Nurse Residency Programs and the Transition to Child Health Nursing Practice

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Nurse residency programs for newly licensed RNs are a critical component in bridging the clinical practice gap between education and practice. In May 2013, the Institute of Pediatric Nursing invited leaders from pediatric nursing organizations and children's hospitals to attend a forum on nurse residency programs for pediatric nurses. This article presents a summary of the discussions that occurred during the forum and makes recommendations for addressing issues related to nurse residency programs.

In 2009, the Pediatric Nursing Certification Board brought together pediatric nurse leaders to explore collaboration across pediatric nursing specialty organizations and children’s hospitals. The overwhelmingly positive response at this inaugural forum resulted in the creation of the Institute of Pediatric Nursing (IPN) (www.ipedsnursing.org), an alliance of pediatric nursing organizations and children's hospitals. Five common areas of concern were identified: access to care; advocacy for children's health; care coordination; pediatric nursing education; and quality, safe, evidence-based nursing practice.

Since its inception, the IPN has held an annual, invitational forum to address issues of importance to all pediatric nurses. Earlier forums focused on Securing the Future of Pediatric Nursing (2010) and Pediatric Nursing Content in BSN Programs (2011). In May 2013, the topic of the forum was nurse residency programs for pediatric nurses. Two nurse leaders from each organization were invited, with 62 pediatric nurse leaders attending the forum representing 13 pediatric nursing organizations and 22 children’s hospitals (see Document, Supplemental Digital Content 1, http://links.lww.com/JONA/A405). This forum, titled “Enhancing the Preparation of the Pediatric Nursing Workforce: Exploring the Structure, Scope, and Characteristics of Hospital Based Pediatric Residency Programs,” supported the Institute of Medicine’s (IOM’s) Future of Nursing (FON) report that recommends the development of residency programs for all nurses as they transition to practice.

The forum included 3 expert presentations on the current status of nurse residency programs and a presentation of the results of an IPN national survey to assess the current state of pediatric nursing residency programs at children’s hospitals. The forum concluded with breakout sessions that provided participants an opportunity to discuss critical issues related to pediatric nurse residency programs.

This article presents a brief overview of residency programs and a summary of the discussions that occurred during the forum. The IPN Board of Directors identified discussion questions for the breakout groups. These were divided into 2 major categories: current practices in children’s hospitals nurse residencies (content, preceptors, and outcomes) and issues related to child health residencies (nonhospital child health...
residency programs including the role of specialty organizations in nurse residency programs). At the forum, each group consisted of participants from children’s hospitals, pediatric nursing organizations, and a facilitator from the IPN Board. Summaries of the discussions were presented to the total group. Following the forum, the participants of each group were sent the summary of the discussion they participated in for verification and further comment.

Overview: Nurse Residency Programs

There is a continental divide between nursing education and nursing practice, with a need to bridge the educational preparation to clinical practice gap of the newly licensed RN (NLRN). To address this issue, The Joint Commission recommends standardized postgraduate nurse residency programs. In support of this recommendation, the Robert Wood Johnson Foundation and the IOM compiled evidence and, as part of the FON, urged the development of formal residency education programs to reduce turnover rates and strengthen nursing knowledge and skills in support of quality patient care. The formalized instruction and socialization provided in residency programs extend beyond orientation and are individualized to assist NLRNs to expand their clinical skills and leadership competencies beyond entry-level nursing practice. The formal curriculum provides guided experiences with preceptors, didactic content and clinical skills, debriefing and self-care sessions, and formal mentoring.

NLRNs face many transition challenges including colliding expectations between their beliefs and the experiences they are having, pressure to function as RNs by managing patient care and autonomous decision making, workplace demands such as a high nurse-to-patient ratio, and lack of respect often with uncivil work environments. A description of nurse reality shock documented that the learning needs of NLRNs extend beyond the academic setting and that growth from novice to expert can occur through additional postacademic education and practice experiences.

Residency programs benefit NLRNs by helping to bridge the transition to practice and may benefit the organization by improving patient outcomes through establishment of a culture of healthy clinical nurse practice environments and retention. NLRNs who completed programs were more confident, more likely to be patient advocates, linked critical thinking with actions, used evidence-based practice (EBP), and displayed enhanced communication and leadership skills. At 12 months, NLRNs who participated in residency programs had increased confidence, skills, and abilities, and their turnover was one-third of the national average. A reduction in environmental reality shock,

an increase in job and practice satisfaction, and improved performance were noted. An overall commitment to the profession and to the organization, appreciation of the rhythm in the chaos of the unit, and a feeling of being valued were other outcomes. Hendren reported that the return on investment in nurse residency programs was realized in the greater competency and retention of the NLRN.

Current Practices in Children’s Hospital: Nurse Residencies

What content is critical and unique for inclusion in a pediatric nursing residency program? The participants discussed general issues followed by pediatric-specific content that should be included in all nurse residency programs in children’s hospitals. The identified specific content areas included professionalism, family-centered care, clinical competence, leadership, informatics, communication, and work-life balance. Under each topic, key elements were discussed.

General Issues

The group felt that the complexity of pediatric care and the increased expectations of nurses make it difficult for NLRNs to function effectively unless they are fully prepared to assume their role. The NLRNs have had limited time and experience during their undergraduate education to synthesize and apply the knowledge and skills that they have learned in the classroom, particularly in specialties such as pediatrics. Pediatric didactic content in a classroom or through clinical conferences and debriefing sessions is critically needed, in addition to having defined, focused, clinical pediatric experiences with preceptors.

There was unanimous agreement that a residency program needs to be individualized with objectives tailored to meet the needs of new nurses. Because academic programs frequently provide little or no pediatric clinical experience, an assessment of NLRN knowledge and skills is required to provide a meaningful and individualized pediatric-focused program. Academic programs meet required standards and the essentials of nursing education, so all graduates have a theoretical basis for care. However, NLRNs in hospital settings must develop clinical reasoning, competence, and the confidence needed to provide safe, quality, evidence-based care for children.

Professionalism

Participants thought that patient advocacy, interprofessional education, teamwork, EBP, and quality improvement (QI) initiatives are important topics for all NLRNs. Many programs require an EBP or QI project. Understanding ethical principles, the scope
and standards of nursing practice as well as professional boundaries and the roles of other team members are essential topics.

**Family-Centered Care**
Families may be of diverse cultures and social backgrounds, so awareness of various individual and group values and beliefs is important. Content should include current patient and family care needs and plans for future care, including palliative and end-of-life care. The participants believed that family-centered care is critical knowledge.

**Content for Clinical Competence**
To gain clinical competence, the group discussed the need for both didactic classes and clinical experiences. Didactic content on topics specific to children such as growth and development, assessment, medication management, technical skills, anticipatory guidance, and family counseling is needed. Pediatric pain management and palliative care should also be included. Classes should contain content on the unique needs of the pediatric patient and their family.

The group felt that individualized residency programs should include clinical experience on both the NRLN’s assigned unit and varied experiences with a preceptor(s) on other units, such as the emergency department. This experience would provide NRLNs with a more comprehensive understanding of the importance of coordinating care within the organization.

**Coordinating Care: Communication, Leadership, and Data Management**
Participants felt strongly that NRLNs require support to acquire the skills to communicate clearly in written, verbal, and nonverbal forms. There is an expectation that nurses coordinate the care of their patients, so NRLNs need training to be competent in this role and confident in their abilities. Learning to be a supportive team member, helping to develop others, delegating when appropriate, and eventually leading a team are leadership skills to be developed. Coordinating and monitoring patient care require an understanding of what data are meaningful, documenting findings through appropriate use of electronic health records and informatics, and presenting data that contribute to care coordination and QI.

**Lifelong Learning**
The group believed that to maintain clinical competence, lifelong learning should be presented as an expectation, starting with the residency program. Multiple strategies benefiting both the NLRN and the organization included interprofessional experiences, participating in organizational councils, learning preceptor skills, and developing an evidence-based or QI project that may be presented at regional and national conferences. Organizations supported lifelong learning by providing resources such as continuing education programs, research and academic opportunities, and affiliations that encourage nurses to continue formal education.

**Work-Life Balance**
Given that a large number of nurses leave the profession in the 1st year of practice, the group agreed that it is essential that content on work-life balance be included. As noted earlier, new nurses deal with reality shock and sometimes with an unrealistic expectation that they must move quickly from novice to expert. Providing time for self-reflection and learning stress management techniques and strategies for personal and professional time management are needed to help NLRNs with the transition.

**Preceptors**
What are the best strategies for residency preceptor selection, education, recognition, burnout prevention, and evaluation?

Participants noted that 1 of the most challenging issues for residency programs is preceptors. The group initially identified issues related to the selection, training, recognition, burnout prevention, and evaluation of preceptors and then identified strategies to address these issues. Some of the recommendations had been tried or used successfully at participants’ organizations. Following is a summary of the group’s discussion relative to the issues they identified related to preceptors.

**Selection of Preceptors**
The role of the preceptor is not clearly or consistently defined in terms of competencies, qualifications, and expectations. The selection methods for preceptors vary from volunteer, to an application process, to an organizational requirement. There is a need to differentiate between basic and advanced precepting to meet the needs of student nurses and NLRNs. Challenges to maintaining a successful preceptorship program include addressing competing time demands on preceptors, scheduling consistent preceptors, and meeting the increased demand for preceptors with staff growth or vacancies.

The role and qualifications of the preceptor need to be clearly articulated to staff nurses through informational workshops. Subsequently, an application process allows for a more objective selection of qualified preceptors based on established criteria rather than making precepting mandatory for all nurses. Unit-based preceptor committees responsible for reviewing applications promote ownership of the program by
staff. Letters of recommendation from peers and a manager describe the experience and performance levels of potential preceptors. Matching preceptors to NLRNs is an important aspect of the selection process and can be achieved through an interview process of both potential preceptors and the NLRN.

**Education for Preceptors**

According to the participants, preceptors need education in specific areas to support their ability to precept NLRNs. They must understand principles of adult learning and a range of teaching methods and may require training in conflict resolution. Furthermore, preceptors need ongoing education to meet the emerging needs of NLRNs. Approaches to educating preceptors may include social media, a Web page, and a newsletter. Conducting an annual assessment of preceptors’ needs provides the opportunity to offer workshops that address topics such as family-centered care, QI, safety, and leadership. Whether the education and training of preceptors are generalized or unit based, a preceptor committee as part of the nursing governance structure is recommended. The availability of a clinical educator who is dedicated to half-time on the unit and half-time in continuing education can model behavior as well as oversee the unit preceptors.

**Recognition of Preceptors**

The group felt it is extremely important to recognize preceptors for their invaluable role. Recognition can be financial, clinical, or professional recognition. Some institutions provided a pay differential or bonuses. Clinical recognition can be assignments that prioritize the learning needs of the NLRN and through the clinical ladder. Professional recognition was common at most institutions and included a letter of recognition for the preceptor’s file and support for obtaining national preceptor certification. Preceptors can be recognized during a luncheon that could include awards such as Preceptor of the Year (unit based or organizationally), as well as with gifts and thank-you notes from the precepted nurse residents.

**Burnout Prevention**

The participants felt that burnout is a real threat to preceptor satisfaction and success. Two examples to decrease the burden on the preceptor were a boot-camp-like experience for the NLRN to introduce daily skills and scheduling time periodically with a clinical educator for such things as safety checks and rounds. Using simulation for the NLRN to hone clinical skills frees the preceptor during the busy clinical day. Minimizing floating while precepting and a contingency plan for the NLRN to engage in independent learning when the preceptor must be pulled into an emergency situation reduce conflict in role expectations. Team precepting and planned breaks from precepting can reduce burnout among preceptors.

**Evaluation**

Evaluation of preceptors is essential to ensure expectations and standards are being met, to document the NLRN is receiving the needed experiences, and to provide guidance and direction for preceptors. One method identified by the group is the 360-degree evaluation, where the preceptor, NLRN nurse residents, clinical manager, and clinical educator all evaluate the preceptor based on established criteria. The evaluation method selected should fit in the overall evaluation of the nurse residency program.

**Outcomes**

What are the outcomes of residency programs? How should a residency program be evaluated?

Participants identified 2 areas that need to be addressed by residency programs: those outcomes related to the individual and those related to the organization. In addition, discussion focused on what evaluation instruments should be used.

**Individual**

The goal of residency programs is to provide additional educational experiences that assist a nurse in the transition from student to novice. This group began by discussing areas of core content and the need to identify the expected outcomes for the NLRN. Embedded in programs are evaluations of the NLRN’s knowledge of critical information. Skill demonstrations on designated units or through simulation are often included as measures of progress within the program. One outcome measure of residency graduate knowledge acquisition that some participants cited as important to their residency program is attainment of certification as a pediatric nurse. The most frequently cited evaluation tool used by these participants in their residency programs is the Casey-Fink Graduate Nurse Experience Survey. The Casey-Fink includes multiple sections that address skills, job satisfaction, transition difficulties and supports, and stressors. The scale takes approximately 15 to 20 minutes to complete and is not specific to pediatric nursing or children’s hospitals. Programs typically have residents complete the Casey-Fink at the beginning of the program, at 6 months, and at 1 year, for yearlong programs.

**Organizational**

For many organizations, the impetus for supporting a residency program is the impact it has on workforce factors, such as retention rates of staff nurses and related vacancy rates. Participants stated that their
program maintains data on employment trends and retention rates and monitors trends over multiple years.

**Issues Related to Child Health Residencies**

**Nonhospital Child Health Residency Programs**

How do we address the need for residency programs for nurses in nonhospital settings?

Although most residency programs have focused on hospital patient care settings, it is critical that residency programs outside acute care settings be developed and evaluated. Currently, 38% of nurses are not employed by hospitals.2 However, the shift of care from acute care institutions to the community as well as changing demographics require residency programs be developed to prepare nurses for these roles as well.

Developing effective models for nurse residencies in nonhospital settings presents additional challenges. The group felt that structure, funding, and quality are a few of those challenges. Pediatric nurses practicing in schools, home care, and private practice settings are often more isolated and have less opportunity to benefit from the knowledge and skills of more seasoned practitioners. Creative models that differ from hospital pediatric nurse residency programs will need to be explored.

Funding is a major challenge to developing residencies for nurses practicing in these settings. There is often no organizational support or resources to develop and maintain nurse residency programs. Securing grant funding for a pilot program that demonstrates successful outcomes would set the stage for obtaining organizational partnerships and additional funding.

Community settings that employ pediatric nurses typically do so in small numbers. On-line programs are a way to bring community based nurses together to create a residency program. Synergy could be created through Listserv, social networking, and video conferencing, with the option of interspersed face-to-face meetings. Collaboration among these smaller organizations to create nurse residency opportunities may be a cost-effective and realistic way to design effective programs. These strategies would be particularly effective in rural areas where there are few experienced staff to serve as preceptors. An example of a successful model is the collaboration between the Association of Montana Healthcare Providers and Idaho State University’s North West Rural Nurse Residency Program to assist Montana hospitals with developing transition to practice programs.15 The group also believed that developing regional partnerships among providers is another option to create pediatric nurse residencies in the community. State departments of health may potentially develop programs for multiple nursing roles transitioning into practice, incorporating the expertise of intradisciplinary and interdisciplinary groups. For example, pediatric nurse practitioners could collaborate with school nurses to provide asthma education and mentorship.

Despite the recognition that residency programs outside acute care settings are needed, there are few examples of residency programs for new APRNs or nurses changing practice sites or specialties.16-18 Recommendation 3 of the IOM report2 endorses participation in nurse residency programs after completion of an advanced practice degree program or licensure program or when transitioning into a new clinical practice area.

**Specialty Organizations and Nurse Residency Programs**

How can specialty pediatric nursing organizations support or contribute to the success of nursing residency programs?

The group felt that specialty organizations and residency programs could create a global vision for participants by sharing educational resources and content. They also saw it as an opportunity to build leadership skills and solidify a commitment to professional nursing organizations. Pediatric nursing specialty organizations could offer discounted conference fees to residents, free continuing education, and coordinate delivery of presentations on various topics to residents. In return, specialty nursing organizations would have an opportunity to promote student membership, expand their new graduate’s membership numbers, and involve residents in chapter committees.

The group explored the possibility of developing future leaders of pediatric specialty organizations through involvement with the pediatric nursing residency programs. Overall, the group felt that building relationships between pediatric nurse residency programs and local chapters of specialty organizations would provide unique benefits to both groups.

**Conclusions**

This article has presented findings from the 2013 IPN forum on nurse residency programs for pediatric nurses. Although the importance of nurse residencies is well established, there remains a need for articulating the essential components of these programs. Breakout sessions at the forum focused on content, preceptors, outcomes, how to address the need for residency programs in nonhospital settings, and the role of pediatric nursing professional organizations in residency programs. Key themes emerged from the discussion for each of the components and are summarized in Table 1.

Evaluation of residency programs overall has been difficult for many reasons, the main one being the wide
variation in content and in the teaching and learning strategies used. As a major nursing education redesign, residency programs could be used to test the principles, concepts, and strategies of organizational transformation and of experiential-interactive learning.19 To demonstrate the outcomes and the effectiveness of these programs, well-designed quasi-experimental studies are needed.

The comments and suggestions from the discussion groups were not unexpected. However, the frequency with which themes emerged underscores the need for developing nurse residency programs for NLRNs in which content, selection, education of preceptors, and outcome evaluation are consistent across programs. In addition, developing programs to meet the needs of nurses in nonhospital settings and the role of specialty organizations needs to be addressed.

The need for nurse residency programs for NLRNs that are well designed and effectively implemented is evident, and the value of these programs has been demonstrated. The challenge ahead is to establish standards to ensure consistency across programs and the ability to evaluate outcomes in order to ensure safe, high-quality nursing care.

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References