 1 2 3 4

I can (objective) as a result of participating in this presentation 1 2 3 4

Topic #4 by Presenter #4

The presenter was a good teacher with good teaching materials 1 2 3 4

The presentation gave me good and useful information 1 2 3 4

I can (objective) as a result of participating in this presentation 1 2 3 4

Topic #5 by Presenter #5

The presenter was a good teacher with good teaching materials 1 2 3 4

The presentation gave me good and useful information 1 2 3 4

I can (objective) as a result of participating in this presentation 1 2 3 4

The workshop environment made it easy to learn 1 2 3 4

There was sufficient time for breaks and other diversions	1	2	3	4
I would recommend this to other new graduate nurses	1	2	3	4

II. Content Evaluation

What did you like best about this program?

What did you like least about this program?

What are the two most important things you learned today?

Name two things you learned today that you will use on your next shift?

How would you improve this workshop?

What would you like to discuss in future sessions of the Nurse Residency Program?

Any other comments

Thanks for taking the time to fill this out. Your comments are greatly appreciated!

Source: Jim Hansen, MSN, RN. (2011). Nurse Residency Program Builder: Tools for a Successful New Graduate Program. For more information, visit www.hcmarketplace.com/prod-9202/Nurse-Residency-Program-Builder.html.

Appendix F
Outcome evaluation

Nurse Residency Program Survey

The nurse residency program (NRP) is interested in your experience with the nurses who participate in the program. We would be very grateful if you would take a few minutes to fill out this survey, as it will help us improve our programs for new graduate nurses in the future. Feel free to skip any questions that do not apply to you or your unit. When you have completed it, please return it to the Education coordinator. Thanks!

I. Demographics:

1. What is your primary nursing role?

a. Director

b. Manager

c. Preceptor

d. Nurse educator

2. Which nursing unit do you primarily work in?

3. On average, how many new graduate nurses does your unit hire each year?

II. Competency: Please evaluate the competency of your new graduates. For each competency that follows, please indicate how satisfied you are with new graduate proficiency using the following scale. A new graduate is defined as a nurse with less than one year of experience.

VD = Very Dissatisfied, D = Dissatisfied, SD = Somewhat Dissatisfied, SS = Somewhat Satisfied, S= Satisfied, VS= Very Satisfied

CLINICAL KNOWLEDGE						
Knowledge of pathophysiology of patient conditions	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Knowledge of pharmacological implications of medications	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Interpretation of physician and interdisciplinary orders	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Compliance with legal/regulatory nursing practice issues	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Clinical knowledge overall	**VD**	**D**	**SD**	**SS**	**S**	**VS**
TECHNICAL SKILLS						
Patient assessment	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Medication administration	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Clinical nursing procedures (IVs, dressings, etc.)	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Using clinical technology (IV pumps, monitors, etc.)	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Using information technology (NUR, BMV, etc.)	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Technical skill overall	**VD**	**D**	**SD**	**SS**	**S**	**VS**

CRITICAL THINKING						
Interpretation of assessment data	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Decision-making based on the nursing process	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Recognition of changes in patient status	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Ability to anticipate risk	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Knowing when to ask for assistance	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Critical thinking overall	**VD**	**D**	**SD**	**SS**	**S**	**VS**
ORGANIZATION/MANAGING RESPONSIBILITY						
Ability to keep track of multiple responsibilities	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Ability to prioritize care tasks	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Completion of tasks within expected time frames	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Ability to take initiative	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Ensuring appropriate follow-up	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Organization/management overall	**VD**	**D**	**SD**	**SS**	**S**	**VS**
COMMUNICATION						
Communicating with physicians and interdisciplinary team members	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Patient advocacy	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Rapport with patients and families	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Patient education	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Conflict resolution	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Communication overall	**VD**	**D**	**SD**	**SS**	**S**	**VS**
PROFESSIONALISM						
Ability to work independently	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Ability to word as part of a team	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Respect for cultural diversity	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Accountability for actions and decisions	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Customer service	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Understanding of the principles of evidence-based practice	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Understanding and using quality improvement methodologies	**VD**	**D**	**SD**	**SS**	**S**	**VS**
Professionalism overall	**VD**	**D**	**SD**	**SS**	**S**	**VS**
OVERALL						
New graduates on my unit are prepared to provide competent care	**VD**	**D**	**SD**	**SS**	**S**	**VS**
I am satisfied with the clinical skill of new graduates on my unit	**VD**	**D**	**SD**	**SS**	**S**	**VS**
I am satisfied with the nonclinical skill of new graduates on my unit	**VD**	**D**	**SD**	**SS**	**S**	**VS**

Casey-Fink Graduate Nurse Experience Survey (revised)

I. List the top three skills/procedures you are *uncomfortable performing* independently at this time?

1. _____
2. _____
3. _____
4. _____I am independent in all skills

II. Please answer each of the following questions by placing a mark inside the circles:

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
1. I feel confident communicating with physicians.	○	○	○	○
2. I am comfortable knowing what to do for a dying patient.	○	○	○	○

3. I feel comfortable delegating tasks to the Nursing Assistant.	○	○	○	○
4. I feel at ease asking for help from other RNs on the unit.	○	○	○	○
5. I am having difficulty prioritizing patient care needs.	○	○	○	○
6. I feel my preceptor provides encouragement and feedback about my work.	○	○	○	○
7. I feel staff is available to me during new situations and procedures.	○	○	○	○
8. I feel overwhelmed by my patient care responsibilities and workload.	○	○	○	○
9. I feel supported by the nurses on my unit.	○	○	○	○
10. I have opportunities to practice skills and procedures more than once.	○	○	○	○
11. I feel comfortable communicating with patients and their families.	○	○	○	○

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
12. I am able to complete my patient care assignment on time.	○	○	○	○
13. I feel the expectations of me in this job are realistic.	○	○	○	○
14. I feel prepared to complete my job responsibilities.	○	○	○	○
15. I feel comfortable making suggestions for changes to the nursing plan of care.	○	○	○	○
16. I am having difficulty organizing patient care needs.	○	○	○	○
17. I feel I may harm a patient due to my lack of knowledge and experience.	○	○	○	○
18. There are positive role models for me to observe on my unit.	○	○	○	○
19. My preceptor is helping me to develop	○	○	○	○

confidence in my practice.

20. I am supported by my family/friends.	○	○	○	○
21. I am satisfied with my chosen nursing specialty.	○	○	○	○
22. I feel my work is exciting and challenging.	○	○	○	○
23. I feel my manager provides encouragement and feedback about my work.	○	○	○	○
24. I am experiencing stress in my personal life.	○	○	○	○

25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

    a. Finances
    b. Child care
    c. Student loans
    d. Living situation

e. Personal relationships

f. Job performance

g. Other _____

III. How *satisfied* are you with the following aspects of your job:

	VERY DISSATISFIED	MODERATELY DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	MODERATELY SATISFIED	VERY SATISFIED
Salary	○	○	○	○	○
Vacation	○	○	○	○	○
Benefits package	○	○	○	○	○
Hours that you work	○	○	○	○	○
Weekends off per month	○	○	○	○	○
Your amount of responsibility	○	○	○	○	○
Opportunities for career advancement	○	○	○	○	○
Amount of encouragement and feedback	○	○	○	○	○
Opportunity for choosing shifts worked	○	○	○	○	○

IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the *"student"* role to the *"RN"* role?

a. role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)

b. lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit,

critical thinking)

c. workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)

d. fears (e.g. patient safety)

e. orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?

a. improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)

b. increased support (e.g. manager, RN, and educator feedback and support, mentorship)

c. unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)

d. improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?

a. peer support (e.g. belonging, team approach, helpful and friendly staff)

b. patients and families (e.g. making a difference, positive feedback, patient satisfaction,

patient interaction)

c. ongoing learning (e.g. preceptors, unit role models, mentorship)

d. professional nursing role (e.g. challenge, benefits, fast pace, critical thinking,

empowerment)

e. positive work environment (e.g. good ratios, available resources, great facility, up-to-

date technology)

4. What aspects of your work environment are least satisfying?

a. nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)

b. system (e.g. outdated facilities and equipment, small workspace, charting, paperwork)

c. interpersonal relationships (e.g. Gossip, lack of recognition, lack of teamwork, politics)

d. orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:

_____

_

_____

_____

V. ***Demographics:*** **Circle the response that represents the most accurate description of your individual professional profile.**

1. **Age: _____ years**

2. **Gender:**
   a. Female
   b. Male

3. **Ethnicity:**
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Other
   f. I do not wish to include this information

4. **Area of specialty:**

a. Adult Medical/Surgical
b. Adult Critical Care
c. OB/Post Partum
d. NICU
e. Pediatrics
f. Emergency Department
g. Oncology
h. Transplant
i. Rehabilitation
j. OR/PACU
k. Psychiatry
l. Ambulatory Clinic
m. Other: _____

5. **School of Nursing Attended (name, city, state located):** _____

6. **Date of Graduation:** _____

7. **Degree Received:** AD: _____ Diploma: _____ BSN: _____ ND: _____

8. **Other Non-Nursing Degree (if applicable):** _____

9. **Date of Hire** *(as a Graduate Nurse)***:** _____

10. What previous health care work experience have you had:

a. Volunteer

b. Nursing Assistant

c. Medical Assistant

d. Unit Secretary

e. EMT

f. Student Externship

g. Other *(please specify)*: _____

11. Have you functioned as a charge nurse?

a. Yes

b. No

12. Have you functioned as a preceptor?

a. Yes

b. No

13. What is your scheduled work pattern?

a. Straight days

b. Straight evenings

c. Straight nights

d. Rotating days/evenings

e. Rotating days/nights

f. Other *(please specify)*: _____

14. How long was your unit orientation?

a. Still ongoing

b. ≤ 8 weeks

c. 9 – 12 weeks

d. 13 – 16 weeks

e. 17 - 23 weeks

f. ≥ 24 weeks

15. How many *primary* preceptors have you had during your orientation?

_____ number of preceptors

16. Today's date: _____

Drop down list of skills

Assessment skills

Bladder catheter insertion/irrigation

Blood draw/venipuncture

Blood product administration/transfusion

Central line care (dressing change, blood draws, discontinuing)

Charting/documentation

Chest tube care (placement, pleurovac)

Code/Emergency Response

Death/Dying/End-of-Life Care

Nasogastric tube management

ECG/EKG/Telemetry care

Intravenous (IV) medication administration/pumps/PCAs

Intravenous (IV) starts

Medication administration

MD communication

Patient/family communication and teaching

Prioritization/time management

Tracheostomy care

Vent care/management

Wound care/dressing change/wound vac

Unit specific skills _____