Residency Program Improves Clinical Competency and Retention of New Graduate RNs
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**Problem:** New graduate RNs experience high levels of stress and anxiety, demonstrate deficiencies in clinical competency, and have high turnover rates during their first year of nursing practice.

**Evidence:** The literature supports that nurse residency programs are associated with improved first year retention rates and clinical competency levels (CCNE, 2009; Williams et al., 2007; Kowalski & Cross, 2010).

**Strategy:** Nurse Residency programs provide opportunity for mentoring, peer support, and education that assist new graduate RNs transition successfully.

**Practice Change:** The Year Round Residency Program for New Graduate RNs was initiated in 2007 at Desert Springs Hospital and Valley Hospital in Las Vegas, NV in collaboration with University of Nevada, Las Vegas School of Nursing. The program consists of 3 months of preceptorship, 9 months of sponsorship, and monthly Resident Development Days. A HRSA grant funded the program.

**Evaluation:** A pre-post test design was used. Clinical competency and critical thinking were measured using the Preceptor Evaluation of Resident Form. Stress and Anxiety were measured using the Pagana Clinical Stress Questionnaire (1989) and Spielberger's State-Trait Anxiety Inventory (1983). The Casey-Fink Graduate Nurse Experience Survey (2002) measured aspects of professional transition. Retention rate was measured in percentage.

**Results:** Second year residents (N=30) significantly improved from beginning to end of program in their clinical evaluations by preceptors from a mean score of 69.20 to 99.33 (p<.0001), and in their critical thinking scores from 19.63 to 28.40 (p<.0001). Employment retention rate was 97 per cent. Although not statistically significant, residents’ stress and anxiety scores as measured by Pagana and Spielberger's instruments decreased with time, and sub-scale scores on the Casey-Fink survey indicated positive change in support, patient safety and communication.

**Recommendations:** Continue program and expand to other hospitals in Las Vegas, NV.

**Lessons Learned:** Originally voluntary, the program is now mandatory which improved consistent participation. The addition of patient simulation scenarios aided in providing active learning and opportunity for strengthening clinical judgment.
Bibliography


