EXECUTIVE INSIGHTS

WORKFORCE MANAGEMENT

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Innovations in Education: Best Practices to Further Nurse Development

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Ongoing development for nurses is essential to enhance their skills and knowledge and keep nurses up to date on advances in clinical practice. Effective education and training drives nurse satisfaction and engagement and leads to improved outcomes. Generational learning differences and time and budget constraints present unique challenges for hospitals and health systems as they seek to create and sustain a culture of continuous learning. In this executive dialogue, nurse executives explore best practices to further nurse development to ensure nurses receive the right education at the right time in alignment with organizational goals and objectives.

KEY TAKEAWAYS

1. Lack of educators remains a top challenge to support onboarding and continued education for nursing staff. **Innovations in training and onboarding are needed** to ensure new nurses get the support they need.
2. **Supporting professional development and career growth is imperative** to fill the knowledge gap created as more experienced nurses retire.
3. Professional development must be multifaceted and structured to **meet the varied needs of the nursing staff** regardless of where they are in their careers.
4. Hospitals and health systems should **look for outside resources and partnerships to stretch education dollars** to maximize opportunities for professional growth and development.
5. Hospitals and health systems should **foster a culture that encourages lifelong learning** and recognizes nurses for their advanced education accomplishments.

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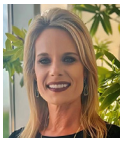

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MODERATOR **Lee Ann Jarousse**
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MODERATOR *(Lee Ann Jarousse)*: **What are your challenges in onboarding and providing continued education for your nursing staff?**

LAURA MASSEY *(Texas Health Plano)*: Our biggest challenge is a lack of educators to support onboarding and to train and mentor new hires. The responsibility often falls on our front-line leaders who already have significant responsibilities.

NANCY BLAKE *(Los Angeles General Medical Center)*: That's one of our biggest challenges, as well. We're a 650-bed public hospital. When I joined the organization about three years ago, our education department comprised only 11 people. We're hoping to triple the size, but it still won't be enough to onboard the 600 new grads we are hiring.

We lost a large number of people to retirements during the pandemic, so we were critically short staffed. We recently started a residency program that has about 95 people in it, and we've had to pull nurses from the units to serve as program facilitators. That's essentially pulling clinical staff away from the bedside.

"Our biggest challenge is a lack of educators to support onboarding and to train and mentor new hires."

— Laura Massey — Texas Health Plano

SHELLY DELFIN *(Memorial Regional Healthcare South)*: The lack of preceptors and educators is the biggest opportunity and challenge that we're experiencing right now. Last year, we started a new initiative to increase our educators across the health care system. We are hoping to move towards one educator per unit. That's a huge financial investment, so we are spreading it out over a couple of years. We have also brought on about 600 new nurses within the last year to right size our staffing. As a result, much of our education is focused on orientation and training.

SHANON FUCIK *(University of Missouri Health Care)*: We'd be remiss if we didn't talk about the loss of expertise that we've experienced through retirements and the migration of hospital bedside nurses to other areas in health care. We don't have as many experienced nurses that younger nurses can turn to for advice while caring for patients. I feel pretty blessed with educators, but there's not enough of the right mix because of the mismatch of the experience that we have in our units, especially during the night shift.

HELENE BURNS *(AtlantiCare)*: The night shift is very challenging. We're seeing newer grads precepting newer grads and I'm concerned we aren't getting enough clinical educational support for them at night. That is a big area of concern for me.

CAROLYN YODER *(University of St. Francis)*: We are experiencing challenges in the retention of quality faculty. It's a demanding role. Many individuals that are practice experts are also bedside nurses, so they are being pulled in many directions. We are partnering with other organizations in our area to address our education needs because of the challenges of onboarding and retention.

ANGELA NEWMAN *(Medline)*: There is much more to nursing than clinical education. Of course, nurses need to understand anatomy and physiology. New nurses also need to gain a feel for nursing, and this is where having experienced nurses to assist is important. The importance of these skills can often be overlooked in orientation as new nurses focus on procedural skills and documentation requirements.

SHARON STEMM *(South Shore Health)*: We are doing our best to train for our next cohort of new hires. Some of our grads from last year will likely serve as preceptors for the new class. We're working hard to prepare them and give them the tools they need for onboarding.

There is a trend among newer nurses to already be planning the next step in their careers. We need to be responsive and help them find their passion. We keep them in the role for which they were hired as long as possible and hopefully they will find new roles within our organization.

MODERATOR: How are you modifying your content delivery to reach a younger generation of nurses and have you found strategies that work well for both new and experienced nurses?

BLAKE: We're doing a combination of didactic learning and skills labs. Hands-on training is important because we see variations in nurse training from the different nursing schools that feed into our hospital. Our newer nurses have a good, solid education but the skill sets vary. We use our education to level set everyone. All nurses receive the same basic training before they go off into their different specialties.

Our education department continually seeks new ways to educate our nurses. Our older nurses are typically more responsive to didactic education, while the younger nurses want a more creative, technology friendly approach. Our retention is improving significantly as a result.

When I started at Los Angeles General Medical Center, new grads were not placed into intensive care units (ICUs). They started in med-surg and then moved to the ICU, a process that took between six and 12 months. While there has been some criticism for starting new grads in the ICU, it has worked well. And, again, it's improving retention.

STEMM: We're also using a combination of didactic education and skills training for our nurses. We use a mix of interdisciplinary colleagues to teach our classes. Our respiratory team will run related courses, for example. This approach has really helped improve our culture. Our new nurses have the opportunity to meet members of the care team outside of nursing and become familiar with the resources available to them.

> **"There is a trend among newer nurses to already be planning the next step in their careers. We need to be responsive and help them find their passion."**
>
> — Sharon Stemm — South Shore Hospital

BURNS: Our education department just started a new process, a tiered acquisition model. As we onboard new nurses, we focus on developing one skill set at a time. For example, a new grad is placed on a med-surg floor with a preceptor who is responsible for five patients. Instead of having the new nurse take on responsibility for one or two patients, the nurse will focus on one skill for all five patients. We may start them with vital signs and then move on to medications. The preceptor will assess the new grad's performance before adding additional skills. We have just started this process, so it's too soon to draw any conclusions. But it is a different model for how we can train and orient our new nurses and has a lot of positives.

STEMM: We also use a tiered acquisition model. It has been successful because it has taken away the challenge of having to move from three to four patients or four to five patients, which can be overwhelming in the beginning. They start with a full assignment and then build on those skills. We focus on skill development and provide feedback. If a nurse isn't meeting their milestones for the week, we are able to hone in and work closely with them while reminding them of what they have accomplished.

MASSEY: We have a transition nurse program aimed at training nurses who wish to transi-

tion to other areas. For example, if a nurse from obstetrics wants to move to critical care, we provide an abbreviated orientation because they're already a nurse, but they need to learn a new skill set for their new role. We are able to provide different opportunities and retain our nursing staff.

One of the challenges is ensuring we have experienced preceptors to onboard the transition nurses. We can provide great education and skills training, but without a solid preceptor, it won't be successful. That may mean delaying the transition program until a preceptor becomes available.

FUCIK: Our preceptor program is voluntary right now for new grads. Our preceptors are mostly nurse leaders or a more experienced nurse who volunteers to mentor and coach new grads. The focus isn't necessarily on skills development, but rather on providing guidance and helping them in their professional journey and their new role.

MASSEY: Mentorship programs are very important. It's helpful for new nurses to have someone they can turn to for questions. It reduces stress and builds confidence. When nurses leave, it's often because they don't have the support they need.

The issue of not having enough preceptors has been brought up several times in this discussion. We have revised our preceptor program and have a preceptor development program in place to ensure they are successful. We hold quarterly calls with our preceptors to make sure everybody's on the same page and to learn of any challenges they are experiencing. We then develop an action plan and work together on a solution.

BURNS: We recently brought back the traditional nurse extern program. We hire rising junior and senior nursing students for eight-week summer programs. During that time, they work alongside a clinical nurse. It was very positive, not only for the student nurses, but also for the experienced nurses. It's a great way to introduce new nurses to our organization.

MODERATOR: We've discussed some of the techniques you're using to attract and retain new nurses. What's helping with more experienced nurses?

> **"We use our education to level set everyone. All nurses receive the same basic training before they go off into their different specialties."**
>
> — Nancy Blake — Los Angeles General Medical Center

DELFIN: We work with nurses close to retirement through our emeritus nurse program. We use these nurses as preceptors and transition them to per diem roles at their request. That's helped retain some of the nurses who were considering retirement. And it's allowed us, as others have discussed, to place new grads in ICUs because they have an experienced preceptor to help them.

STEMM: Transition planning is important for the specialty practice areas, such as the neonatal ICU. We will start a training program for new grads and then later combine that program with the transition to practice program. It helps extend our resources for didactic learning and skills days. And it brings new nurses together with experienced nurses. The more experienced nurses are more than just colleagues, they serve as mentors and an additional resource for the new team members.

YODER: In terms of retention, some of our clinical partners with academics are providing instructors who solely teach clinicals. That may be a good skill set for more seasoned nurses who are

looking to teach or to become a preceptor. This is a big win for us. The students see their instructor at work in the clinical setting and working with patients. It provides excellent exposure through role modeling and helps with recruitment and retention of faculty and hospital staff.

NEWMAN: I'm impressed with what everyone is doing here and it's giving me hope for our new nurses. It's very hard for experienced nurses to balance their clinical role with their teaching role. Teaching requires new skill sets and understanding how to actively listen and understand the best way to motivate new nurses. We need to consider how we continue to develop these skill sets for future educators.

> **"As we onboard new nurses, we focus on developing one skill set at a time."**
>
> — Helene Burns — AtlantiCare

MODERATOR: How are you recognizing and rewarding continued education, and what techniques are you using to give nurses time to participate?

MASSEY: We're doing a couple of different things. Obviously, we try to promote career growth, whether it's returning to school for a higher degree or getting a certification in a specialty area. We reimburse our nurses for their education. And we recognize nurses for their efforts through hospital-wide communications and handwritten personal notes. That helps with visibility for the program, as well as acknowledging nurses for their accomplishments.

FUCIK: We have a clinical ladder program that all nurses can apply for after one year with the organization. It's a 5-ladder program and nurses earn points for certifications, continued education and various achievements. We also pay for certifications and ongoing requirements to maintain the certification. Certified nurses receive a $750 per year stipend for continuing education as long as they maintain their certification. The stipend can be used for conferences, seminars and courses related to professional development.

MASSEY: We also have a career ladder program that rewards nurses for participation in different projects and for advanced education and certifications. We have very good participation in that across all of our hospitals. It's really rewarding because the nurses are leading projects, furthering their education and spreading their expertise to others in the organization. It's very beneficial.

DELFIN: We are transitioning from our clinical ladder program to a professional advancement program. The professional advancement program will expand opportunities for our nurses, particularly those seeking advanced degrees. Under our career ladder program, we didn't have a lot of tuition dollars allocated towards advanced degrees and we're seeing that if we want to retain nurses at the bedside, we needed to expand on that.

STEMM: Last year, we increased our tuition reimbursement available to our nurses, almost doubling it. We have local colleges and programs constantly on campus promoting their programs. For professional development, we partner with an outside organization to provide programs to emerging leaders. Participants are nominated by their manager for various opportunities, such as a charge nurse workshop, a nurse master class or a preceptor workshop.

NEWMAN: We talked a little bit about empowering bedside nurses. I'm interested in whether you are utilizing unit-based champions to help disseminate some of this education?

BLAKE: Yes, we are. We have skin champions, IT champions, documentation champions, etc.

We don't have a formal career ladder because we are a civil service entity, but as nurses move from an RN1 to RN2 and RN3, they are required to take on projects and this is one way for them to do so.

MASSEY: We also have champions in different departments. But we also use our coordinators, such as our trauma and stroke coordinators, to help with education. They help educate the unit champions and serve as a resource to the different departments. They've been very helpful to us.

MODERATOR: As nurse leaders, how do you cultivate leadership capabilities among newer nurses?

BLAKE: We're starting some basic leadership courses for new nurses. And we focus on assistant managers, providing a structured program for them to get to the next level. We also have a nurse leadership academy for nurse managers which has been in place for about a year and a half.

> **"We are transitioning from our clinical ladder program to a professional advancement program."**
>
> — Shelly Delfin— Memorial Regional Hospital South

Los Angeles County offers some leadership classes and encourages individuals to take them before they get into a formal leadership role. The classes cover topics such as psychological safety and can be quite good. Kaiser has also been providing us with some education opportunities as part of their nonprofit status. They provide education to hospitals that take care of vulnerable populations. We take advantage of every possible opportunity because our funds are limited.

FUCIK: A major focus on us is working with frontline clinical nurse managers. This work stemmed from the AONL workforce white papers. We all know the importance of an engaged workforce and its impact on quality outcomes and patient satisfaction. We really must empower our frontline managers and make sure they have the tools they need to lead. It's a very strategic approach.

YODER: Recognition for emerging leaders is very important. We have programs like 40 under 40 in this region to honor their accomplishments and their potential as leaders.

MODERATOR: How can hospitals and health systems effectively measure the long-term impact of their training programs on employee performance, retention and patient care outcomes?

BURNS: Employee satisfaction, patient satisfaction and quality measures are all good indicators. Also, nurse retention is a good marker for how well we are doing.

DELFIN: As part of our nursing strategic plan, we use employee engagement metrics and nurse sensitive indicators to help us keep a finger on the pulse of our nursing staff.

FUCIK: We also conduct a well-being survey of our nursing staff. It's a bit different than an engagement survey, giving us a sense of nurse mental health and well-being. The survey helps with goal setting and gives us a good understanding of what's going on with our staff. ●

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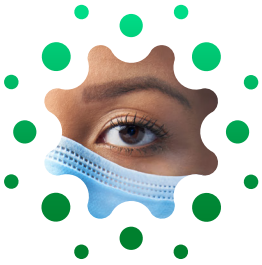

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