



CARING FOR THE COORDINATOR

PA-AC NURSE RESIDENCY
COLLABORATIVE

WINTER MEETING

JANUARY 28, 2022

WELCOME

WE ARE SO GLAD YOU ARE HERE!

JEANETTE PALERMO DNP, RN, NPD-BC, PCCN-K

CHAIR, PA-AC NURSE RESIDENCY COLLABORATIVE



A MEDITATION

TAKING TIME TO SET OUR INTENTION

Time	Topic
8:30 - 8:45	Welcome and Thank You!
8:45 - 9:30	Vizient Resources to Make Life Easier: Curriculum and Customizable Presentations
9:30 - 9:45	Stress (Stretch) Break
9:45 - 10:45	Taking Care of the Leader
10:45 - 11:30	Changes to the Vizient Database: Let's Review
11:30 - 11:40	Closing



Vizient/AACN Nurse Residency Program Updates

Meg Ingram, MSN, RN

vizient.[®]

NRP Program Goals



1. Make the transition from advanced beginner toward competent nurse
2. Develop effective decision-making skills related to clinical judgment and safety in the healthcare environment
3. Provide clinical nursing leadership, in conjunction with the interprofessional team, at the point of care
4. Strengthen commitment to the profession of nursing
5. Increase engagement in the healthcare organization and profession
6. Incorporate evidence-based practice to inform decision making at point of care

Bookmark me!

The screenshot shows the Vizient website's 'My Dashboard' page. The top navigation bar includes links for 'About us', 'Newsroom', 'Blog', 'Events', 'Podcasts', and 'Contact us'. The main navigation menu has 'What we do', 'Our solutions', 'Our networks', 'Members', 'Suppliers', and 'My Dashboard' (which is highlighted). A search icon and a user profile icon are also present. On the left sidebar, the user is logged in as 'Meg Ingram'. The main content area features a blue header with the title 'Vizient AACN Nurse Residency Program' and a 'Contact us' link. Below the header, there is a section with text and a photo of two nurses. The text reads: 'The Vizient/AACN Nurse Residency Program™ helps participants fulfill the third recommendation set forth by the Institute of Medicine. The recommendation is that health care organizations should take action to support nurses' completion of a transition-to-practice program and that organizations already offering nurse residency programs should evaluate the effectiveness of those programs.' The photo shows two female nurses in blue scrubs, one with dark hair and one with blonde hair, both wearing stethoscopes and looking at each other.

<https://www.vizientinc.com/My-Dashboard/My-Tools/Nurse-Residency-Program>

Curriculum and Resource Updates

New Releases

New Releases →

Our New Releases page provides NRP coordinators and participants with the latest resources to update or supplement the nurse residency program. Access Timely Tips monthly communications, presentations, independent studies, FAQs, and more.

Staying connected to the most up-to-date content is important in the ever-changing world of healthcare. Refreshing your content can also give new life to your nurse residency program.

Below are new resources for coordinators looking to update or supplement their nurse residency programs as well as the most recent Timely Tips monthly communications. You can find new or updated case studies, recorded seminars, presentations with talking points, discussion guides, independent study activities, sample agendas, FAQs, programmatic updates and more.

NRP Announcements	Recent Curriculum Additions	Timely Tips communications	Coordinator calls
<p>First quarter 2022</p> <ul style="list-style-type: none">▪ 2022 NRP Training Calendar- registration links and dates for all offerings and trainings.▪ Nursing Leadership Report will be distributed by the end of 2021 if your organization has five or more respondents.▪ Annual Site report distribution will begin at the end of the first quarter.▪ The first NRP Office Hours will take place on 1/11/2022. Bring questions about the conference, your program, or a willingness to share. Register now!			

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Our New Releases page provides NRP coordinators communications, presentations, independent studies

New Releases

Contact us

For more information
nrpinfo@vizientinc.com

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NRP Announcements

Recent Curriculum Additions

Timely Tips communications

Coordinator calls

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New chapters and resources

Scholarship for Nursing Practice

Nurse Residency Program Curriculum

Contact us
For more informaton
nrpinfo@vizientinc.com

The principle of professional growth and development is integral to the nurse's role. Healthcare is a dynamic field based on current science and the best evidence. Therefore, continuous improvement is a requirement for health care providers to ensure the safest and highest quality care for patients. Today's nurses have the same responsibility- to foster a spirit of clinical inquiry and resist complacency in their practice.

The Scholarship for Nursing Practice material and EBP Initiative aim to provide the tools to apply the best available evidence into daily practice. The ultimate goal of this content is a strong EBP foundation that allows them to repeat these steps on their own later in their careers.

Curriculum

- [Scholarship for Nursing Practice: Full Chapter](#)
- [Scholarship for Nursing Practice: Ch 1-4 ASK and ASSESS](#)
- [Scholarship for Nursing Practice: Ch 5-6 ACQUIRE and APPRAISE](#)
- [Scholarship for Nursing Practice: Ch 7-10 APPLY and ASSESS](#)
- [Scholarship for Nursing Practice: Ch 11-12 DISSEMINATION and SUSTAINABILITY](#)

New chapter based on the steps of the EBP process
Full page devoted to all EBP resources



NRP Page > Curriculum > Scholarship for Nursing Practice Tab

Patient and Family Centered Education

Patient Centered Care - Patient and Family Centered Education



- ‘Strategies for success’ section for coordinators
- Goals of patient education
- Patient education process
- Health literacy
- FAQs for patient education
- Education considerations
- Further evaluation of patient education
- Slide deck that pairs with new chapter



NRP Page > Curriculum > Quality Outcomes > Curriculum content

Customizable presentations

Customizable presentations

Interprofessional Communication

Program Overview

Professional Role

Stress Management

Survey Administration

Patient Care Coordination

Patient Care Delivery, Resources Management, Delegation

[Back to top](#)

- **Contain content from the chapter**
- **Areas to customize for your organization**
- **Built in activities**
- **Examples and case studies**
- **Speaking points in notes section**



NRP Page > Curriculum > Leadership
> Customizable presentations

Wellness videos

Ep. 1: Introduction

Ep. 2: Physicality of Nursing

Ep. 3: Financial wellness

Ep. 4: Beneficial breaks

Ep. 5: Managing chaos

Ep. 6: Gratitude, attitude, joy

Ep. 7: Mindfulness

Ep. 8: Reconnecting to why

Ep. 9: Letting go

Ep. 10: Asking for support

Ep. 11: Goal setting and achievement



Data and Evaluation Updates

New Dashboard and Evaluation Resources



NRP DASHBOARD

Reports ▾

Compare Groups ▾

Help ▾

Welcome Meg Ingram ▾

System: Great State Medical Center | Organization: Great State Medical Center | Year: All | Cohort: All

[More Filters](#) [Go](#)

Casey-Fink Experience Survey



** The report includes data from the last 7 years



New Dashboard and Evaluation Resources



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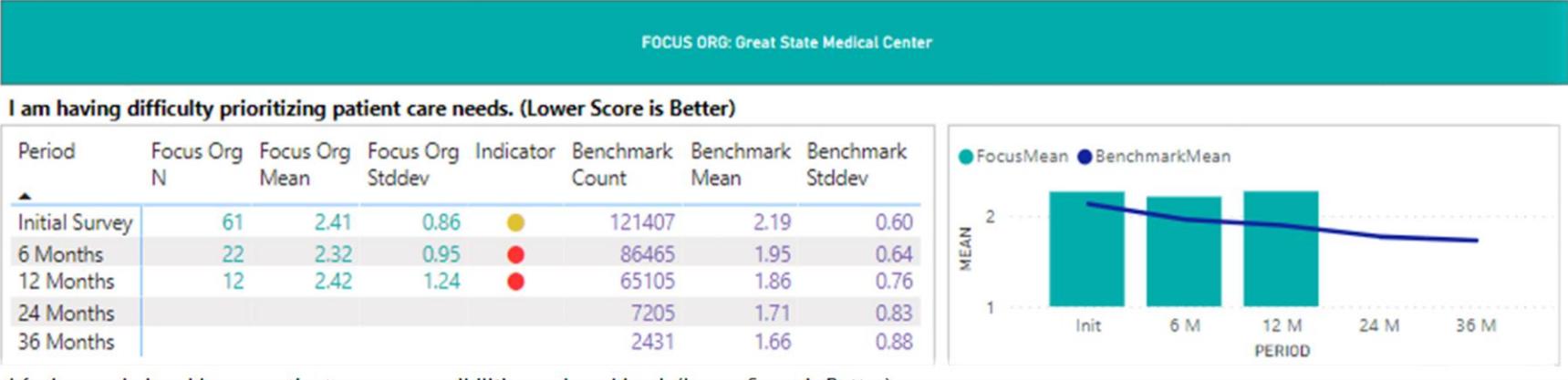
- Summary
- Overall View Detail
- Stress Mean View Detail
- Stress Question Breakdown
- Support View Detail
- Support Questions Breakdown 1
- Support Questions Breakdown 2
- Support Questions Breakdown 3
- Organizing Prioritizing View Detail
- Organizing Prioritizing Questions Breakdown...
- Organizing Prioritizing Questions Breakdown...
- Communication Leadership View Detail
- Communication Leadership Questions Brea...
- Communication Leadership Questions Brea...

- Professional Satisfaction View Detail
- Stress Mean View Detail
- Stress Question Breakdown
- Support View Detail
- Support Questions Breakdown 1
- Support Questions Breakdown 2
- Support Questions Breakdown 3
- Organizing Pri...



New Dashboard and Evaluation Resources

Casey-Fink Experience Survey - Organizing Prioritizing Questions Breakdown 1



New Dashboard and Evaluation Resources

Data modules

- Introduction to using NRP Data (part 1)
- Create or update your evaluation plan (part 2)
- Share results (part 3)
- Develop action plans (part 4)
- Review your evaluation plan (part 5)
- Tools and Resources (part 6)

Sample report template

Nurse Residency Program demographic data

Nurse Resident (NR) hire data

Cohort start dates: 1/15/19 – 6/30/21

	2019	2020	2021 YTD
Number of NR Hired	466	249	94
Area with most NR hired	Medical/Surgical Inpatient Telemetry Medical/Surgical ICU	Medical/Surgical ICU Emergency Department Medical/Surgical Inpatient	Telemetry Medical/Surgical Inpatient Emergency Department

NR termination data

Cohort start dates: 1/15/19 – 6/30/21

	2019	2020	2021 YTD*
Benchmark	9.6%	6.4%	0.4%
NR Terminated in first year % (n)	9.2% (43)	5% (12)	0/0
Top 3 reasons for leaving organization	Unsatisfactory	Unsatisfactory	0

New Dashboard and Evaluation Resources

Sample evaluation plan

Evaluation Plan

Sample completed evaluation plan

Below evaluation plan was completed using Vizient/AACN Nurse Residency Program Goals

Program goal	Performance measure	Frequency of measurement	Expected outcome	Actual outcome	Action plan
Make transition from advanced beginner to competent professional nurse in the clinical environment	Progression: Competence (12 month)	Every 6 months	7 (out of 10)	8 (out of 10)	None
Further develop effective decision-making skills related to	Casey Fink: Organizing and Prioritizing (6	Every 6 months	3.13	3.00	Provide low fidelity simulations and detailed case studies in seminar to



NRP Page > Surveys and Evaluation > Evaluation resources and Sample evaluation plans tab

Nursing Leadership Report

Annual report

5 or more respondents

Site and system level reports

1

Response Rate

Your Organization's Respondents: 630

Benchmark Respondents: 3,363



- Number of Participants
High participation = high engagement in the program
- Who completed it?
Managers? Educators?
Advisory board members?

2

Dimension Score

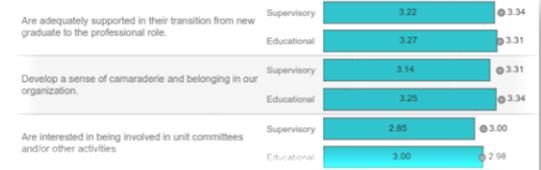


- View domains first and identify gaps (p. 8)
- Are your gaps from managers or educators or both?
- Narrow in on specific questions to focus on.

3

Impact on residents questions

(Average Score)



- 'Impact on residents' questions (p. 11)
 - Potential content based on what leadership is seeing on the units
 - Ask managers and educators about areas that need focus

Who should see it?

Disseminate to:

- **Advisory board**
- **CNO and Director**
- **Nursing Leadership along with NRP Update**

What are you currently doing in the program that they may not know about?



Executive Leadership Resources

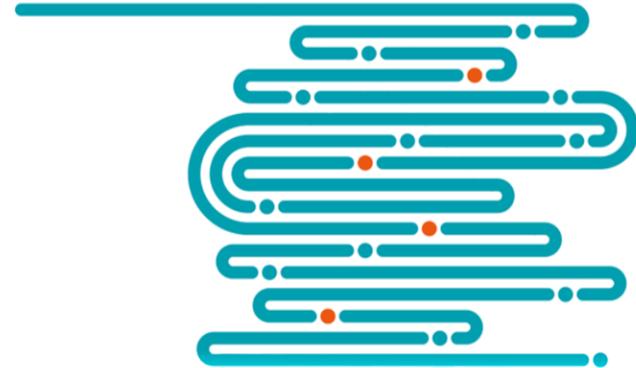
Executive Leadership resources

- [Nurse Retention Strategies](#)
- [Best Practices for NRP Programs](#)
- [Using the NRP data](#)

Retention strategies for nurses

Courtesy of the Vizient/AACN Nurse Residency Program™

Offered by Clinical Workforce Solutions, a suite of solutions to engage and optimize your clinical workforce

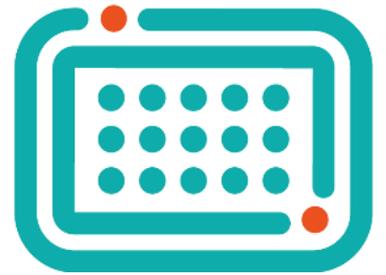


NRP Page > Coordinator resources > Tools and resources

On my radar....

- PEACE Model for EBP
- Future of Nursing Podcast: <https://nam.edu/the-future-of-nursing-podcast/>
- NRP Conference Update
- Annual Site Reports- end of first quarter
- New Dashboard Updates

Upcoming training opportunities



NRP Admin Tool

February 15: 10:30 am CT

March 15: 2 pm CT

April 20: 10:30 am CT

NRP Dashboard

February 16: 10:30 am CT

March 16: 2 pm CT

April 12: 10:30 am CT

Office Hours

April 12 at noon CT

NRP Coordinator Calls

February 24: noon CT

March 24: noon CT

April 28, noon CT

Virtual Training

March 21: NRP Foundations @1 pm CT

28: Curriculum @ noon CT

29: Evaluation and Data 1 pm CT

31: EBP and Encore @ 1 pm CT

Let's work together

vizient®

NRPinfo@vizientinc.com

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STRESS (STRETCH) BREAK

9:30 – 9:45 AM

CARING FOR THE LEADER

PA Nurse Residency Collaborative

January 28, 2022

Diane M. Yaple MS, LPC

Behavioral Health Specialist

Jefferson Health Northeast

TOXIC STRESS

How is your stress manifesting in your body?

When we experience chronic stress, behaviors communicate these brain states.

What behaviors may you experience or observe?

My team is not feeling safe when they have these emotions.

When our cortex is on line, we can have empathy, language, work collaboratively, and have the ability to see one another's perspective.

We do not have the ability to clearly reason when immersed in high stress levels. Our body has to reach a state of emotional regulation.

The stress itself, in addition to the stressor, must be addressed until the body senses that it is safe.

CHECK IN

What experiences have come up for you as Nurse Residency leaders that have made this time especially difficult for you, your team, your family?

What is one thing you have learned throughout this crisis?

How can you help to build/nurture a community at work?

What is one thing you are grateful for today?



TRAUMA

Bessel van der Kolk, M.D., a leading author, professor and trauma expert defines trauma as an experience in which a person's internal resources and external resources are inadequate to cope with an external threat.

3 E's according to the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA),

- 1. Event** - Circumstances may include the actual or extreme threat of physical or psychological harm (i.e., natural disasters, violence, etc.) or severe, life-threatening neglect for a child that imperils healthy development.
- 2. Experience of the Event**- A particular event may be experienced as traumatic for one individual and not for another
- 3. Effects** - The long-lasting adverse effects of the event are a critical component of trauma. These adverse effects may occur immediately or may have a delayed onset.

TRAUMA AND STRESS ARE LIKE VIRUSES

Trauma and stress affect our organizations the way viruses affect computers. Like a virus, chronic stress in an organization can be:

- Contagious- mirror neurons
- Disguised
- Harmful
- Difficult to diagnose
- Difficult to treat



The Relationship of Adverse Childhood Experiences to Adult Health Status (1998)

A collaborative effort of Kaiser Permanente and
The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.



ACE STUDY

8,000 people completed a retrospective questionnaire, Adverse Childhood Experiences (ACEs) about their own childhood.

Most of the participants were middle-aged, adult white men and had attended college.

The number of categories of adversity was then compared to adult risk behaviors like smoking, drug use, multiple sexual partners.

Researchers asked participants whether they experienced certain categories of trauma.

CHILDHOOD ADVERSITY BY CATEGORIES (18 YEARS OR YOUNGER)

Abuse

Psychological (by parents)

Physical (by parents)

Sexual (by anyone)

Emotional Neglect

Physical Neglect

Household

Substance Abuse

Mental Illness

Parental Separation/Divorce

Mother Treated Violently

Imprisoned Household Member

ACE STUDY

More than ½ of 8,000 reported 1 category

25 percent reported more than 2 categories

The higher the score, the more likely people were to have disease, and long term chronic issues.

The higher the dose of adversity in childhood, the more likely a person was to have disrupted neuro development.

High doses of adversity can lead up to a 20 year difference in life expectancy.

ACE IN THE SOCIAL SERVICES FIELD

Out of 350 people in the Social Service Field

Psychological Abuse (Parents)- 37%

Physical Abuse (Parents)- 29%

Sexually Abused- 25%

Emotional Neglect- 35%

Physical Neglect- 12%

Substance abuse in household- 40%

Separated from one/both parents- 41%

Witnessed DV- 21%

Imprisoned household member- 10%

BURNOUT

3 Components of “Burnout”

Herbert Freudenberger, German psychologist, coined the term in the 1974

1. Depersonalization and cynicism
2. Sense of professional ineffectiveness and lack of accomplishment
3. Emotional exhaustion- particularly those in the helping field. Not limited to work. Could be parenting, social activism, etc.



3 PARTS TO STRESS RESPONSE CYCLE

1. Beginning- perceive a threat (could be real or imagined)
2. Middle- strategy is utilized to deal with the stress.
3. End- body receives the signal that it is safe, the threat is no longer. Your body is no longer in the fight, flight, freeze mode and is at rest and safe.

Need to change the body's physiological response- to deal with the stress while the stressor is present.

STRESS RESPONSE CYCLE

6 evidence-based strategies for completing the body's stress cycle:

1. Physical activity (20-60 minutes daily) - take a walk, dance, stomp your feet, body-based exercises
2. Creative self-expression - knit, paint
3. Physical affection - helps your body release trust and bonding hormones like oxytocin.
4. Laughter- way to release emotions.
5. Crying - mechanism to release stress.
6. Deep breathing - calms the vagus nerve, completes fight or flight response.

STRESS RESILIENCE ACTION PLAN

Creating a Stress Resilience Action Plan can encourage tuning in to powerful emotions and help regulate such emotions.

Start a Planning Practice. Routines can be helpful in increasing a sense of control and diffuse feelings of being overwhelmed.

Start a Daily Gratitude Practice

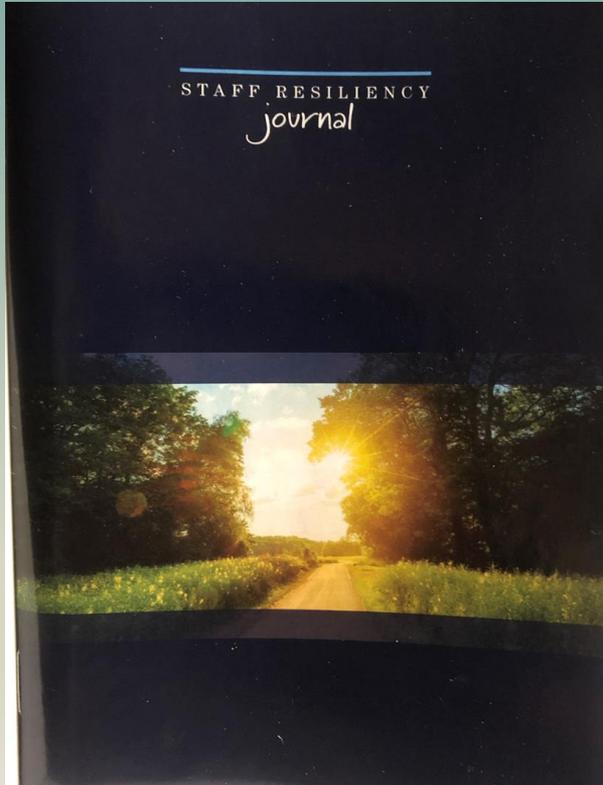
Start a Daily Breathing practice- app Stop, Breathe, and Think

Improve the Quality of Your Social Connectedness

Develop a Regular Exercise Routine- exercise reduces the overall activation of your amygdala and sympathetic nervous system



MAKE A PLAN FOR SELF-CARE



- Make a commitment to yourself
- Make a commitment to each other
- Who is my go to person this shift?
- What is my planned intervention for today?

WHAT IS WELL-BEING?

At the core of this is really a focus on how we show up in life.

How you show up at work is critically important.

How you show up is directly related to how you care for others and how you care for yourself.

Well being leads to well doing- when we focus on our own well being and the well being of our teams we are going to have people who are doing excellent work together!



"Wellness is not a state of being—it's a state of action. It is the freedom to oscillate through the cycles of being human. Real-world wellness is messy, complicated, and not always accessible. If you sometimes feel overwhelmed and exhausted, that doesn't mean you're doing it wrong; it just means you're moving through the process. Grant your body permission to be imperfect and listen to your own experience." - Drs. Amelia and Emily Nagoski from their book, "Burnout."



RESOURCES

Nagoski, Emily, Nagoski Amelia. (2019). Burnout: the secret to unlocking the stress cycle. New York, NY. Penguin Random House, LLC. p. 4, 14-18

Tip 57: Trauma-Informed Care in Behavioral Health Services. SMA14-4816 (store.samhsa.gov)

Van Der Kolk, Bessel A. (2014). The body keeps the score. New York, NY. Penguin Random House, LLC. 58-59.

QUESTIONS?





CLOSING

Amy H. Ricords, MEd, BSN, RN, NPD-BC
PA-AC Director, Nursing Professional
Advancement



Two More Resources for You!

- NEPiN- Academic Progression Resources

<https://nepincollaborative.org/career-mapping/>

- AACN- 5B Themes

<https://www.aacnnursing.org/5b-tool-kit/themes>

Evaluations



Complete your evaluation before Friday February 11th, 2022.



Please provide any comments/quarterly content topic ideas!



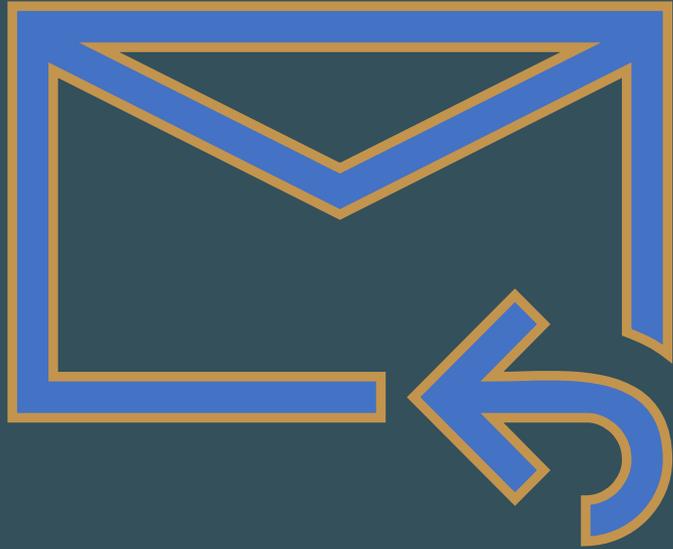
Evaluation link will be emailed this afternoon.



Mark Your Calendars!

Friday, April 22nd and

Friday, June 10th



How Can We Support You?

aricords@peakoutcomes.com



Thank you!

To our members and your commitment
to making Nurse Residency **AWESOME!**

Speakers
Steering Committee



COLLABORATIVE STEERING COMMITTEE

Committee Role	2021-2022 Term
Chair	Jeanette Palermo (Thomas Jefferson)
Co-Chair	Tiffany Conlin (UPMC Presbyterian)
Past Chair	Kelly Gallagher (Penn Medicine)
Director Member	Lindsey Ford (Geisinger Medical)
System Coordinator Member	Elizabeth Holbert (Penn State Hershey Medical Center)
Coordinator Member	Cathy Witsberger (UPMC Presbyterian)
New to Vizient Member	Ashley Iannazzo (UPMC)
Networking Lead	Janice Gibson (Jefferson Health, Northeast)
Academic Partner	Jennifer Barton (Penn State College of Nursing)
Nurse Resident Lead	Lydia Kim (Penn Presbyterian Medical Center)

THANK YOU!

PA Action Coalition Staff Contacts

Amy H. Ricords, MEd, BSN, RN, NPD-BC
Director, Nursing Professional
Advancement
aricords@peakoutcomes.com



Jenny (Horn) Gimbel
Senior Manager
jhorn@phmc.org



Sarah Hexem Hubbard
Executive Director
shexem@phmc.org



Zaharaa Davood
Manager
zdavood@phmc.org

