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Nursing and Nursing Assistive Personnel  
Recruitment and Retention

*Replicating Best Practices Across Iowa*

Summary Report

September 2004

Center for Health Workforce Planning

Bureau of Health Care Access

Division of Health Promotion  
and Chronic Disease Prevention

Iowa Department of Public Health

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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.

These grants were administered through the Iowa Department of Public Health  
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Iowa Department of Public Health

### **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 July 2004, the Center for Health Workforce Planning in the Bureau of Health Care Access, Iowa Department of Public Health, funded seven demonstration projects with the intent of identifying successful recruitment and retention strategies. This report provides a summary of the goals, strategies, challenges, 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/hpcdp/health\\_care\\_access\\_content/rhpc/shortage.htm](http://www.idph.state.ia.us/hpcdp/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 authorizing \$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 \$1 million to sustain the work of the Center for a second 12-month period, ending July 31, 2004. The center anticipates a total of \$775,000 to continue its work for a third year.

### **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 recruitment and retention; support strategies developed at the local level that prevent shortages; and engage in activities that promote and assure a competent, diverse health workforce in Iowa. The center's initial emphasis on nursing and nursing assistive personnel was expanded to other health workers in 2004.

### Goals

- #1 Expand the Iowa Nurse Tracking System to all counties in Iowa and plan expansion to 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 information in Iowa.
- #5 Support federal and regional initiatives to designate shortage areas for nurses and other health workers.
- #6 Support Iowa Department of Public Health initiatives to build and sustain the public health infrastructure in Iowa.

### 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; public and private partners; 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.

A comprehensive report on the work of the Center for Health Workforce Planning and its partners is available on the center's web site at

[http://www.idph.state.ia.us/hpcdp/health\\_care\\_access\\_content/rhpc/shortage.htm](http://www.idph.state.ia.us/hpcdp/health_care_access_content/rhpc/shortage.htm).

This report, *Building Iowa's Health Workforce - 2004*, is a resource to individuals and organizations who seek to assure Iowans' access to health care by

assessing workforce supply and demand, and developing policies to assure a competent public and personal health workforce in Iowa.

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

In 2002, the center 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 education programs. These stimulus incentive packages were dispersed in three subcategories to facilities, individuals and education programs.

The center awarded a total of \$838,152 to support the demonstration projects, mentoring programs and personnel stimulus/incentive packages. It provided grant management, technical assistance and site visits during a twelve-month contract period. The demonstration projects and mentoring programs provided final reports in October 2003 that identified best practices. The reports were made available to the public.

At the recommendation of the center's Advisory Committee, the demonstration projects were provided the opportunity to apply for up to 50% of their initial funding to complete evaluation, replication and

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## Introduction

communication of best practices by July 31, 2004. All seven of the demonstration projects received continuation funding, completed project evaluation, and identified opportunities for statewide replication. This document is a compilation of the contractors' summary reports.



# Demonstration Projects

## Organization: Generations, Incorporated

### Project Goal

Increase the number of individuals working as certified home care aides.

- Mentor II & III received an additional \$0.35/hr (2-year contracts)
- Mentor I & III received incentive merchandise (2-year contracts)

### Best Practices

#### *Learning Strategies:*

- Provided home care aide certified training at no cost to the trainee.
- Provided a stipend to trainees for their time spent in training.
- Offered some minimal financial assistance to trainees who faced barriers as they began employment (i.e., telephone, automobile insurance, suitable work attire, child care, etc.).

#### *Retention Strategies:*

- Assigned a peer home care aide to mentor trainees.
- Assigned a home care aide mentor to each new employee for one year.
- Provided practicum opportunities for the new home care aide with his/her mentor, supervisor or another tenured home care aide.
- Offered tiered employment opportunities within the home care aide program (home helper, home care aide, acute care aide, mentor I, II, III).

#### *Compensation Strategies:*

- Offered a new employee referral bonus (\$100 to employee referral source at hire and another \$100 after six months of employment).
- Offered additional compensation for mentor responsibilities:

### Challenges

- We could not provide the same level of assistance to trainees and their sponsoring agencies when grant funding was reduced in the second year.
- The retention bonus component of the grant was impractical. Providing a bonus at six months, and again at nine months, exceeded the grant period during which we could seek reimbursement.
- A \$120 financial barriers grant was not sufficient to address the numerous challenges facing some potential trainees whose personal situations are particularly complex.
- Frequently, trainees' job expectations were unrealistic. It took several weeks to establish a service/work schedule. If a client was hospitalized, there may not have been another assignment to accommodate their desired hours. Working independently often left new employees feeling vulnerable and overwhelmed regardless of the support systems we put in place.
- Training individuals from different cultures (e.g., immigrants) created written and verbal communication issues. Trainees faced difficulties in class. Testing for certification sometimes required more time. If new to the community, driving and reading a map could be overwhelming.



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## Demonstration Projects

- Many trainees between the ages of 19 and 25 years anticipated a work life in frequent transition. Previous work histories often reflected employment for less than a year. Providing a service to clients who benefit from consistency is a concern as we look to the future of home- and community-based services.

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## Demonstration Projects

### **Organization: Hancock County Memorial Hospital**

### **Project Partners: Hancock County Home Care Aide Service and Hancock County Public Health Nursing Service**

#### **Project Goals**

Goal 1: Evaluate the needs and effectiveness of the competency-based orientation developed in Year 1.

Goal 2: Recruit and retain nurses and nursing assistants by implementing competencies in computerized documentation and charting.

Goal 3: Recruit and retain nurses and nursing assistants by implementing competencies in the use of ergonomic practices and devices.

#### **Best Practices**

##### *Professional Strategies:*

- The nursing staff at Hancock County Memorial Hospital was very committed to making the minimal lift policy and devices work. They were professional in their analysis of the equipment and willing to be trained on various devices.
- The professional staff from both Hancock County Home Care Aide Service and Hancock County Public Health was extremely committed to the use of hand-held technology. Hancock County Public Health contributed expertise to mentor peers and home care aides from Hancock County Home Care Aide Service. Both agencies planned workshops on Change, and encouraged home care aides.

##### *Learning Strategies:*

- Different methods were used to help staff utilize and evaluate the ergonomic devices and give input.
- Nursing assistant orientees appreciated an organized orientation process. The staff appreciated guidance in providing the orientation.
- Workshops were conducted on learning styles and accepting change. All staff members were given personal non-judgmental peer mentors.

##### *Retention Strategies:*

- The staff reported less fatigue and more control during patient transfers. They felt they were less likely to suffer an injury and would be, therefore, both willing and able to work additional years in nursing.
- The staff were assured adequate time and mentoring to learn the new tasks. No staff member resigned or refused to accept the new challenge.

##### *Other Strategies:*

- New staff, especially the younger ones, welcomed the technology. Even senior staff has embraced the new technology. "I've been here 20 years and this is the best use of funds I've seen to help us do our jobs."
- Patient satisfaction increased with the use of the ergonomic devices because patients were more comfortable during transfers.
- The project reduced the amount of paid documentation time from 670 hours per year to about 70 hours. This is a considerable savings in dollars (\$8,000) and time. Savings are offset by the software license, so

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## Demonstration Projects

the true savings may be in the time saved in payroll and billing.

### Challenges

#### Hancock County Memorial Hospital

- It was difficult to identify devices to evaluate. Staff training and evaluation of the devices was very resource intensive.
- Some devices were very expensive and storage concerns were an issue.
- Some devices were not user-friendly, and some users were not device-friendly.

#### Hancock County Home Care Aide Service/Hancock County Public Health Nursing Service

- The CBO Project went very well, and incorporated training and in-service in a formal manual.
- The Palm Pilot Project had more challenges and barriers. These included:
  - Implementing a software package that was partially developed, but required correction and improvement.
  - Problems with operating the Palms from remote telephone lines.
  - Insufficient information needed to trouble shoot Palm problems.
  - Time required to input all agency clients and cases into a new system.
  - Methods to monitor daily for accuracy.
  - Limited administrative time to implement.

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## Demonstration Projects

### Organization: Iowa Association of Colleges of Nursing

#### Project Goal

Retain four-year academic nursing graduates for clinical leadership in Iowa hospitals at five sites.

#### Best Practices

##### *Professional Strategies:*

- The focus of the project was nursing retention and development of clinical leadership at the bedside. Three major strategies were used:
  - A didactic/educational component.
  - A mentoring experience.
  - Hands-on experience with a clinical project chosen by the mentees and mentors.
- One strategy strengthened the relationship between the baccalaureate nursing programs and the medical institutions. The development of partnerships demonstrated a visible commitment to increase the retention of bachelor's prepared nurses in hospital practice.
- The strategy of using multiple sites throughout the state provided an opportunity to explore common issues and share ideas among sites.
- The use of middle management as mentors contributed to new leadership opportunities for the mentees and increased the visibility of their activities.

##### *Learning Strategies:*

- The first strategy was a didactic/educational component that focused on leadership skills. The coordinators offered educational sessions based on the institution's needs. Topics and activities included:

evidenced-based practice, change, leadership, role transition, team-building activities such as the "Ropes" course, book clubs, journaling clubs, critical thinking, and mentoring.

- The second strategy included the clinical leadership project/activities chosen by the mentees and their mentors. The objective of the project was to develop mentee leadership skills. Topical areas included:
  - the generational gap in nursing
  - clinical professional portfolios
  - unit-specific CD-ROM orientation for new nurses
  - health literacy
  - Smart and Sane programs
  - multidisciplinary patient rounds
  - point-of-care strategies
  - unit walkathon
  - stress management
  - second hand smoke
  - pediatric education protocols
  - diabetic education
  - emergency room monitoring
  - chart documentation of nutrition, pain, and domestic violence assessments

##### *Retention Strategies:*

- The mentee/mentor relationship was highly valued by both groups.
- The mentees described the need for support groups among new nurse graduates.
- The mentees stated they received positive recognition for their baccalaureate education.
- While there were mixed feelings from mentees regarding whether the experiences would keep them at the bedside, the majority said they were better connected to the hospital.

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## Demonstration Projects

- The mentees stated that the project provided leadership opportunities that may keep them in the profession of nursing.

### *Recruitment Strategies*

- All sites plan to incorporate key components of the project into their orientation programs.
- Several sites identified plans to incorporate project best practices from the Leadership Project into their recruitment strategies.
- The areas of mentoring, leadership development, and support groups for new graduates were reported to improve the mentees' perception of the work environment.

### *Compensation Strategies:*

- All sites provided paid time-off for the mentees and mentors to meet.
- All sites provided didactic sessions for mentees, and reimbursed them for time-off to attend the sessions.
- Several of the sites compensated time for mentees to work on their clinical projects/activities during the second year of the project.

### **Challenges**

- Varied work schedules of the mentees and mentors
- Time commitment required of mentees, mentors and site coordinators
- Limited number of BSN graduates in some areas
- Difficulties of some on-site coordinators in complying with project requirements
- Different levels of project involvement by on-site coordinators and hospital representatives

- Dual roles of hospital representatives that served as mentors
- Turnover in the position for one on-site coordinator

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## Demonstration Projects

### Organization: Iowa CareGivers Association (ICA)

#### Project Goal

Increase the pool of potential direct care workers through recruitment and retention initiatives.

Objective 1: Develop Direct Care Worker Leadership Program.

Objective 2: Recruit Direct Care Worker Advisory Council.

Objective 3: Develop and implement recognition and educational programs for direct care workers.

Objective 4: Increase access to and use of direct care worker scholarship program.

Objective 5: Enhance communications and collaboration with local boards of public health.

#### Best Practices

##### *Professional Strategies:*

- Promoted professionalism within the field of direct care by providing education, support, recognition, research, and advocacy.
- Provided a venue for direct care workers to impact their profession and aid recruitment and retention.
- Provided a formal curriculum for professional leadership.
- Implemented a Direct Care Worker Advisory Council.

##### *Learning Strategies:*

- Implemented **A Call to Leadership: A Direct Care Worker's Guide To Leadership** curriculum. Objectives of the curriculum promoted the development of personal and professional leadership for direct care workers. Thirty-seven direct care

workers from across the state were awarded scholarships to attend the leadership retreat. 83.3% of those who successfully completed the program said they were empowered to take the lead to improve their profession.

- **Direct Care Worker Advisory Council**

Having completed the leadership program, direct care workers were eligible to apply for a position on the ICA Direct Care Worker Advisory Council.

- Members of the Advisory Council planned their first official "Day on the Hill" to educate legislators about who they are, what they do, and why their work is important to Iowans. They received basic training on government, advocacy, and effective communication with legislators. The advocacy session was not built into the original leadership curriculum, and served as a pilot program.

#### National Direct Care Alliance Conference

- Fourteen direct care worker advisory council members applied for scholarships to attend the Direct Care Alliance conference in Washington, D.C. in September 2004.
- Members of the Council will be presenting at the conference and networking with direct care workers and associations from across the country. They will create a poster to highlight the ICA, Leadership Training and Advisory Council and write newsletter articles.

### *Compensation Strategies:*

- Direct Care Workers were paid a stipend and reimburse travel expenses for their participation in the leadership training program and Advisory Council meetings.

### *Other Strategies:*

- Combined policy and practice within and outside the workplace to impact lasting systemic change.
- Provided opportunities for direct care workers to become equal partners in decision-making, and create environments, both on the job and off the job, in which their voices are valued.
- A home care aide from a public health agency served on the Advisory Council to build new relationships.

### **Challenges**

- Limited resources and inflexible schedules made it difficult to attend meetings.
- ICA experienced challenges in building linkages to public health nursing and the provider community.

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## Demonstration Projects

### Organization: Mercy Medical Center – North Iowa

#### Project Goal

Develop an internship program for graduate nurses to recruit personnel into maternal-child nursing and to retain competent nurses in a specialty area presently experiencing high numbers of unfilled positions.

#### Best Practices

##### *Professional Strategies:*

- An Advisory Group of nurses from administration, clinical sites, education, and research, and a human resources employment specialist, provided valuable input to the development, implementation, and evaluation of the program.
- Nursing administration demonstrated a strong commitment to the internship program by ensuring adequate funding for personnel and supplies.
- The Nursing Education Staff Development Leader spoke at a wide variety of local, state, and regional conferences to disseminate information so other organizations can replicate the programs.

##### *Learning Strategies:*

- 80% of the interns' time was spent in clinical practice and 20% was spent in didactic sessions; this proved an excellent approach appreciated by interns and clinical staff/managers alike.
- The intern worked the same schedule as his/her preceptor on all shifts, such as 7pm-7am, holidays, weekends, etc.
- *Curriculum for Nursing Internship: Care of the Critically Ill Patient* was developed through the use of *Core*

*Curriculum for Critical Care Nursing and Emergency Core Curriculum.*

*Curriculum for Nursing Internship: Care of the Maternal-Child Nursing* was developed through the use of Association of Women's Health, Obstetrics and Neonatal Nurses and other pertinent literature.

- Expert clinical nurses served as instructors for the didactic sessions. Staff nurses were prepared as clinical preceptors for the interns. The preceptors served as role models, socializers into nursing, and workgroup and clinical educators.

##### *Retention Strategies:*

- Human Resource personnel developed a contract for interns that required each to satisfactorily complete the internship and then work for the organization for a specified period of time. If the contract was not fulfilled, the intern was expected to reimburse the organization.
- A new graduate nurse mentoring program was implemented. Mentors and mentees met for 12 months.
- Once an intern completed the internship requirements and accepted a position on a patient care unit, he/she received a competency-based Orientation. The internship does not replace the orientation period.

##### *Recruitment Strategies:*

- The internship program and the new graduate nurse mentoring program have proven valuable assets to recruiting new graduate nurses.
- The human resources employment specialist used internship information and a short video at job fairs.



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## Demonstration Projects

### *Compensation Strategies:*

- The preceptors and mentors in the organization did not receive additional compensation for serving in these roles. However, at the time of each preceptor's and mentor's annual performance review, outcomes of that service were noted.

### *Other Strategies:*

- The collaboration with Birth Center nurses to develop internship curriculum fostered enhanced working relationships and gave them a new perspective on orientation strategies.

### **Challenges to Project Implementation**

- It was challenging to determine the type of personnel (i.e., nurse, secretary, etc.) most needed to ensure project completion.
- It was difficult to secure personnel in a timely manner due to the level of expertise in the applicant pool.
- There were no applicants for the internship program between February 2004 and July 2004.
- Valid and reliable tools to evaluate internship outcomes were not readily found in the literature.
- The development of the *Nursing Internship: Care of the Maternal-Child Patient* moved at a slower pace than anticipated because two nurses who developed the internship content were needed to provide adequate staffing for patient care.
- Selecting appropriate candidates for the intern positions proved challenging. Early interest of interns waned as evidenced in classroom and clinical performance.

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## Demonstration Projects

### Organization: Ottumwa Regional Health Center

#### Project Goals

Goal 1: Demonstrate the value of intensive clinical experience and mentorship for Associate Degree (AD) students on competency, orientation costs, retention and job satisfaction.

Goal 2: Continue the scientific assessment of the project.

#### Best Practices

##### *Professional Strategies:*

- A prerequisite was established requiring 2<sup>nd</sup> year students in the Associate Degree Nursing Program to be LPNs prior to the internship experience.
- Involved the community college's AD nursing program administrators from the outset to establish a partnership and take advantage of their expertise in nursing education. Established regular meetings with department chair or designee to maintain communication and mutual support.  
Recruited, selected and trained nurse mentors who were identified by both management and peers as role models.
- Paired each intern with one trained nurse mentor throughout the internship.

##### *Learning Strategies:*

- Provided a free, formal Mentor Training Workshop with continuing education credit.
- Conducted weekly one-on-one meetings with interns to review learning opportunities, identify learning needs and reinforce the role of the RN.

- Conducted regular meetings with nurse mentors to identify barriers, discuss interns' progress, determine mentor needs and provide support from the program administrator.
- Hired interns as employees in the nursing unit assigned for the full 12-week internship, providing all personnel policy benefits.
- Provided student nurse internships in specialty nursing units to introduce intensive clinical experience in areas not included in the AD Nursing Program.
- Provided financial incentives to nurse mentors when interns successfully completed the program and gave high scores to the nurse mentors on the Mentor Evaluation Tool.

##### *Retention Strategies:*

- Established a mentor-intern relationship that minimized the "reality gap" between school and the actual work environment.
- Second year students valued the opportunity to augment their clinical experience with a seasoned nurse, and develop a realistic perception of the role of the professional nurse in a specialty unit before accepting a licensed position.
- Perceived job satisfaction remained high if a strong mentor/mentee relationship was maintained for the first year of employment.
- Nurse mentors saw financial, professional and personal rewards from participating in an internship program. In addition to incentive pay, they experienced the satisfaction of mentoring a student who is excited to learn.

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## Demonstration Projects

- The mentor received professional satisfaction and recognition by peers and management.

### *Recruitment Strategies:*

- Students valued the internship opportunities in specialty departments.
- Students who participated in a hospital-based internship program were more likely to apply for employment in that hospital following graduation.

### *Compensation Strategies:*

- Hired interns as temporary part-time employees for the full internship period.
- Compensated nurse mentors with incentive pay.
- Recognized interns and staff frequently through internal newsletters, local newspapers and television spots.
- Provided *Certificates of Appreciation* to interns and mentors at the end of the internship.
- Celebrated completion of each internship program with a luncheon for interns, mentors and program administrators.

### *Other Strategies:*

- Reduced orientation time and costs associated with AD graduates.
- New graduates with intern experience outscored graduates without intern experience by 15.6 points on the Skills Assessment Survey instrument.

### **Challenges**

- One employer refused to answer survey questions on grounds of privacy laws.
- One intern relocated and could not be followed.
- There was limited literature on internships for AD nursing students in the hospital setting.
- Many of the 2004 graduates were offered positions contingent on passing Iowa Board of Nursing exams. Some participants did not pass the NCLEX exam causing a delay in the start of RN orientation data collection.
- Sending surveys of employers and interns after jobs were started caused a delay in the final program evaluation.

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## Demonstration Projects

### Organization: Southeastern Community College (SCC)

#### Project Goal

Provide course work, on-the-job training and incentives for nurses to update their skills and re-enter the health care field.

#### Best Practices

##### *Professional Strategies:*

- Identified a need for an evening class to better accommodate students' lifestyles.
- Coordinated the program around a lead instructor to assure having someone available to answer student questions.
- Communicated on a regular basis with the Iowa Board of Nursing regarding students who reactivated licenses.
- Presented the curriculum in an interactive manner to showcase and build on the strengths of the students. Presented the classes in body systems and integrated pharmacology into the curriculum.
- Invited local subject matter experts to teach the students when appropriate.

##### *Learning Strategies:*

- Students were responsible for selecting a site for 160 hours of on-the-job training.
- Using the domains of learning (cognitive, affective and psychomotor skills).
- The program was responsible for:
  - Making program available to students at no cost.
  - Including re-entry nurses in discussion and decisions regarding the program.

- Assuring student access to Basic Life Support and Mandatory Reporter classes.

##### *Retention Strategies:*

- Provided mentoring on a nurse-to-student ratio.
- Removed barriers for non-traditional nurses entering the education arena including free training, peer support, tutoring, mentoring by on-site clinical preceptors, childcare reimbursement, transportation costs, and counseling support.
- SCC provided a private office.
- Treated participants and staff fairly and respectfully.
- Identified opportunities for learning and growth.
- Developed a portable storyboard that includes information about the program.
- SCC hosted a recognition banquet to honor each student and award certificates of completion.
- The college cafeteria provided meals at a reduced rate.
- A local motel provided rooms at a substantial discount for out-of-town participants.

##### *Recruitment Strategies:*

- The project coordinator provided the following services:
- Recruited inactive RNs and LPNs identified by the Iowa Board of Nursing through brochures, media articles, detailed nursing job listings and incentives.
- Encouraged critical thinking skills in the nursing process.
- Provided opportunities for students to work in specialty units.

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## Demonstration Projects

- Assisted students in developing job interview and customer service skills.
- Provided curriculum and handouts to facilities that hosted on-the-job training sites.
- Served as student advocate for challenges and barriers that arose at clinical sites.
- Served as a central point of contact for nurses who seek information about the Nursing Re-entry Program.

### *Compensation Strategy:*

- Many students who completed the program were offered positions in the facilities where they had trained.

### **Challenges**

- The advertising budget was limited.
- Drawing class participants from long distances required overnight accommodations for students.
- Resources are needed to sustain the program.

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