
Nursing and Nursing Assistive Personnel Recruitment and Retention

Replicating Best Strategies Across Iowa

2004

Center for Health Workforce Planning

Bureau of Health Care Access

Division of Community Health

Iowa Department of Public Health

[REDACTED]

Table of Contents

Purpose of Report.....	3
Overview of Center for Health Workforce Planning.....	3
Purpose of Nursing and Nursing Assistive Personnel Demonstration Projects and Mentor Programs.....	4
Review of Demonstration Projects	
Generations, Incorporated.....	5
Hancock County Memorial Hospital.....	6
Iowa Association of Colleges of Nursing.....	7
Iowa CareGivers Association.....	9
Mercy Medical Center - North Iowa.....	10
Ottumwa Regional Health Center.....	11
Southeastern Community College.....	13
Review of Mentor Programs	
Bishop Drumm Retirement Center.....	15
Central Iowa Health System.....	16
Genesis Medical Center.....	17
Mercy Medical Center - North Iowa.....	19
Ottumwa Regional Health Center.....	20
Southeastern Community College.....	21
St. Anthony Regional Hospital.....	22

Purpose of Report

The purpose of this report is to share identified best practices for recruitment and retention of nursing and nursing assistive personnel as identified by local experts in communities across Iowa. From October 2002 through September 2003, the Center for Health Workforce Planning in the Bureau of Health Care Access, Iowa Department of Public Health funded fifteen projects with the intent of identifying successful recruitment and retention strategies. This report provides a summary of the goals, objectives, challenges, strategies and contact information for each of the projects. It is intended to be a resource for employers of nurses and nursing assistive personnel around the state to develop, modify and share innovative and tested strategies to recruit and retain this workforce. This report is available on the Center's web site at http://www.idph.state.ia.us/ch/health_care_access_content/rhpc/shortage.htm.

Note: The summaries included in this report are presented from the perspective of the grant recipients and may reflect some editorial changes made by Center staff.

Overview of the Center for Health Workforce Planning

On July 23, 2002, the U. S. Congress passed Public Law 107-116 that authorized \$1.1 million to be directed to the Iowa Department of Public Health to establish a Center for Health Workforce Planning. Funding for the Center was a result of the efforts of U.S. Senator Tom Harkin (D-IA) fueled by the work of Governor Tom Vilsack's Task Force on Nursing Shortage, the Iowa Council of Nurses, the Iowa CareGivers Association and others. Federal funding is administered through the Bureau of Health Professions, Health Resources and Services Administration, U.S. Department of Health and Human Services. In 2003, Public Law 108-07 authorized an additional \$993,500 to sustain the work of the Center for a second 12-month period, ending July 31, 2004.

Vision Statement

The Center for Health Workforce Planning will support a sustainable, competent and diverse health workforce through systematic data collection about workforce supply and demand, and technical assistance to local communities, in partnership with public and private agencies.

Purpose

The purpose of the Center is to assess and forecast health workforce supply and demand; address barriers to recruit-

ment and retention; support strategies developed at the local level that prevent shortages; and engage in activities that promote and assure a viable, diverse health workforce in Iowa. The Center's initial emphasis on nursing and nursing assistive personnel is being expanded to other health workers in 2004.

Goals

- #1** Expand the Iowa Nurse Tracking System to all counties in Iowa and other health workers.
- #2** Support best practices for recruitment and retention of health workers.
- #3** Conduct data collection and sharing about the health workforce in Iowa.
- #4** Serve as a central point of contact for health workforce supply and demand in Iowa.
- #5** Support federal initiatives to designate shortage areas for nurses and other health workers.

Advisory Committee

The Center is guided by an Advisory Committee representing Iowa's health workforce, including nurses and nursing assistive personnel; education and training programs; practice settings that encompass acute, ambulatory, long-term and home health care; the Governor's Task Force on Nursing Shortage; the Iowa Council of Nurses; partner organizations; and community leaders. The Committee provides consultation and direction from the field, guides the Center's long-term plan and evaluation, and communicates with policy makers, legislators and stakeholders.

Programs, Surveys and Products

In its first year, the Center facilitated a nursing and nursing assistive grant program providing \$838,152 to a total of 44 individuals, employers, health care organizations and education programs across Iowa. The grant supported mentoring programs for new nurses and nursing assistive personnel, stimulus incentive packages for recruitment and advancement, and demonstration projects that model best practices for recruitment and retention.

In 2002, the Center surveyed 1,320 hospitals, long-term care facilities, ambulatory clinics, home health agencies and assisted living facilities that employ nurses and nursing assistive personnel. Survey results provide important information about staffing, salaries, vacancies, length of employment and strategies to stem shortages. In 2003, the

Center surveyed 435 employers in the long-term care setting online, and will conduct a focus group to examine workforce issues specific to long-term care. The Center also partners with agencies that collect data in other employment settings. In 2004, the Center is conducting an online survey of all nursing program directors and faculty to address the supply and demand for nurse educators in Iowa, and a sample survey of 1,175 RNs and LPNs between the ages of 51 and 60 to identify intent to retire and strategies to support retention in patient care settings. Survey results and a comprehensive report of Center activities may be found on the following Web site: http://www.idph.state.ia.us/ch/health_care_access_content/rhpc/shortage.htm.

Current Activities

- Communication of best practices identified by the demonstration projects and mentoring programs funded in the 2002 Nursing and Assistive Personnel Grant Program;
 - Continuation of 7 demonstration projects that applied for continuation funding at 50% of the original award;
 - Implementation of a Regional RN Tracking Pilot Project in partnership with the University of Iowa, Carver College of Medicine, Office of Statewide Clinical Education Programs to track registered nurses in a 13-county area in north central Iowa;
 - Implementation of a Memorandum of Understanding with the Iowa Department of Inspections and Appeals to support restructuring of the Nursing Assistant Registry and electronic entry of Certified Nursing Assistant test scores from statewide testing sites;
 - Completion of an intra-departmental agreement with the Iowa Board of Nursing to enhance data collection and sharing to support the Iowa Nurse Tracking System;
 - Use of Web, print and presentation technologies to communicate results of surveys and assist Center forecasting groups to address vacancies and turnover in long term care settings, RN and LPN retirement trends and preparation of nursing faculty;
 - Participation in federal initiatives to implement new nursing supply and demand models for designation of shortage areas;
 - Identification of data sources and elements for a broad spectrum of health professions;
- Continuation as a central point of contact for stake holders who seek information about health workforce supply and demand, recruitment, retention, faculty preparation and workplace environment.

Purpose of Nursing and Nursing Assistive Personnel Demonstration Projects and Mentor Programs

In August/September 2002, the Center for Health Workforce Planning conducted a competitive application process for three categories of projects targeting recruitment and retention of nurses and nursing assistive personnel. The categories were 1) demonstration projects to identify best practice strategies for successful recruitment and retention, 2) mentor programs to facilitate employee retention, and 3) personnel stimulus incentive packages to reimburse tuition, books, mileage and child care expenses incurred by individuals enrolled in health-related education programs. These stimulus incentive packages were dispersed in three subcategories to facilities, individuals and educational programs. The Center awarded a total of \$838,152 to support demonstration projects, mentoring programs and personnel stimulus/incentive packages that promote recruitment and retention of nurses and nursing assistive personnel in Year 1. The Center provided grant management, technical assistance and site visits. Contracts began October 18, 2002 and extended to September 30, 2003 to allow adequate time for project development, implementation and evaluation. The demonstration projects and mentoring programs provided final reports in October 2003 that identified best practices.

At the recommendation of the Center's Advisory Committee, the demonstration projects were provided the opportunity to apply for up to 50% of Year 1 funding to complete evaluation, replication and communication of best practices between October 1, 2003 and September 30, 2004. All seven of the demonstration projects successfully received continuation funding and will complete project evaluation with the intent of sharing these results for possible replication statewide.

Organization: Generations, Incorporated

Project Goal: Recruit fifteen new home care aide (HCA) trainees, enroll them in a certified training class conducted by Generations, Incorporated (including tuition reimbursement), provide a financial stipend to reimburse them for time spent in training (prior to hire), and implement a first-year retention bonus.

Best Practices Used to Accomplish Identified Objectives*Learning Strategies:*

- Provide the HCA certified training to trainees at no cost.
- Provide a stipend to trainees for their time spent in training.
- Offer some financial assistance to trainees who face barriers as they begin their employment (i.e., phone, auto insurance, suitable work attire, child care, etc.).

Retention Strategies:

- Assign a peer HCA to mentor trainees.
- Have the assigned HCA mentor follow the new employee for one year.
- Provide practicum opportunities for the new HCA with their mentor, other tenured HCA and/or their HCA supervisor.
- Offer tiered employment opportunities within the home care aide program (home helper, home care aide, acute care aides).

Compensation Strategies:

- Offer new employee referral bonus (\$100 to employee referral source upon new employee's hire and another \$100 after six months of employment).
- Offer additional wage of \$0.25/hour for mentor responsibilities.

Challenges to Project Implementation:

- Although the grant period was officially 10/18/02 through 9/30/03, we did not receive the signed contract until mid-November 2002, which actually resulted in a 10-month grant period.
- The retention bonus component of the grant was impractical given the timeframes involved for the grant. Providing a bonus at six months and again at nine months exceeded the grant period during which we could seek reimbursement.
- The \$120 financial barriers grant was not sufficient to address the numerous challenges facing some potential trainees whose personal situations are particularly dysfunctional.
- A gap frequently exists between the work schedule that a trainee states they desire and need, and the reality of what their personal situations allow them to work. This gap leads to frustration on the part of both the new worker and the employer. This challenge extends beyond the scope of this demonstration project and remains a larger issue requiring continued attention.
- More rigorous screening could also potentially eliminate the vast majority of potential workers. As an employer, it is difficult to assess which trainees will be able to overcome their personal issues and ultimately succeed in this position.

Contact Person: Maribel Slinde
Executive Director
Generations, Incorporated
944 18th Street
Des Moines, Iowa 50314
(515) 288-3334
mslinde@mcleodusa.net

Organization: Hancock County Memorial Hospital**Project Goals:**

Goal #1 Develop competency based orientation (CBO) manuals in three collaborating organizations.

Goal #2 Train 80% of all nursing and nursing assistant staff in the use of the CBO manual and new orientation process.

Goal #3 Educate 80% of all nursing staff in the concepts and application of preceptorship.

Goal #4 Train 80% of all nursing staff in assertive and delegation skills.

Goal #5 Implement the CBO process with all newly hired employees.

Best Practices Used to Accomplish Identified Objectives*Professional Strategies:*

Hancock County Home Care Aide Agency used the National Home Caring Association's model curriculum as a standard and best practice. This was coupled with the Home Care Aide regulations of Iowa Administrative Code, Chapter 80, and the requirements of Home Care Aide competency under the Medicare conditions of participation.

At this time, Hancock County Public Health Nursing Service is not sure how to evaluate the tool that was developed and will further solidify that as the manual is implemented in our office. Eight Core Public Health Competencies were used.

Hancock County Memorial Hospital is committed to providing competency-based orientation to its RN and Certified Nursing Assistant staff. The future inclusion of ergonomic standards/practices enhances the program even further. With help from the facilitator, materials were developed by researching information, looking at policies and using personal experience.

Learning Strategies:

The Hancock County Home Care Aide Agency competency manual was built on a strategy of continued education. Each of the seven Study Modules is a stand-alone self-study, but can also be used to present ongoing monthly in-service. The lending library is a collaboration of Hancock County Memorial Hospital, Hancock County Public Health and Hancock County Home Care Aide Service, with a shared web service.

Hancock County Public Health Nursing Service utilized a wide variety of resources to develop a manual based on established Public Health Competencies.

Hancock County Memorial Hospital recognizes the importance of the nursing assistant to the hospital health care team. Further education with the orientation process should enhance job performance and satisfaction. This manual provides the education necessary for a basic level of competency.

Retention Strategies:

The Hancock County Home Care Aide Agency is moving to computer documentation technology as a creative way to minimize the time and redundancy of hand written narratives. It allows staff to document immediately at the end of each day, and keep paper work accurate and current. The preceptor model of the CBO is an effective method to support and retain new HCAs.

Hancock County Memorial Hospital hopes to increase retention of new employees by providing a better orientation process. It hopes to enhance retention of current employees and increase their job satisfaction by giving them the tools to orient others.

Recruitment Strategies:

The Hancock County Home Care Aide Agency is using computer technology that appeals to younger members of the workforce

Hancock County Memorial Hospital uses the CBO program for RNs and Certified Nursing Assistants as a recruitment strategy during job interviews to address applicants' questions about the orientation process.

Compensation Strategies:

Hancock County Home Care Aide Service is confident that the manual itself is a concise, thorough document. One hundred percent of all Home Care Aides attended the preceptor training and were receptive to the need for support of new employees. In Year 2 of this grant we will have more data about new employees. Our complete manual is available on disk to peer groups around the state. Our agency will share this project at the IPHA meeting in spring 2004.

All the participating agencies anticipate a financial benefit from sharing library resources and orientation information, and providing collaborative classes.

Challenges to Project Implementation:

Hancock County Home Care Aide Service had challenges or barriers related to timelines, programming, hiring and related activities.

As of the end of the project year Hancock County Home Care Aide Service has not yet hired a new employee to completely field test the manual.

At Hancock County Public Health Services, one of the greatest challenges was finding the material we needed to produce the manual. We tried many venues before being able to complete the project. We contacted the University of Iowa College of Public Health, our regional CHC, other state departments, and various Internet sites. All of these contacts enabled us to understand what we needed to complete this project, and also made us aware of what is available both in the state and in other areas of the country.

At Hancock County Memorial Hospital, one of the greatest challenges was the facilitator being out on personnel leave for an extended period of time. This necessitated meeting numerous times in some months instead of once or twice per month and created scheduling difficulties.

Overall, keeping the lines of communication open between the three partners was a challenge due to distance, other commitments, etc. All three agencies found the time spent together to be very beneficial.

Contact Person: Laura Zwiefel
Director of Clinical Services
Hancock County Memorial Hospital
532 1st Street NW
Britt, Iowa 50423
(641) 843-5153
zwiefell@mercyhealth.com

Organization: Iowa Association of Colleges of Nursing

Project Goal: To develop and evaluate nursing clinical leadership training programs that will create a more effective clinical enterprise and eventually increase the retention of bachelor's prepared nurses in hospital practice.

Best Practices Used to Accomplish Identified Objectives*Professional Strategies:*

The focus of this grant was on nursing retention and development of clinical leadership. The Leadership Project consisted of three major strategies: providing a didactic/educational component, providing a mentoring experience, and having hands-on experience with a clinical project chosen by the mentees and mentors. The professional strategy was to strengthen the relationship between the baccalaureate nursing programs and the medical institutions. For the first time in the state of Iowa, ten baccalaureate nursing programs partnered, at a state-wide level, with local medical institutions to develop and evaluate employer-based clinical leadership training programs. The partnership development demonstrated a

visible commitment to increase the retention of bachelor's prepared nurses in hospital practice. The strategy of using multiple sites provided the opportunity to explore common issues and share ideas between rural and urban sites, magnet seeking institutions, and those institutions with collective bargaining.

Learning Strategies:

Two Learning Strategies were identified in this grant. The first was a didactic/educational component which focused on leadership skills. Sites offered educational sessions based on their determination of what the needs were in the institution. The second was a Clinical Project which consisted of applying leadership skills to a clinical topic mutually selected by the mentees and mentors. The mentees identified that institutional support in the form of paid time or flexible scheduling, greatly enhanced their ability to participate. Mentees identified that their supervisors needed to be more involved in the planning of the Learning Strategies to increase their support of the Project. Additional incentives, such as providing journals, textbooks and CEU programs, were also found to be beneficial.

Retention Strategies:

The major retention strategy was identified as the mentoring relationship between mentees and mentors. Mentors were chosen based on their levels of education, experience and titles. The on-site coordinators were encouraged to select mentors that were in upper levels of management and were not from the area where the mentee worked. Of the three Leadership Project Strategies, the relationship between the mentees and the mentors was consistently identified in the focus groups as being the most beneficial. Mentees stated that they began to view themselves differently, more as “clinical leaders” and felt that they were looked up to by their peers. Mentees commented about feeling valued and empowered, and experiencing shared power. Mentees identified leadership skills that they would take with them from this experience. The most frequently identified leadership skill was communication. Organization and time-management skills, flexibility, problem solving/critical thinking skills and conflict resolution were other skills reported as significant.

The mentors overwhelmingly valued the relationship building component with mentees. They stated that the relationship made them feel “energized and rejuvenated”. Most mentors also stated that they felt the mentees were able to “see the big picture” and get more involved with the organization because of this program. This strategy not only enhanced relationships between nurses and their mentors, but between academia and practice.

Focus group results about whether this retention strategy would help to retain mentees in the organization were mixed. Most mentors believed that the strategies would help with retention of new BSN graduates. Mentees varied; some thought the strategies would help retention, while others voiced that they planned to stay in the nursing profession regardless of their mentoring experiences. One mentee group believed that the strategies opened their eyes to new possibilities within the organization and within the nursing profession, not necessarily at the bedside.

Compensation Strategies:

The only compensation strategy was the paid time off provided by some of the sites. Mentees found this strategy to be beneficial to project participation.

Challenges to Project Implementation:

- Project coordinators were not selected until 3 months into the grant cycle
- Varied work schedules of the mentees and mentors
- Time commitment required of mentees, mentors and site coordinators
- No monetary compensation for meetings and hospital staff time to implement the project
- Difficulty scheduling meetings due to summer vacations
- All sites are creating programs that best reflect the culture of their organization creating difficulty in evaluating common themes across sites.
- Collective bargaining restrictions
- Hospital representatives were hesitant to participate because they were not involved in writing the initial grant application.
- Nursing management felt their divisions could not afford to let mentees participate in the project on paid time.
- Lack of BSN graduates in some areas
- Incomplete data returned
- Inability of site coordinators to meet reporting deadlines
- Mentee’s immediate supervisor was not always aware of project activities and expectations.

Contact Person: Jill Valde
960 Forest Edge Dr.
Coralville, IA 52241
(319) 335-7017
jill-valde@uiowa.edu

Jen Van Liew
Visiting Nurse Services
1111 9th Street, Suite 320
Des Moines, IA 50314
jenv@vnsdm.org
(515) 558-9941

Organization: Iowa CareGivers Association (ICA)

Project Goal: Increase the pool of potential direct care workers (DCWs) through recruitment and retention initiatives

Goal #1 Identify barriers to re-entry into the field

Goal #2 Increase public awareness of direct care worker issues

Goal #3 Increase skills and knowledge of those who participate in public awareness programs

Goal #4 Increase level of awareness and involvement in the ICA and community college programs

Best Practices Used to Accomplish Identified Objectives*Professional Strategies:*

The formation of direct care worker associations is gaining in popularity across the country. Iowa is unique in that it has a direct care worker association that is viewed as a national model. Many states that have started associations or are in the process are using the ICA model. This is one strategy and should surely be viewed as a best practice.

Learning Strategies:

Scholarship pilot (through DHS) for direct care workers. What is fundamentally different about this scholarship fund is that it provides opportunities within the field of direct care (not to go on to become a licensed nurse). In other words, we need to give direct care workers permission/validation for choosing a career as a Certified Nursing Assistant or Home Care Aide. Scholarships were also offered for individuals to attend the ICA direct care worker annual educational conference. The connection to this grant is that some of the scholarships were presented during the Iowa Caregivers Month reception and proclamation signing. Lt. Governor Sally Pederson presented the scholarships. It is important that we send the message that not everyone who enters the field of direct care has the desire to become a licensed nurse.

Recruitment Strategies:

Identifying barriers to individuals re-entering the field can help us to craft programs and policy to encourage them to return to the field. One regulatory barrier is the requirement that CNAs who leave the field for 24 months lose their certification and have to retrain or challenge the test. Since only CNAs who work in NFs or SNFs are required by federal law to be on the NA Registry, those who leave to work in home care, hospitals, residential or other care settings inadvertently lose their certification after 24 months. There are no continuing education standards attached to the maintenance of a CNA's/DCW's certification similar to the requirements for other health care professionals. These are policy issues that have been identified as barriers and hardships to workers and providers. We will continue to research these issues, educate ourselves and others, and recommend policy that will alleviate the hardships to re-entering the field and help us to create a highly skilled and educated direct care workforce to meet the needs of the future.

Other Strategies:

For the purposes of recruitment and retention of direct care workers, it is important to take a comprehensive (big picture) approach to the issues. Direct care worker wages, benefits, education, recognition and status are all directly linked.

Challenges to Project Implementation:

Impacting rules and regulation that create hardships for workers.

Building Support:

- We also need to strengthen our relationship with the community colleges in Iowa. Some are very supportive and others are not. Through the BJBC Program we will be holding some planning sessions to better define the relationship/roles and find ways to more successfully collaborate.
- We still meet with resistance from some parts of the nursing home provider community, but we are seeing an increase in the number of providers who show greater support and interest in what we are doing.
- Need more direct contacts with public health nursing throughout the state.

Two forces that exist right now present new challenges: Need to promote professionalism, educational standards, and better jobs within the field of direct care countered by the push for consumer directed care, particularly in the disability community which prefers no standards which they view as an interference to choice and a means to increase the costs to the consumer (person with disability) of hiring a personal assistant or direct support staff.

Contact Person: Di Findley
Executive Director
Iowa Association of CareGivers
1117 Pleasant Street, Suite 221
Des Moines, Iowa 50309
(515) 241-8697
iowacga@aol.com

Organization: Mercy Medical Center - North Iowa

Project Goal: To develop an internship program for graduate nurses in an effort to recruit personnel into cardiac nursing and to retain competent nurses in a specialty area presently experiencing high numbers of unfilled positions.

Best Practices Used to Accomplish Identified Objectives

Professional Strategies:

- Organizing recruitment and retention efforts into single title of Building Bridges... and Strengthening Nursing
- Forming an internal advisory group
- Developing program policies and procedures

Learning Strategies:

- 20% of internship spent in didactic endeavors; 80% of internship spent in clinical areas
- Preceptor preparation class in place prior to development of internship

Retention Strategies:

- One-to-one preceptor: intern ratio
- Intern follows preceptor schedule as much as possible (working all shifts).
- Interns had opportunity to see unit characteristics prior to applying for position.

Recruitment Strategies:

- Nurse Recruiter has tools in place.

Compensation Strategies:

- Interns are paid at staff nurse pay scale.
- Preceptors do not receive additional pay.

Challenges to Project Implementation:

- From the interns:
 - “More opportunities are needed to start intravenous catheters.”
 - “We need a more timely release of our work/class room schedules; better communication about our hours to the Nursing Supervisor.”
 - “Back-up preceptors are needed for when the primary preceptor is ill or on vacation.”
 - “Documentation guidelines need to be clarified for interns.”
 - “The schedule needs to include a half day in Cardiac Rehab Services.”
 - “Personal locker space needs to be provided.”
- From the preceptors, clinical staff, and clinical nurse managers:
 - “We need back-up preceptors to cover preceptor illnesses and vacations.”
- From the organization’s perspective:
 - More information about the nursing internship program needed to be communicated to the allied and ancillary department personnel, including their role in helping the interns.
 - The workload in the Regional Health Education Center and the clinical areas were a big challenge. Internal personnel required for the development and implementation could not be assigned to the project without being quickly replaced in their current roles and with their current responsibilities. Staff flexibility was a key factor, but the overload remained a challenge.
 - There was a need not to duplicate processes, procedures, and work. Thus, meeting times were difficult to schedule and manage.

- The new graduate nurses selected for the first internship period graduated in December 2002 but did not obtain Iowa licenses to practice nursing until February 2003; thus initiation of the program was delayed by two months.
- Tools were developed in a just-in-time manner rather than being available.
- As employees, the interns were eligible to apply for permanent positions three months into their internship program commitment. The interns applied for permanent positions in the emergency center and critical care. The clinical nurse managers wanted to employ the interns prior to completing the internship program. After discussion of various options, both interns remained to complete the internship program in August 2003.
- The Dorothy delBueno critical thinking assessment tool was unavailable in a reasonable manner; there was a need to select another tool for this purpose.

Alternate instructors will be needed as the ARNP instructor will be taking a leave of absence for three months in the midst of the second internship program session.

Contact Person: Margery Wasicek
Director, Regional Health Education
Center
Mercy Medical Center - North Iowa
1000 4th Street SW
Mason City, Iowa 50401
(641) 422-7295
wasicekm@mercyhealth.com

Organization: Ottumwa Regional Health Center

Project Goal: To demonstrate the value of intensive clinical experience and mentorship for Associate Degree (AD) students on competency, orientation costs, retention and job satisfaction.

Best Practices Used to Accomplish Identified Objectives

Professional Strategies:

- Requiring 2nd year students in the Associate Degree Nursing Program to be LPNs as prerequisite to Internship experience. Interns can function within the LPN scope of practice allowing them to administer medications and to perform other technical procedures.
- Involving the Community College's AD Nursing Program administrators from the outset to establish a partnership in the planning, implementation and evaluation of the Internship Project. Take advantage of their expertise and knowledge in dealing with nursing education. Establish regular meetings with department Chair or designee to maintain open channels of communication and mutual support.
- Recruiting, selecting and training Nurse Mentors who were identified by both management and peers as role models who exhibit confidence and enthusiasm in the

work environment, possess excellent clinical skills, and utilize critical thinking skills in the assessment of patient needs and prioritization of interventions.

- Pairing each intern with one trained nurse mentor throughout the internship experience.

Learning Strategies:

- Providing a free, formal Mentor Training Workshop with continuing education hours for staff development.
- Conducting weekly one-on-one meetings with interns to review learning opportunities experienced the previous week, identify learning needs and reinforce the importance of the RN in the healthcare field.
- Conducting regularly scheduled meetings with nurse mentors to identify barriers to interns' learning opportunities, discuss interns' progress, determine mentor needs and provide on-going support from the Program Administrator.
- Hiring interns as employees in the nursing unit assigned for the full 12-week internship. Provide all benefits according to Personnel Policy. This provides an incentive to interns to commit to the project as well as feel a part of the organization.
- Providing student nurse internships in specialty nursing units to introduce intensive clinical experience

in areas not included in the AD Nursing Program. This opportunity will provide the student with real-time clinical experience in practice upon entry into the nursing profession.

- Providing financial incentives to nurse mentors for each of the following:
 - Intern successfully completes Internship Program.
 - Intern gives good scores to nurse mentor on the Mentor Evaluation Tool. Scores are based on a Likert Scale.

Retention Strategies:

Establishing a mentor-intern relationship through a student nurse internship program in specialty nursing areas will improve retention by lessening the “reality gap” between school and the actual work environment. Second year students will find value in the opportunity to augment their clinical experience and in the opportunity to mentor with a seasoned nurse. They will have a realistic perception of the role of the professional nurse in a specialty unit as well as the working environment before accepting a position in that unit after graduation. Perceived job satisfaction will be high at the time of hire and remain high if a strong mentor/mentee relationship is established and maintained for the first year of employment. *The actual outcomes of this project will not be known until data is collected and analyzed in 2004.*

A secondary benefit is retention of seasoned staff in the specialty units. Nurse mentors see financial, professional and personal rewards from participating in an internship program. In addition to incentive pay, they experience the satisfaction of mentoring a student who is excited to learn and who appreciates the opportunity to learn from her/him, a definite boost to the self-esteem of a seasoned nurse. The mentor receives professional satisfaction by becoming a qualified nurse mentor who is recognized by both peers and management as a role model, and as a skilled and knowledgeable member of the health care team.

Recruitment Strategies:

Implementing an on-going Internship Program in partnership with the local Community College to take advantage of a large pool of potential nurse employees. Students will value the opportunity to intern in specialty departments because they receive the following:

1. Increased interaction with various members of the health care team.

2. The opportunity to refine critical thinking, decision making and prioritization skills.
3. A more realistic perception of the role of the professional nurse in a specialty unit and in the work environment.
4. The opportunity to improve communication and customer service skills.

Students who participated in a hospital based internship program are more likely to apply for employment in that hospital following graduation. *Theory to be evaluated in 2004.*

Compensation Strategies:

- Hiring interns as temporary part-time employees for the full internship period. This is an incentive to students because:
 1. Being paid for taking on an additional major learning opportunity makes the time commitment easier to justify.
 2. They become a member of the hospital staff and eligible to transfer to other positions after the internship.
 3. It increases their opportunity for hire in a specialty unit after the internship or graduation.
- Compensating nurse mentors with incentive pay. This serves as a motivator to extend the extra effort required to mentor and teach inexperienced new staff, especially nursing students.
- Recognizing both interns and staff frequently. Include articles about internship activities in internal newsletters, local newspapers and if possible, local television spots.
- Providing Certificates of Appreciation to both interns and mentors at the end of the internship.
- Celebrating completion of each internship program with a luncheon for interns, mentors and program administrators.

Other Strategies:

Reducing orientation time and costs associated with AD graduates by offering an internship program utilizing the mentor/intern (mentee) concept. AD graduates with an internship should demonstrate increased competency and professional performance at the time of hire over graduates without internship experience. *The success of this outcome will not be measured and analyzed until tracking of interns is completed in 2004.*

Challenges to Project Implementation:

- Short lead-time for program development, recruitment and training of mentors, and recruitment of interns.
- Requirement of Licensed Practical Nurse (LPN) licensure for interns to administer medications and perform other procedures in the LPN scope of practice.
- Some students in the first internship were required to have a preceptor experience in their last clinical rotation for school resulting in limited time/availability to participate.
- Student graduation occurred during the middle of the second internship.
- Scheduling of face-to-face meetings with interns and mentors was sometimes problematic due to time conflicts.

- Students were not licensed as LPNs until after the start date of the third program.
- Hiring of students contingent on obtaining LPN license by third week of program.

Contact Person: Jackie Moll
Student/Retention Coordinator
Ottumwa Regional Health Center
1101 Pennsylvania Avenue
Ottumwa, IA 52501
(641) 684-2421
jmoll@orhc.com

Organization: Southeastern Community College (SCC)

Project Goal: To improve the quality of patient care in Southeast Iowa by returning to active practice those nurses who were either unemployed or employed outside the health care field.

Best Practices Used to Accomplish Identified Objectives*Professional Strategies:*

- Identified a need for an evening class for students who could not attend during the day.
- Integrated Pharmacology into each body system which resulted in Pharmacology being broken down into segments that were easier for the class to absorb.
- Coordinated the program around a lead instructor for the purpose of always having someone available to answer student questions.
- Responded to a request from a community college in Burlington, VT for information regarding our program implementation and structure.

Learning Strategies:

- Utilized the domains of learning to include cognitive, affective and psychomotor skills. These were monitored by professional staff who mentored and provided a low nurse-to-patient ratio.
- Each re-entry nurse assigned to individual mentor/preceptor.

Retention Strategies:

- News media, word of mouth, flyers.
- Participants offered services to remove barriers for non-traditional nurses entering the education arena, including but not limited to: 1) free training 2) peer support 3) tutoring 4) mentoring by on-site clinical preceptors 5) childcare reimbursement 6) transportation costs and 7) consideration of scholarships for those who wish to continue their education.
- Follow-up phone calls and visits to prospective participants as needed

Recruitment Strategies:

- The project coordinator recruited inactive RNs and LPNs identified by the Iowa Board of Nursing into the program by mailing brochures, submitting articles to the media, and detailing nursing job opportunities and incentives.
- Internships have been coordinated for each participant in the program.

Compensation Strategy:

- Recognition banquet held to honor each participant and award certificates of completion.

Other Strategies:

- Met with program facility representatives, and clinical mentors/preceptors to review program requirements, guidelines and responsibilities to ensure a quality program was implemented.
- Students required to demonstrate all skills as outlined on Competency Assessment Tool.
- Many potential barriers were avoided by having direct and regular communication with all program participants including students, nurse instructors, clinical sites, SCC Administration, and the Iowa Department of Public Health.
- Data from participants will be collected on an annual basis for a two-year period.
- SCC provided an organizational environment where a private office was designated. Treatment of participants and staff is fair and respectful. Communication is open and encouraged. Skill sheets are used to reward performance. Schedules are predictable and flexible. Work is important and challenging. Opportunities for learning and growth are identified. Evaluations are data driven and outcome-based. Re-entry nurses are included in decision making.

Challenges to Project Implementation:

- Working with a limited advertising budget.
- Drawing class participants from a greater distance required overnight accommodations for the student.

Contact Person:

Glenda Ferguson
Coordinator of Health Programs in
Continuing Education
Southeastern Community College
1500 West Agency Road
P.O. Box 180
West Burlington, IA 52655
(319) 752-2731, ext. 8160
gferguson@scc Iowa.edu

Organization: Bishop Drumm Retirement Center

Project Goals and Objectives:

The Bishop Drumm Retirement Center Mentor Program began in July of 2001. During its first year, the program had been successful in reducing turnover and increasing satisfaction among employees. However, there was increasing difficulty maintaining enthusiasm and participation in the program, which threatened the previous years' accomplishments. Bishop Drumm successfully pursued an Iowa Department of Public Health Grant to assist with this problem. The purpose for the grant was to support Bishop Drumm with the following goals:

1. Improve staff retention by reducing turnover to 35% or less.
2. Improve measurements of satisfaction on resident and staff surveys.
3. Improve positive attitudes of veteran employees by providing more recognition activities for Mentor participation.
4. Increase the number of trained Nursing and Nurse Aide Mentors. Maintain at least 10 nurses and 12 Nurse Aides.
5. Increase the Mentor Bonus from \$100 to \$250.
6. Increase the number of successful Mentor Matches from 10 to at least 15.

Project Successes:

- Staff turnover dropped from 34% to an all-time low of 29% for fiscal year 2003 which ended 6/30/03.
- Resident satisfaction survey for FY03 showed improvement in scores with an overall rating 84% for "Excellent" compared to a rating of 52% for "Excellent" in FY02. Fifty-two percent of staff was "Extremely Satisfied" with Bishop Drumm as a place to work for FY02. Fifty-one percent were "Extremely Satisfied" for FY03. This minor reduction is not considered significant.
- Several recognition programs were implemented during the contract year. There were monthly in-services where prizes and contests were offered. On May 13, 2003 there was a special training session presented by National Association of Gerontological Nursing Assistants (NAGNA) regarding the value of mentoring. Attendance and participation was good.
- There are currently 19 Nurse Aide Mentors and 16 Nurse Mentors.
- The Mentor Bonus was increased to \$250.

- There were 31 successful Mentor Matches paying out \$7,750 in bonuses.
- The Bishop Drumm Mentoring Program was honored with a Performance Improvement (PI) Fair Award for being one of the top three PI projects out of over 30 displayed at the fair. The award was given by Mercy Medical Center - Des Moines in November 2003.
- On May 19, 2003 Bishop Drumm received a 2003 Shining Star Award from the Iowa Governor's Conference on Aging. The award was given to the Bishop Drumm Mentor Program for Outstanding Design to Provide New Service.
- On September 17, 2003 the Bishop Drumm Mentor Program was featured during a panel discussion on Mentoring Programs at the Fall Conference and Showcase of the Iowa Association of Homes and Services for the Aging.

Project Recommendations:

Bishop Drumm Care Center highly recommends that retirement communities implement a mentoring program. Across various industries, Mentor programs have improved employee retention and increased morale, leading to better performance for an organization.

Our recommendation is to use the Bishop Drumm Mentor Program as a model to build and customize a program to meet the needs of a particular organization.

Project Challenges:

The biggest challenge was to maintain participation and enthusiasm for the program. Bishop Drumm continuously works on this issue. Some key factors involved this year were:

Training: Scheduling monthly meetings to provide training and recognition for Mentors was a top priority. NAGNA was hired to provide some Mentor training and to increase excitement and participation in the program with special training programs on 5/13/03 and 9/18/03. The first training was offered on May 13, 2003 at a cost of over \$700. Although attendance and participation were good, there was no increase in Mentor applications. Bishop Drumm decided to cancel the second training session. Instead, we renewed our monthly Mentor meetings and solicited line staff to provide some of the monthly training. A line staff employee provided training in August, which was well received.

Recognition: Most employees believe they do not receive enough recognition. Bishop Drumm employees are no different. There is not one answer to solving this problem. The approach used at Bishop Drumm was to try several different methods of extending recognition. Some things that were done: \$10 grocery gift certificates at each Mentor meeting, Mentor patches for employee t-shirts, badge holders with the Mentor logo, and a balloon and thank you card for Mentor birthdays. These are just some of the things that were tried this year. Bishop Drumm found that continuation of some of these ideas and regular introduction of new ideas works well.

Contact Person: Matt Garcia
 Administrator
 Bishop Drumm Retirement Center
 5837 Winwood Drive
 Johnston, Iowa 50131
 (515) 270-1100

Organization: Central Iowa Health System

Project Goals and Objectives:

To develop a simulation day which allows the new graduate nurse or the nurse returning to the acute care setting an opportunity to go through stations that were identified as areas of growth for critical thinking. These simulations are designed to help enhance the nurse's ability to do responsive critical thinking/problem solving during actual situations that occur in a clinical setting. This enables the nurse to respond to the situation as it is occurring, critique his/her individual response, and work on areas to improve performance in a safe and controlled environment.

Project Successes:

- From February 24th through September 30th, 46 employees attended Transition / Simulation Education. All 46 remain employees of Iowa Health – Des Moines.
- The lessons learned from simulations will be beneficial to Education & Development in developing other programs.
- Presentations regarding the simulation program were made to the Iowa Society for Healthcare Education and Training (ISHET) conference (Perry, IA) on October 3, 2003 and at Allen College (Waterloo, IA) on October 16, 2003 for the Research Across the Continuum: Education and Practice conference.

Comments from participants:

- “Boosted confidence.”
- “Today’s simulation exercises helped me with being more observant in the hospital setting and with the

clinical aspect of new equipment and the proper settings for each patient. Going over and reviewing documentation was an important topic as well.”

- “I found simulations very beneficial. It really made you think.”
- “Gave me a chance to critically think about situations and gain new perspectives on certain situations and think about things that should be charted. Good experience! It’s great that time is taken out for this!”
- “The simulations were a great help in learning how to prioritize my day!”
- “This class was very helpful. I feel prepared to start on my unit.”

Comments from Managers/Preceptors:

- “Would love to see it continue!”
- “Feel that new RNs seem more confident when they come to the unit.”
- “Feel it definitely benefited the new RN with critical thinking skills as well as delegation skills. Would definitely like to see it continue.”

Project Recommendations:

- Must have clinically competent facilitators.
- Identify skills/competencies that are of high priority and/or common to a nurse during a shift.
- Use standards of care and actual charting forms, and set up the room as realistically as possible.
- Have ground rules and discuss with participants the expectations for the day (purpose and outcome) and evaluation criteria.
- Ask open-ended questions to encourage critical thinking.

- Make sure all patients are not complicated. Do not set participants up for the worst day scenario. It is too frustrating for the new nurse.
- A discussion on scope of practice for all levels of practitioners is necessary for the new nurse. Often they assume they have to do everything. Despite the fact that delegation is taught to them, the connection to scope of practice and their responsibility in delegation seemed to be fragmented or missing entirely.
- Feedback based on simulations criteria needs to be formal and specific. This assists the manager and preceptor to target specific areas needing improvement during the unit-specific orientation.
- Videotaping of simulations initially caused anxiety for the participants. This was overcome by taping the second scenario and reinforcing that they are the only one viewing the videotape. The videotaping personnel also left the room after turning on the camcorder. While the videotaping at first was intimidating to the participants, it did prove valuable in reviewing scenario performance, proved difficult to argue with and launched good discussions.
- Participants did not understand the concept of delegation and its application. This was overcome by adding scope of practice information to the initial morning discussion prior to simulation scenarios. This scope of practice information was developed based on the Iowa Board of Nursing delegation grid and scope of practice information.
- Participants could easily be led by the instructor (during scenarios) down a specific path to the end point designed by the educators (i.e., leading a participant from a respiratory distress situation directly to congestive heart failure). This was overcome by (1) discussing these concerns with the facilitator to increase awareness and to discourage leading the student and (2) encouraging participants to seek clues through assessment and querying the facilitator.

Project Challenges:

- Turnover of key people within the Education & Development Department. This was overcome by reassigning the Transition & Simulation program to a team of clinical educators. This allowed for input from more staff and improved creativity and productivity.
- Due to the low number of nurse position vacancies, the Transitions/Simulation program was offered 14 times during February through September.
- Mannequins are not interactive. This was overcome by placing notes on mannequins (i.e., abdomen distended and tender to palpation with hyperactive bowel sounds, crackles in bases, 4+ pitting edema, 750cc in bladder) to find during assessment. Participants were also encouraged to question the facilitator. The facilitator gave a 5-minute shift report prior to starting simulations.

Contact Person: Arlene Edmondson
Director, Education & Development
Central Iowa Health System
1200 Pleasant Street
Des Moines, Iowa 50309
(515) 241-6806
edmondsak@ihs.org

Organization: Genesis Medical Center (GMC)**Project Goals and Objectives:**

The Manager of Clinical Resource Services organized a task force consisting of representatives from human resources, clinical management, the education department, clinical educators, staff nurses, and a faculty member from the local school of nursing. The goal of this group was to “design and implement a mentoring program for all clinical departments within Genesis Medical Center.”

Specifically, the following objectives were developed in relationship to Genesis Medical Center’s six pillars of success:

- Relationships: To strengthen the relationships between employees/new employees and the organization.
- Financial: To improve retention rates.
- Growth: To enhance recruitment opportunities.
- Quality: To facilitate success in the student employee.
- Information: To produce a marketable mentoring program at GMC.
- Service: To ease and support the transition and socialization of the new employee in order to serve the patient population.

Project Successes:

The following are key steps in development and implementation of the mentor program:

- Developed program guidelines.
- Selected program logo.
- Developed mentor and mentee informational/application brochures.
- Marketed the program internally and recruited mentor candidates.
- Selected 16 mentors from the original applicant pool.
- Conducted a full-day workshop to educate mentors on the role, responsibilities and expectations of the mentor.
- Recognized selected mentors in the hospital nursing publication, Nursing Network.
- Recruited 12 mentees to begin the program.
- Conducted mentee orientation to introduce role, responsibilities and expectations.
- Held mentor/mentee meetings that included a 5-minute interview format in which each mentor and mentee spoke together and then rated one another in order to provide a basis for matching the mentor and mentee groups.
- Conducted monthly meetings with the mentor/mentees.
- Established access to electronic mail for each mentor and mentee.
- Shared email addresses and phone numbers among all participants.
- Completed first quarterly evaluation of the program in October 2003.

All of the above steps contributed to the program's success. However, much of the credit for success lies in the quality of the individuals in the mentor role. Their participation is voluntary and therefore, they are mentors because they truly want to be. In their applications, they expressed their desire to help others and they have displayed a sincere interest in their mentees.

Secondly, electronic mail communication has been the most successful method to communicate on a regular basis — the convenience of being able to communicate quickly, at any time they wish, serves this group of busy individuals well.

Project Recommendations:

- Develop a program that supports the organization's mission and values, and the profession of nursing.
- Use a multi-faceted communication campaign when first announcing the program.
- Ensure selection of appropriate mentors through a defined screening process.
- Provide electronic mail access for all participants.
- Allow mentor and mentee input into the partnering decisions.
- Provide formal education to the mentor group to ensure understanding of the role and clarify the difference from a preceptor role.
- Maintain a central group/committee to oversee the program and ensure consistency and quality.

Project Challenges:

The major challenge, and a totally unexpected one, was the lack of mentee applicants. To this date, recruitment of additional mentees is taking place. Initial concerns of the committee involved having too many mentees for our initial group of mentors. However, of 100 student employees invited to apply for the mentee role, only 10% responded with an interest. Since that time, the program has been introduced to new nursing employees during general hospital orientation and through word-of-mouth from existing participants. The feedback received regarding reluctance to apply, has related to "not having enough time" to take on anything in addition to work, school and private lives.

Contact Person: Linda Fennelly
Manager of Clinical Resource Services
Genesis Medical Center
1227 East Rusholme Street
Davenport, Iowa 52803
(563) 421-1334
fennelly@genesishealth.com

Organization: Mercy Medical Center – North Iowa

Project Goals and Objectives:

To develop a mentoring program designed to promote effective collegial working relationships through reducing turnover rates; increase retention in acute care, long-term care, and home/community based agencies; and promote quality nursing personnel. The project enhances recruitment of new graduate nurses by offering them greater support in their first two years of clinical practice. Clinical competence is also assured.

Project Successes:

- Organized seven programs under the title of Building Bridges... and Strengthening Nursing in an effort to provide a cohesive and consistent approach to retention and recruitment initiatives. Programs include:
 - Nursing Student Mentoring Program
 - Student Nurse Externship Program
 - General Orientation
 - Nursing Orientation
 - Competency-Based Orientation
 - Nursing Internship
 - New Graduate Nurse Mentoring Program
- Formed an internal Building Bridges... and Strengthening Nursing Advisory Group with representatives from Education; Human Resources; Practice, Quality, and Research; Nursing Administration, and clinical nursing. The purpose of this group is to provide direction for the programs.
- Human Resources uses the mentor-mentee partnership as means to recruit new graduate nurses to the organization.
- Developed and documented program guidelines.
- Developed and implemented mentor education programming.
- Developed variety of tools:
 - Risk Assessment Tool
 - Self Assessment Tool
 - Mentee Evaluation
 - Mentor Evaluation
 - Exit Interview Tool

Two new graduate nurses selected their mentors in May 2003; fifteen new graduate nurses hired in the summer of 2003 selected their mentors on September 25, 2003.

Project Recommendations:

- Secure adequate financial and human resource commitments prior to beginning the project.
 - Identify one person as the leader of the process
 - Identify sufficient secretarial support
 - Ensure allocation of hours to get the work done
- Ensure that the Nurse Recruiter has appropriate tools in place
 - A marketing plan and tools
 - Job description
 - Interview tool
- Form an advisory group with representatives from nursing administration, clinical nursing, education, marketing and human resources.
- Implement this program on a small scale to identify successes and areas for improvement. Make changes prior to expanding the number of partnerships.

Project Challenges:

- Needed to communicate more information about the New Graduate Nursing Mentoring Program to Clinical Nurse Managers, nursing staff, and allied and ancillary department personnel.
- The workload in the Regional Health Education Center and the clinical areas was a challenge. Internal personnel required for development and implementation could not be assigned to the project without being quickly replaced in their current roles and with their current responsibilities. Flexibility was a key factor, but the overload was a challenge.
- Great need not to duplicate processes, procedures and work. Meeting times were difficult to schedule and manage.
- Securing an adequate number of preceptors willing to commit to the role, responsibilities and time commitment of being mentors.
- Securing adequate support from Clinical Nurse Managers to ensure that new graduate nurses (mentees) get time away from their units to attend quarterly Mentee Meetings and to meet with their mentors.
- The new Graduate Nurse Mentoring Program Instruction Manual could not be developed until the program parameters were established and tested. This goal was not achieved within the timeframe of the grant.

- Need to determine personnel/positions to best provide leadership and/or daily implementation of the New Graduate Nurse Mentoring Program.
- No valid and reliable “at-risk for terminating from position” tool was available in the literature.

Contact Person: Margery Wasicek
Director, Regional Health Education
Center
Mercy Medical Center - North Iowa
1000 4th Street SW
Mason City, Iowa 50401
(641) 422-7295
wasicekm@mercyhealth.com

Organization: Ottumwa Regional Medical Center (ORHC)**Project Goals and Objectives:**

Goal: To improve competency, job satisfaction and peer relationships for nurses new to the specialty areas of women’s health, ICCU, emergency, operating services and Physical Rehabilitation.

Objectives:

1. To recruit nurse mentors from ORHC’s ICCU, ER, OR and women’s health areas by November 2002.
2. To recruit external and internal nurses for ICCU, ER, OR and women’s health areas by November 2002.
3. To train five nurse mentors by December 2002.
4. To begin the mentoring program by January 2003.
5. To initiate monitoring of mentor program in January 2003.

Project Successes:*Objectives 1 & 3*

Five previously trained nurse preceptors from the specialty areas of women’s health, ICU, OR, ER and Physical Rehabilitation volunteered to become nurse mentors in November of 2002, allowing us to meet two of our objectives. Eight more nurse mentors were added following attendance at one of three mentor classes offered throughout the year.

Objective 2

Between September 16 and October 21, 2002 four nurses were hired externally into ICU and OB nursing units; including two for ICU and two for OB. One nurse was hired internally for ICU.

Objective 4

The mentoring program was initiated on November 19, 2002 in Emergency Services. The mentee was internally recruited from another nursing area to join the ER staff. She had not functioned in the role of Registered Nurse for 16 years prior to accepting the ER position. We feel this was a big success for both the program, the nurse, and in the end, the Emergency Room staff. We accomplished a third objective.

Objective 5

Monitoring of the mentoring program was initiated in November 2002 with the orientation of a new ER nurse mentee. Although the program wasn’t monitored as per protocol following initiation, the program proved a success in ER. The new nurse regained her confidence and past skills, learned many new procedures and passed a Medication Administration Competency test. She is now a valuable member of the ER team.

Project Recommendations:

Nursing directors and managers need to be accountable for and own implementation and ongoing compliance with a mentoring program rather than nurse educators. Unless nurse educators are authorized to make staffing decisions that can ensure compliance with the mentoring process, it will not work. Nurse Specialists and Nurse Clinicians assigned to specific nursing units can monitor the effectiveness of the program and recommend changes on an individual basis to improve the mentoring process.

A second recommendation is to be persistent in the implementation process. If the mentoring program does not work as well as expected during the first couple of attempts, do not give up. Persistence does pay.

Project Challenges:

The greatest challenge in the project was program implementation. Mentors would be assigned to mentees in specialty units then pulled away by their managers and reassigned to other duties. Nurse educators would attempt to conduct weekly follow-up meetings with the nurse mentor, mentee and department director but frequently found the mentee assigned to a different nurse mentor or to a staff nurse who had no mentor training. This hampered the continuity of orientation and prevented the nurse educator from obtaining an accurate evaluation of the program's value.

The project made nurse educators responsible for the overall implementation and monitoring of the mentoring

program. The nurse educators were at a disadvantage since they had no authority to enforce compliance. Department managers made and changed staff assignments at will, and therefore, follow-up by nurse educators could not be completed according to program design.

Contact Person: Jackie Moll
Student/Retention Coordinator
Ottumwa Regional Health Center
1101 Pennsylvania Avenue
Ottumwa, IA 52501
(641) 684-2421
jmoll@orhc.com

Organization: Southeastern Community College (SCC)**Project Goals and Objectives:**

To improve the quality of patient care in southeast Iowa nursing homes and promote a sustained supply of qualified nurse aides by reducing staff turnover.

Project Successes:

- Implemented a nurse aide mentoring program that was developed by the Iowa Caregivers Association
- Approximately 65 certified nursing assistants (CNAs) participated in the classes offered through the grant program.
- Founded a long-term care academy to develop skills that help workers meet the demands of the health care workforce.
- Collaborated with 11 long-term care facilities in the promotion of the work environment for CNAs.
- Sponsored a CNA Mentor Reception and awarded certificates for program completion.
- Offered a free college-credit Medical Terminology class which was attended by 24 CNAs.
- Evaluated each class for content and implementation in the workplace.
- Provided resources for foundation and scholarship grants.

- Conducted a telephone survey to determine if behavior change had occurred in long-term care facilities.
- Created an organizational environment in which education and professionalism were role-modeled.
- Class activities were held to strengthen leadership abilities.
- Reviewed nurse aide scope of practice.
- Performance was rewarded and recognized.

Project Recommendations:

- Maintain close liaisons with long-term care facilities to keep them updated regarding program curriculum.
- Meet with facility administrators and outline guidelines and responsibilities for a successful Mentor program.
- Share a plan for sustainability of the program.
- Evaluate each offering to gather student input and recommendations for change and program adaptations.
- Encourage and reward best practices in CNA behavior.
- Encourage students and faculty to discuss behaviors that portray a professional environment in the classroom and the workplace.
- Provide each student a small pocket card of positive affirmations.

Project Challenges:

Potential barriers or challenges were avoided by having direct and regular communication with long-term care facilities, students and instructors.

Contact Person:

Glenda Ferguson
Coordinator of Health Programs in
Continuing Education
Southeastern Community College
1500 West Agency Road
P.O. Box 180
West Burlington, IA 52655
(319) 752-2731, ext. 8160
gferguson@scciova.edu

Organization: St. Anthony Regional Hospital**Project Goals and Objectives:**

- Provide a smooth transition for the employee entering the St. Anthony work environment.
- Facilitate the delivery of safe and effective patient care.
- Provide a challenging opportunity for professional growth and recognition for the experienced staff nurse.
- Promote a professional relationship between newly hired and incumbent employees.
- Increase employee retention through enhanced job satisfaction for mentors, mentees and coworkers.

Project Successes:

The St. Anthony Preceptor Project was first established in September of 1999, but was in great need of renewal and reorganization. The grant supported the daunting process of reviewing and rewriting general nursing competencies through the development of a resource book for orientees, a review of nursing procedures, revision of competency evaluation and documentation forms, and development of a Skills Laboratory for competency evaluation.

- General Nursing Competency evaluation forms were reviewed and updated for Medical/Surgical and “Birth Place” staff.
- A day-long Preceptor Preparation Workshop was held for Nurse Managers and Preceptors representing each Patient Services Unit. This program provided participants an opportunity to gain the knowledge and skills to serve in the role of “Mentor” and drew nurses together to discuss desired nursing practice at St. Anthony.

- Since the Preceptor Program was established, 22 nurses joined the staff at St. Anthony. All remain with the organization today.
- The feedback from both Preceptors and Orientees has been positive. New employees feel welcome, secure and prepared to meet the expectations of the position.
- The Preceptor Program has provided our staff with the opportunity for professional development and recognition of their role as an “expert” nurse and resource to others. They view themselves as role models of the practice and culture for which we strive at St. Anthony.
- The Skills Equipment Resources have been updated to include a mobile storage unit that carries competency evaluation tools to the unit, allowing staff to stay close to their clinical care area. Additionally, training models for common nursing procedures related to ostomy care, wound care, and injections have been added to the Skills Lab.
- The Skills Lab is in the process of being reorganized to include efficient access to tools which support the evaluation of general nursing competencies.

Project Recommendations:

St. Anthony Regional Hospital is very grateful for the many benefits this award provided to our organization’s Nursing Orientation process. The Preceptor Project, with the elements of nursing procedure review, competency development, Preceptor training, and organization of documentation tools, provides great opportunity to support employees through a critical period of their employment — the initial orientation phase. The Preceptor Program provides the resources and the structure for both orientees and incumbent staff to be successful. The support of nursing leaders within the organization is key in this process.

Project Challenges:

Throughout the development and implementation of the Preceptor Project, our staff was challenged with a continuous period of high patient census relative to the number of nursing staff available to fulfill patient care assignments. It has been difficult to manage additional projects, such as the review and development of procedures, competencies and documentation forms, as well as to access training opportunities.

However, the support for and promotion of the project by our CEO, Vice President of Patient Services and other nursing leaders was so positive and accommodating that our staff understood that this Project could provide the type of opportunity which could serve as a “turning point” for our organization. Our progress has been thoughtful and steady as we continue to move the Project forward.

The nursing staff recognizes that, although each step in the process may not have all the optimum elements in their final form, it is still a positive beginning. The grant provided the impetus to organize the Preceptor Project at St. Anthony. There is a commitment and an expectation across the Patient Services Division to continue its development, and to focus on the Orientation Process and the role of the Preceptor as facilitator.

Contact Person: Katie Towers, RN
St. Anthony Regional Hospital
311 South Clark Street
Carroll, IA 51401
(712) 792-8244
ktowers@stanthonyhospital.org

This publication was made possible by grant number
2 U79HP00009-02-00 from Bureau of Health Professions,
Health Resources and Services Administration,
U.S. Department of Health and Human Services.



Iowa Department of Public Health

Center for Health Workforce Planning
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50310
(515) 281-8309
www.idph.state.ia.us