

Internships, Residencies, and Fellowships

A Community Approach to Developing a Foundation for Leadership

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In past decades, there has been an unwritten expectation that new nurse baccalaureate graduates need to have a minimum of 2 years in-hospital-based practice prior to being employed in public health or community-focused nursing practice. The explanation often given for imposing this expectation is that new graduates need to attain experience in their basic nursing practice skills before moving into the community. Although basic skills are important in all settings, the knowledge, skills, and attitudes for working in the community are distinctive. Imposing such a requirement often confuses the nurse when the community-focused employment is attained. It is also probable that new nurses are lost to this setting for the remainder of their careers as a result of this expectation.



Because of a shortage and an identified need to prepare new graduates for public health and community-focused nursing practice, without meeting the above expectation, in the 1990s, the dean and associate dean of the College of Nursing at the University of Kentucky began to seek options for providing the new post-baccalaureate graduate and the new primary care nurse practitioner a pathway to such a career. At the time, reports of efforts to address entry into community-focused practice were not found in the literature.

Responding to the need for the preparation of nurses for community focused careers, the Good Samaritan Nursing Center (GSNC) was founded as an academic, practice, and community partnership. While many hospitals and community agencies offered orientations, the idea of internships for recent nursing graduates was not a new concept. In the 1980s and early 1990s, some hospitals were advertising internships as a recruitment device. More emphasis on providing formal internships or residencies for the new graduate employed by

secondary and tertiary care centers was emerging at about the same time the GSNC was founded.

The literature at that time indicated that there was considerable interest in such programs, but there was also considerable variation in content and the length of existing programs.¹ As the reader may know, this led the chief nursing officers of the University Health System Consortium and the deans in the American Association of Colleges of Nursing (AACN) to enter into a joint venture for the purpose of developing a post-baccalaureate residency program in-hospital that would have a common, standardized curriculum and timeframe of 1 year.¹⁻⁴

The residency program provided opportunities for the new graduate to develop effective decision-making skills, clinical judgment, and improved performance, clinical leadership at the point of patient care, application of practice-based research and evidence, and a commitment to nursing as a career using an individual development plan for career progression.¹ The residency program included a core curriculum, participation in a general orientation to the facility, preceptor-guided clinical experience, access to a facilitator who would discuss issues and provide guidance in role development, and clinical classes specific to the practice setting.¹ Although there was some variation, the GSNC had a similar framework.

An early assessment of the outcomes of the in-hospital residency program clearly showed a high retention and positive satisfaction.² More recent data affirm the low turnover rate and reported improvement in ability to organize, prioritize, communicate, and provide leadership.⁵

A few years after the implementation of the in-hospital and community initiatives, the Institute of Medicine's report on the Future of Nursing⁶ provided support for the development of residencies across all care settings. The report called for furthering the development of clinical leadership competencies through nursing education and post-graduation.

GUIDANCE FOR DEVELOPING NEW NURSE GRADUATES

Numerous approaches and tools exist for developing the new nurse graduate (BSN and MSN): the professional scopes and standards of practice, NCSBN guidelines, research, evaluative studies, and evidence-based practice projects, to name a few. Although not available at the time the residency programs began, a tool currently being used for enhancing the education of the BSN-prepared nurse for secondary and tertiary care is the Quality and Safety Education for Nurses model.⁷ This model is being adapted for public health nursing education.^{8,9}

The Benner model,³ based on a model by Dreyfus, is applicable to understanding the development of nurses in all settings from novice to advanced beginner to competent, to proficient, and finally to expert. However, an excellent model for specifically guiding the development of nurses for public health and community-focused practice is the QUAD Council model for Public Health Nursing Competencies, used for entry level to senior management in a variety of community-focused settings.¹⁰ The QUAD Council was

composed of 4 organizations: Association of Public Health Nurses, Association of Community Health Nursing Educators, Public Health Nursing Section of the American Public Health Association, and the American Nurses Association Council on Nursing Practice and Economics. The Association of Community Health Nursing Educators also has a document that guides the education of nurses for public and community health settings titled *Essentials of Baccalaureate Nursing Education for Public Health*, first developed in the 1990s.¹¹ A more recent document for education in public health nursing was published by AACN.¹²

NEW GRADUATE AND EXPERT NURSE COMPETENCIES

The QUAD Council competencies are divided into 3 tiers: Tier 1 competencies apply to the generalist, which usually describes the practice of the new graduate. Tier 2 competencies apply to those nurses likely to be involved in program management, and Tier 3 applies to nurses in organizational and management positions.¹⁰ There are 8 domains of practice, with one being leadership and systems thinking. The other 7 domains address the skills for public health nurses at all levels: analytic and assessment, policy development/program planning, communication, cultural competencies, community dimensions of practice, public health science, financial planning, and management. Each of the domains is leveled across the 3 practice tiers describing the expertise the nurse should have at each level. It is an expectation that nurses in public health will become competent at each tier level in order to move from Benner's advanced beginner to expert in public health nursing practice. Although the competencies are population focused, it is noted that nurses in the community often need to apply the competencies with individuals, groups, and families. New nurse graduates especially need leadership competencies because of the nature of the practice environment. The nurse often works alone or with an interprofessional team, and as such, speaks for nursing practice.

THE GOOD SAMARITAN NURSING CENTER— INTERNSHIP AND FELLOWSHIP PROGRAM FOR THE COMMUNITY

To prepare graduates for positions in public health and community focused practice, faculty began the GSNC in 1994, with a nurse internship. The GSNC provided new graduates a pathway for entry to community settings directly after graduation from their educational program. The GSNC focused on access to primary health care to unserved/underserved populations in Lexington, Kentucky, and surrounding communities while expanding the education of nurses for practice in the community. Primary health care according to WHO¹³ is defined as “a combination of primary care and public health care made universally accessible to individual and families in a community, with their full participation, and at a cost that the community and country can afford.”

After the Good Samaritan Foundation Board, which provided partial funding for the internships and recognized the success of the internships, the board requested that a primary

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