405: HOW TO DEVELOP A NEW GRADUATE RESIDENCY PROGRAM WITH A FOCUS ON CRITICAL THINKING COMPETENCIES

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Objectives

At the conclusion of the program, the participant will be able to:

1. Identify challenges in recruiting/retention within the current health care climate.
2. List critical components of a successful recruitment/retention program.
3. Identify “critical thinking” competencies as well as procedural competencies included in a comprehensive employee orientation program.
Home Care Academy
and
Nurse Residency Program

Why Now?

- Nursing Shortage
- Competitive environment
- New grads, no jobs
- Inexperienced applicants
- Turnover rate 19%
- Most were inexperienced in the field of Home Health
**“Grow Our Own”**

Home Care Academy
- Experienced nurses without home care
- 5 slots
- 67 applicants
- 60 hours training and didactic
- Field Preceptor model
- 4 months with preceptor
- Goal: weighted productivity of 6/day
- Budget $59,133.00

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Nurse Residency Program
- New graduates
- Classroom education ~80 hours
- Skills labs
- Field Preceptor Model
- 1 year duration internship
- Lower salary
- Milestone achievements attached to salary increments
- Budget $90,000.00
Evidence Based Practice Used to Guide Program Development

Strategies to Improve Nurse Retention

Challenges for New Employees

- Complexity
  - Complex knowledge base as generalist
  - Expansive competencies required
  - Uncontrolled environment
- Autonomy
  - Critical Thinking (problem solving)
- Home Care Values (Smith-Toner & Markley, 2007)
  - **Home care nurse values** (autonomy, team, professionalism, fair wages)
  - Teamwork
  - Leadership
  - Care co-ordination
  - Communication
  - Resource Allocation

Models Used

- Chronic Care Model
- Critical Thinking
- Coleman’s Transitional Care Model
- Evidence Based Practice Guidelines
Critical Thinking Questions: Reflective Inventory
Jim Keene, PhD

1. What surprises me?
2. What puzzles me?
3. Do you see any patterns or themes emerge?
4. Anything you should know immediately?
5. What things can wait?
6. Does anything else come to mind?
4 Pillars of Coleman’s Care Transitions Model

1. Medication Self-Management
2. Patient Centered Health Record
3. Early, consistent communication with PCP/Specialists
4. Red Flags

Evidence Based Practice Supporting Patient Self Management

- Coaching
- Motivational Interviewing (MI)
- Teach Back
- SBAR for Patients/Families
- Use of Health Literacy Principles
- Use of Personal Health Record
- Identification of Patient Self-Management goals by patient/family
- Use of Adult Learning Principles
Underlying Philosophy

- Sustaining critical thinking
- Relationship of clinical and didactic
- OASIS as an integral part of the assessment process
- Value of supportive, non-blaming environment: Just Culture
- Use of environment to support learning (managers teach, simultaneous didactic and clinical.
- Based on principles of adult learning

4 legs That Support A Successful Residency Program

- Recruitment
- Managers
- Preceptors
- Orientation: Didactic/Clinical
Programs

For both Resident and Academy:

- Must attend entire session
  - Can not drop in for selected classes only
- Build a cohesive group
  - Learn together and support one another
Goals

- Welcome!
- Assimilate into culture of the agency
- Develop critical thinking & clinical judgment
- Expand clinical skills
- Refine time management and setting priorities
- Teach COPs and agency Policies/Procedures
- Develop excellent documentation
Begin at the Beginning

Choosing the Right Preceptors

- Educator, Clinical Managers, Quality collaborate
- Qualifications
  - Seasoned RNs who meet standards:
    - Excellent Clinical skills
    - Good Clinical Documentation, including OASIS
    - Knowledgeable re: COPs
    - Knowledge of and demonstrated compliance re: agency policies and procedures
    - MOTIVATED to participate in the program

Preceptors

- Set the expectation that all clinicians to act as mentors / support system for new staff
- Individual meeting with each potential preceptor to discuss willingness and motivation to participate
- Consideration given on preceptors’ assignment / productivity to allow time to teach
Preceptor Training

- No more than 2 weeks before Orientees arrive
- One Class: Didactic & Discussion
- Overview of the orientation program
  - Expectations of the preceptor and orientee roles
  - Principles of adult education
  - How to give constructive feedback
  - Novice to Expert
Interview Process

- Residents
  - Rigorous process including application, resume, letter of interest, 3 references, transcripts, panel interviews

- Academy
  - Open House (1st time only)
  - Applications on line, resume, interview

Orientation Agenda

- Agency Orientation with HR
- Clinical Orientation with Education
- Joint Visits with Preceptors
  - Begin prior to didactic and continue throughout classes
  - To give context to classes
  - Allow immediate application of new material
Orientation Agenda

- Workshops to develop clinical skills
  - Wound Care with WOCN
  - Compression wraps
  - Venipuncture
  - CVAD
  - Pharmacist Education, etc.
- Interspersed with didactic classes and practiced with preceptor oversight in the field
Joint Visits

- Joint visits with Education staff and Clinical Managers
- Assess progress
- “Fine tune” skills
- “Sign off” on clinical skills
Support

- Weekly feedback from Preceptors and Orientees
- Designed to identify any needs we could address
  - Learning needs
  - Interpersonal needs
  - Emotional needs
Support / Preceptor

- What was the best thing that happened this week? What made it a great experience?
- What progress is your orientee making toward skills / documentation?
- Did you experience any difficulties this week, either clinical or nonclinical?
- What support did you receive to make it a positive learning experience?
- What goals is your orientee working on for next week?
- Is there anything else you would like us to know or that we can do to help you?

Support / Orientee

- What was the best thing that happened this week? What made it a great experience?
- What types of patients did you care for this week? What skills did you see or do?
- Did you experience any difficulties this week, either clinical or nonclinical?
- What support did you receive to make it a positive learning experience?
- Who was your preceptor this week?
- What are your goals for next week?
- Is there anything else you would like us to know or that we can do to help you?
Support / Resident Nurses

- Monthly support meetings
- With Educator – No Managers or Preceptors
- Time for residents to talk freely about challenges, successes, frustrations
- Learn from one another
- Motivate and support one another

Didactic Modules
Orientation Schedule

Clinical: AM
- Visits with Preceptor
- Rotation thru departments
- Visits with Clinical Specialist

Didactic (Lecture): PM
- 2-3 hours
- 3x/week for 3-4 weeks
- Outsourced

Closing Discussion
Conducted by Education Coordinator

Didactic Topical Outline

- Home Care Uniqueness
- COP’s
- Communication
- Assessment
- Care Planning/Critical Thinking
- Case Management/Collaboration
- Performance Improvement/OBQI, OBQM
- Putting the Pieces Together
Home Care Uniqueness

- Agency organization
- Nurses’ role in agency operations
- Professional Boundaries
- Advocacy
- Autonomy

Home Care Uniqueness, contd.

- Patient Care:
  - Loss of control over environment – guest in patient’s home
  - Negotiated autonomy
  - Patient self determination
  - Emphasis on patient/caregiver Self-Care
- Special Challenges:
  - Pets
  - Hoarding
COP’s

- Skilled need and medical necessity
- Doctor’s orders
- Scope of Home Health services
- Intermittent Care
- Medicare Benefit versus other payers
- DPH
- Certifying organizations and their roles

Communication

- Motivational Interviewing
- Written and verbal communication
- Telephone communication - SBAR
- Teach Back
- Adult Learning Principles
Assessment

- OASIS/485
- Admission visit
- Assessments at all OASIS time points
- Assessments on each re-visit
- Documentation

OASIS

- Historical importance of OASIS
- Integration of OASIS data and physical assessments
- Basis of care planning/development of 485
- Emphasis on data collection, process and end-result outcomes
- Importance to agency financial outcomes
- Areas of focus:
  - Systems reviews
  - Functional limitations
  - Ability of patient to achieve self management
**Critical Thinking Competencies**

- Care Planning - Characteristics of a Critical Thinker
  - Reflection – use of assessment data, weighing facts
  - Problem solving based on reasons- not prejudice, preference or fears
  - Intellectual skills – theory, knowledge
  - An inquiring attitude
  - Fairness without bias
  - Independent or autonomous thinking
  - Ability to draw a conclusion, make a decision

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**Care Planning / Critical Thinking**

- Establishing Goals
  - What outcomes do I/patient/family hope to achieve
- Identifying Problems
  - What issues need to be addressed in order to achieve outcomes
  - What knowledge is required
  - What resources are required or can help
  - Whose perspectives must be considered
- Formulating Interventions
  - Professional standards and practice
  - Based on clinical reasoning
Case Management & Collaboration

- Thinking Critically
- Collaboration with physician/other community providers
- Case conferencing
- Patient Self-Management Tools
- Preventing hospitalizations
- Discharge planning

Performance Improvement

OBQI/OBQM

- Collect Data
  - Outcomes /OASIS data
  - Home Health Compare
  - Satisfaction Surveys
  - Potentially Avoidable Events
  - Infections, incidents, complaints, and falls
  - Clinical record review
- Identify Problems
- Plan for Improvement
Putting the Pieces Together

- Managing Your Day
  - Visit scheduling-patient needs
  - Geography
  - Documentation requirements
  - Needs of agency-productivity, extra visits
- Organization of Car and Office
  - Supplies
  - Clinical Bag
- Personal Safety

Additional Areas Covered:

- Insurance regulations
- HHA delegation, supervision, and care planning
- Identifying abuse and/or neglect
- Pain management/ responsibilities of clinicians
- Eligibility for Hospice
- Medication management and reconciliation
Outcomes

Success!

- Academy retention rate 75%
- Nurse residency retention rate 75%
- ROI
- Professional stimulation for precepting staff
- Energy, enthusiasm influence morale
- Highly functioning new staff nurses.
Lessons Learned

- Preceptor / orientee match is critical.
- If you ask for feedback, you better be open to hearing it!
- Still searching for the perfect schedule for classes.
- Daily closing discussion
- Would like to include other disciplines in the future.
- Content collaboration between clinical and didactic is crucial
- Class discussions, experiences and humor, help content “come alive”

Questions?
References


References cont’d


www.sinclair.edu/academics/.../crithink.pdf
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