Residency Transition-to-Practice Programs for Nurses

Evaluation

Introduction

Assessing the success of a nurse Residency Transition to Practice (TTP) program requires a valid and systematic evaluation process. Just as evaluation of the outcomes of care is an essential component of the nursing process, program evaluation provides information on the outcomes of a Residency TTP program and lays the foundation for quality improvement (QI) as well as continued justification for financial support for the Residency TTP program. Evaluation determines if the interventions (components of the Residency TTP program) were appropriate, if the intended outcomes were achieved, and what parts of the program were most effective or may need improvement.

Planning for evaluation of a nurse Residency TTP program must be part of the initial program planning to assure that appropriate data are tracked and collected. Program planning includes identifying and defining variables as well as a timetable for data collection. Data should be collected from a variety of stakeholders (nurse resident, preceptor, Residency TTP coordinator, nurse manager, and executive sponsor), on a variety of topics (content, process, outcomes), and can utilize a variety of methods (surveys, journaling, performance reviews, financial reports).

Variables selected should be *valid* -, and *reliable* – accurately measure any changes that occur. Variables can also be classified as *quanti*tative – discrete numbers such as the dollar cost of a nurse's salary while in the Residency TTP, or *quali*tative – such as free form comments in response to a question about what could be improved in the program. Quantitative information in a number form can easily be aggregated and totaled, while qualitative information requires additional time to interpret and aggregate. Quantitative information is limited to the pre-determined question and responses, while qualitative information provides rich information about concepts that the evaluator may not have considered to evaluate. The Agency for Healthcare Research and Quality (AHRQ) categorizes variables into measures of structure (capacity such as staff, equipment, content of instruction), process (how the program is delivered) and outcomes (1-year retention rates, improved staff satisfaction scores). See Table below for a summary.

Quality of Data	*Valid* - measure what they say they measure	*Reliable* – accurate over time	
What Kind of Data	*Quantitative* – *discrete* *n*umbers. Easy to aggregate, but less detail	*Qualitative* –free form comments. Rich detail but time consuming to analyze	
Program Measures	**Structure** - capacity such as staff, equipment, content of instruction. The Who & What	**Process** - how the program is delivered The How	**Outcomes** - 1-year retention rates, improved staff satisfaction scores The Why

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Once the program is implemented, the Institute for Healthcare Improvement (IHI) recommends that ongoing data collection support continuous, systematic quality improvement (QI). QI examines the gap between the current state and the desired state. When instituting changes to the Residency TTP program, in addition to structure, process and outcome measures, IHI recommends collecting information on "balancing factors" to reflect any unexpected changes that may occur when a change is implemented. For example, if the program moves from an in person to online content delivery, measuring nurse and preceptor satisfaction after that change will help determine if it provided value to the program and allow changes as needed.

Structure:
1. Who
    a. Nurse resident
    b. Preceptor
    c. Program coordinator
    d. Nurse Manager
    e. Executive Sponsor
2. What
    a. Costs
    b. Content

Process (How):
1. Content
2. Methods
    a. e.g., classroom lecture, online learning, and simulation
3. Preceptor effectiveness

Outcomes Desired (Why):
1. Satisfaction, safety and quality of patient care
2. Job satisfaction reported by all nurses
3. Turnover reduction, particularly with the nurse within the first year of practice
4. Costs containment in maintaining an adequate number of competent nurses to provide direct patient care
    a. i.e. costs of recruitment, hiring, unfilled positions covered by agency nurses
5. Learning objectives met
6. Knowledge, skills, confidence obtained

When
1. Pre-Residency TTP Program
2. 3 months
3. 6 months
4. 12 months
5. With any changes to content or structure

Based on the goals of the Residency TTP program, the data collected using the above components may be helpful in answering the following questions for a program evaluation:

- Did the Residency TTP program make a difference in the nurse resident's satisfaction and competence at the end of their first year of practice?
- Did job satisfaction of all nurses' change following implementation of the Residency TTP program?
- Was the Residency TTP program cost effective?
- Did nurse turnover change with implementation of the Residency TTP program?
- What measures describe the effect of the Residency TTP program on patient satisfaction, safety and quality?

This section of the toolkit identifies commonly used evaluation strategies, components to be evaluated and a timeline to collect data. These elements will be useful to develop an evaluation plan that is appropriate for the program and the setting. The toolkit is divided into sections that examine 1) Nurse Evaluation of Program Content and Process, 2) Nurse Satisfaction, 3) Preceptor Evaluation of Nurse Practice, and 4) Cost/Benefit Analysis of the Program

Nurse Evaluation of Program Content and Process

It is important to determine ways to evaluate the content and process of both the didactic and the practice components of a Residency TTP program. Some organizations utilize internally developed evaluation tools, like those utilized by nurse residents to evaluate other educational activities provided by their organization. Some Residency TTP programs provide nurse residents with a tool to evaluate every lecture attended; others evaluate the effectiveness of learning opportunities at the end of each week of the Residency TTP program.

There are written tools to evaluate preceptor and facilitator performance in addition to those designed to evaluate classroom instruction. Nurses are frequently asked to complete a written evaluation form regarding the effectiveness of their preceptor in helping them achieve learning objectives. Programs may bring nurse residents together each week to discuss the experiences of the previous week and to use this open forum to evaluate the effectiveness of clinical practice learning. This qualitative, experiential approach allows Residency TTP program coordinators and others to hear directly from the nurses what was effective, and provides for an effective dialogue that an evaluation form or survey cannot provide. There is no identified best practice related to the frequency of preceptor or program evaluation.

Building in an evaluation process that fits the schedule of the Residency TTP curriculum is recommended, and includes evaluation of learning at least monthly so that any course corrections can be made if the experience is not meeting the needs of participants. More specific recommendations are provided below.

1) *Program Delivery*
   a. *Evaluation of Classroom Presentations*
      i. Utilize standard organizational format to evaluate if the presentation objectives were met and the effectiveness of the precentor/lecturer/guest speaker.
      ii. Collate responses at the completion of each class and provide the information directly to the coordinator.

   b. *Evaluation of Preceptor Performance*
      i. Nurse residents complete a written evaluation of preceptor's performance weekly or every other week during the program. Another option is for the nurse resident and preceptor to meet weekly and complete a joint evaluation form based on the nurses' weekly goals, which they should develop together. This process ensures the nurse and the preceptor are communicating effectively, particularly when drafting weekly goals. Consideration may be given to using a standard written tool.
      ii. Residency TTP coordinator and/or nurse manager review evaluation information on a regular basis, for example, monthly, and provide feedback to preceptors.
      iii. Utilize evaluations to develop performance improvement strategies for preceptors based on evaluation information. Some preceptors may benefit from a structured improvement plan and repeated opportunities to improve, as opposed to using the evaluations to eliminate staff as preceptors.

c. *Overall Program Evaluation*
   i. Nurse Resident completes an overall program evaluation periodically after they have completed the Residency TTP program. The evaluation allows the nurse resident to report how the program aided the transition in moving to the role of staff nurse.
      1. During the last week of the program
      2. 3 months following the end of the Residency TTP
   ii. Consider arranging for the nurse manager to meet with each nurse resident 3-4 months following completion of the Residency TTP to
      1. Support relationship building
      2. Provide ongoing evaluation of the of the nurse residents success
      3. Complete a written program evaluation - online and anonymous is recommended to promote an accurate appraisal.
   iii. Review program evaluation feedback and utilize feedback to consider making program adjustments prior to repeating the transition-to-practice program.

d. *Resources*:
   i. [American Society of Training and Development](#)
   ii. Meyer and Meyer, 2000.

Nurse Satisfaction

One of the basic purposes of nurse Residency TTP program is to create evidence-based structures and processes to increase nurse retention. The rate of retention at 1-year is thus a valuable measure of the success of a Residency TTP program.

The methodology for measurement of turnover may already be a part of the Human Resources (HR) department data collection process. Discussion and agreement among nursing leaders, Residency TTP coordinator and the HR leadership is critical to obtain a valid measurement of nurse turnover for the long term. Using standardized nursing measures will allow accurate benchmarking with national data bases.

> **The recommended measure of turnover**
> Number of nurses who resigned, retired, expired or were terminated during a specified time period, divided by the number of nurses employed during that same period
>
> *Source: National Database for Nursing Quality Indicators (NDNQI) and the Magnet Nursing Program*

1) *Recommended Data points*
   i. Nurse job satisfaction
   ii. Nurse turnover overall
   iii. Nurse turnover for graduates of the Residency TTP program 1-year post completion
   iv. Nurse characteristics
      1. Nursing school attended
      2. Preceptor
      3. Assigned unit (was it their first-choice unit?)
      4. Manager
   v. Resources:
      1. Calculated Organization Turnover Rate – NDNQI methodology
      2. NCBSN Graduate Perception Tool

3. Halfer-Graf Job/Work Environment Nursing Satisfaction Survey (Diana Halfer, Elaine Graf, Graduate Nurse Perceptions of the Work Experience, Nursing Economics 2006; 24(3):150-155. © 2006 Jannetti Publications, Inc.)
4. Nursing Work Index Revised, as appropriate
5. Casey-Fink Graduate Nurse Experience Survey; Fink et al, 2008 (see Bibliography)

Preceptor Evaluation of Nurse Practice

Evaluation by preceptors describes the nurse resident's ability to provide competent patient care, while applying knowledge and skills learned in the Residency TTP program. The nurse resident's progress should be assessed weekly and feedback should be provided consistently to the nurse resident in a timely and professional, constructive manner.

1. **Delivery of Care**

    Utilize the nursing process for as a format for evaluation of practice. Develop tools customized for the nurse resident to write and evaluate their weekly goals with the preceptor, based on the Residency TTP objectives, past experience, professional development needs, and job description of the staff nurse. Reflective journals may be a useful tool for nurse residents to deepen their understanding of their role.
    1) Each nurse resident should be evaluated on their ability to:
        a) Assess, plan, implement, and evaluate patient care and outcomes
        b) Organize and prioritize activities and care, including clinical documentation
        c) Manage time effectively
        d) Communicate effectively with the patient, family, physicians, and all members of the care team
        e) Demonstrate critical thinking and reasoning skills in communication, decision making and problem solving

2. **Evaluation of Knowledge Base and Critical Thinking Skills**

In addition to the weekly evaluation of the nurse resident by the preceptor, the overall performance of the nurse resident should be measured at the midpoint and at completion of the Residency TTP program. Using the same tool to measure performance allows a comparison of growth of the nurse resident. Evaluation at this time can provide a program outcomes measure as well as identification of gaps in the Residency TTP program content or processes.

In addition to documenting the nurse resident's learning of critical content, it is important to document improvement in critical thinking ability, an attribute that is essential to successful performance as a practicing nurse. There are a variety of critical thinking assessment tools available online and from a variety of businesses/consultant services, which may be used.

Developing valid and reliable measurement tools for knowledge acquisition is difficult without experience and training. Organizations may choose to focus resources on other evaluation methods, such as preceptor and manager evaluations of the nurse resident's practice, preceptor observations of the nurse resident, and self-evaluations by the nurse resident over the course of the Residency TTP.

    1) Recommended measures
        a) Knowledge base
        b) Critical thinking skills

2) Frequency
     a) Pre Residency TTP
     b) 6 months
     c) 12 months
3) Resource:
     a) [Performance Based Development System](#) (PBDS)

Cost/Benefit Analysis of the Program

A cost/benefit analysis is a critical component of the Residency TTP program evaluation to justify continued funding. The cost of the Residency TTP program should be measured on an annual basis, including cost of nurse residents' time, cost of instructors' and preceptors' time, cost of teaching materials, etc. These program costs should be compared per nurse resident enrolled in the program to the cost savings provided by the increased retention of nurses.

Please see the Making the Case section for recommendations on how to do a full analysis of the Residency TTP program.
1) Resource:
     a) [NCSBN TTP Business Plan Template for Employers](#)