Progress Made Toward Stated Goal to Develop a Replicable Model for a Home Care Nurse Residency Program

Progress toward Objective 1 - To Provide 4-6 newly graduated nurses support and experiences to become competent home care nurses.

- Application process for newly graduated nurses to apply to Residency Program was established
- Recruitment efforts were made with nurses who had recently or were about to graduate from Simmons College School of Nursing and Health Science’s Dix Scholars program
- 10 New or about to be New Graduate Nurses applied to the program
- 9 of these applicants went through the Visiting Nurse Association of Boston’s application and selection process
- The Visiting Nurse Association of Boston made offers of employment to 5 of these candidates; all 5 accepted the position offers
- 5 Residency Nurses will begin their orientation and preceptorship at the Visiting Nurse Association of Boston on February 4, 2013.

Progress Toward Objective 2 – To Provide current Visiting Nurse Association of Boston nurses opportunity to increase their skills in clinical teaching and to become preceptors for Residency Nurses.

- A draft curriculum for a 16 hour Clinical Teaching course was developed by November, 2012. Simmons College School of Nursing and Health Sciences collaborated with the Clinical Educators of the Visiting Nurse Association of Boston to identify learning objectives, content, and teaching methods.
- Four Visiting Nurse Association of Boston Per Visit Nurses were recruited to be preceptors. This was substantially fewer than the 8-12 nurses we had hoped to recruit. There was less interest among Per Visit nurses than anticipated. This combined with the resignation of several Per Visit Nurses left us with a small cohort. The upside of this shortfall was that the 4 team managers, the 2 District Directors, and the Senior Vice President for Operations of the Visiting Nurse Association of Boston all asked to participate in the course. This serendipitous change of plans turned out to be extraordinarily successful, as it created unity and common expectations among not only preceptors but across the clinical leadership team.
The Clinical Teaching course was offered in December, 2012 and January, 2013. It was taught by Adele Pike and Joan Fall. It was help over 4 sessions ranging from 3 to 6 hours each. While we worked from the draft curriculum, the course was designed to seek input from nurses and managers about what they needed in order to provide a first work experience for newly graduated nurses. The resulting revised curriculum is stronger as a result. The course evaluations were very positive, with participants indicating that they gained knowledge, skill and confidence in teaching in the clinical setting, and unexpectedly gained skill and confidence in team work and collaboration with their peers and managers.

Part of the planned Clinical Teaching course included providing resources for nurses to return to parts of the Visiting Nurse Association of Boston's Orientation Course to refresh on content areas where they felt less confident. The nurses were clear early on that they did not find that a helpful proposal and what they really needed was help reviewing how to perform and how to teach high risk, low frequency skills in home care. They also identified a learning need in care of the home care patient receiving treatment for cancer.

We worked with the faculty of the Simmons’ College School of Nursing and Health Sciences' Simulation Laboratory and were able to use their resources to create a skills lab for preceptors to review skills and practice teaching those skills. We prepared and tested and revised 4 case studies to use in this skills lab. One of the preceptors commented on the value of this session, “If I had had this session when I was being precepted in home care I wouldn't have been so nervous in patients' homes.” We are planning on repeating this skills lab with preceptors and their preceptees in March, 2013.

We also have worked with one of the Simmons’ Faculty members, Julie Vosit-Stellar, to develop a two hour program called Oncology 101 for Home Care Nurses, that will be offered to precepting nurses, Residency Nurses and Managers on April 24, 2013 as part of our Beyond Orientation Curriculum.

After completion of the Clinical Teaching Course, two managers who had attended came forward to say that they had identified three additional current nurses who were now interested in helping to precept Residency Nurses. To accommodate this interest in a short time period (so as to be ready for the start of the Residency Nurses in February), we have taken the revised course content and condensed it so that we can offer the course in 4 to 5 two hour segments. Adele Pike will be working with these 3 additional nurse preceptors from January 28 through March 4th to ensure that they receive the core content of the Clinical Teaching Course.

Progress Toward Objective 3 – To create a Beyond Home Care Curriculum for Residency Nurses that will support them to:

a. Attain leadership in planning, delivering and coordinating patient care
b. Become skilled in the safe management of patient care to achieve quality outcomes
c. Develop knowledge, skill and confidence in the professional role of the home care nurse

• A curriculum of five modules has been outlined by Karen Teeley and Adele Pike and 2 of the 5 modules are in final draft form. The remaining 3 are part way developed. Four of the five modules are designed as self-learning modules. The modules are:
  • Health Disparities and Conducting a Community Health Assessment Walking Survey
  • Patient Centered Care, Goal Setting, Teaching Adults all in the context of caring for a patient with Chronic Obstructive Pulmonary Disease
  • Managing Transitions from Hospital to Home, Medication Reconciliation and Medication Management for a patient with Heart Failure
  • Depression Care Management for a patient with Diabetes
  • Oncology 101 for Home Care Clinicians (mentioned above)

Each module engages the new nurse with an aspect of evidence based practice and provides her with activities that cause her to apply evidence to practice. Each module includes exercises in communication with other team members and documentation. The content of these modules is designed to support Residency Nurses develop competence in chronic illness management, transitions in care, cultural awareness and competency, palliative and end of life care, and teamwork and communication which are consistent with the objectives identified as critical for new nurses by CCNE.

• The development of this curriculum is about a month to 6 weeks behind our timeline due to the revisions required in the Clinical Teaching course. We are on track to have all modules developed by the end of February, 2013.

Progress Toward Objective 4 -To provide resources for other academic service partnerships to use to replicate the model in their own home care settings

• Not addressed at this point in the project

Progress Toward Object 5 -To attain CCNE accreditation by 2015

• The learning objectives and curriculum for the Nurse Residency program have been designed to meet CCNE standards.

Budget Issues

• Changes in the curriculum for the Clinical Teaching course and the numbers of nurses participating have meant some revision to that portion of the budget. Additionally, in December, the Visiting Nurse Association of Boston increased the rate paid to its Per Visit Nurses and this rate increase is now reflected in the budget. However, both of these changes have been budget neutral for the purposes of this Grant Program.
• To accommodate the expense of use of the Simulation Lab, we have revised the budget and moved $750 from the Supplies line to the Consultant line. Again, these changes are budget neutral.

• These changes are budget neutral, and do not affect the overall project’s bottom line.