

Clinical Nurse Externship Program: An Innovative Solution to Mitigate the Staffing Crisis



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Introduction

Going into the third year of the COVID-19 pandemic while managing a staffing crisis, Johns Hopkins All Children's Hospital began working on innovative solutions to assist with staffing. In March 2022, a small group formed to look at developing a Clinical Nurse Extern (CNE) program to start in Summer 2022 to align with our August RN Residency cohort. The goal was to recruit and train nurses prior to starting the RN Residency Program.

Objectives

CNE Program Objectives:

- Improve socialization to the unit and transition to role
- Decrease the time to independent practice as a new graduate nurse
- Reduce the cost associated with on-boarding new graduate nurses hired into the RN Residency Program.

Materials and Methods

- The change we implemented was to create a structured, eight-week plan focusing on basic nursing skills that were essential to safe patient care (see Figure 1).
- The quality improvement model used was the Plan-Do-Study-Act (PDSA) cycle.
- The Casey Fink Readiness for Practice Survey & Graduate Nurse Experience Survey were used to measure and analyze outcome factors such as socialization to the unit and transition to the role (See Figure 2 & 4)
- The program evaluation survey was completed by the managers, educators, preceptors & CNEs at the end of the program to evaluate satisfaction.
- The Kronos time tracking system was used to collect outcome data such as time (in weeks) to independent practice and cost associated with the length of orientation (see Figure 3 & 5).

Results

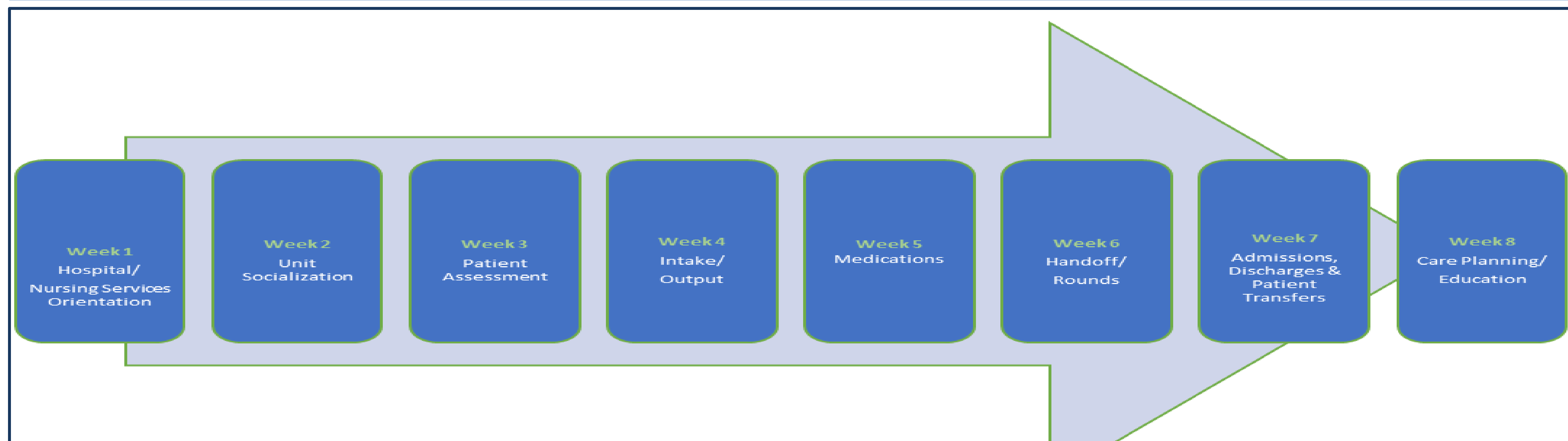


Figure 1 – Clinical Nurse Extern Weekly Education Plan
 The focus of the 8-week program is basic pediatric nursing. Each week builds upon the prior week with direct supervision from the RN preceptor. The CNE program starts 8 weeks prior to the RN Residency program with the CNE completing the program on their hired unit.

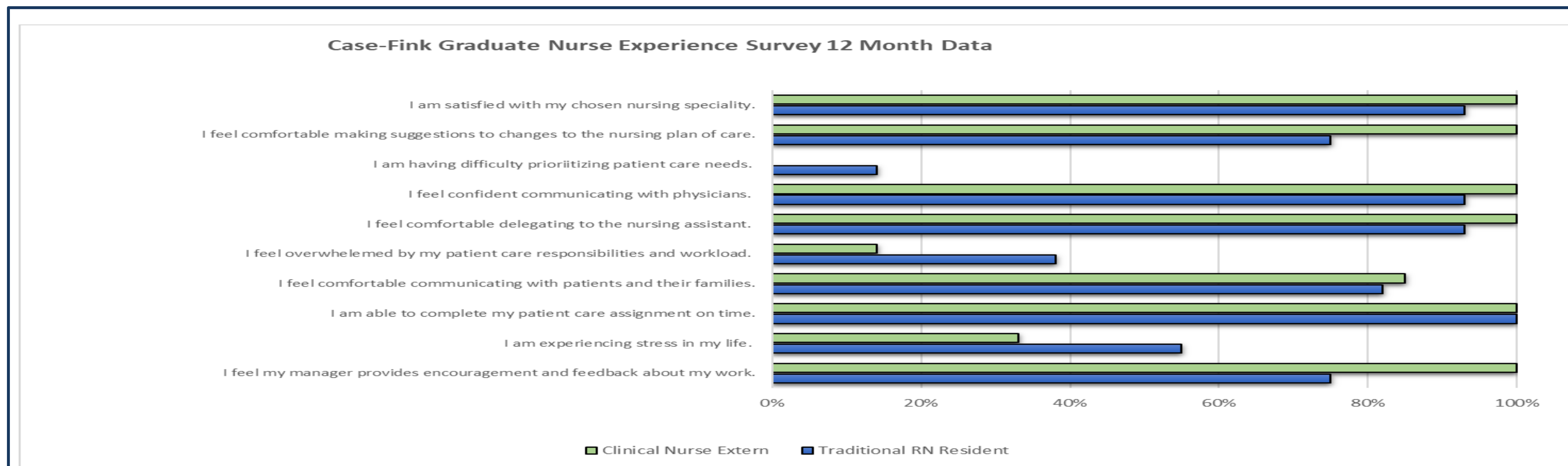


Figure 2 – Casey-Fink Graduate Nurse Experience 12-month Data- Cohort 1
 Each cohort of RN Residents participates in the Casey-Fink Graduate Nurse Experience survey at 1 month, 6 months and 12 months. The data compares the responses of the CNE to the traditional RN Resident. The data above is from CNE Cohort 1 that has completed their first year of nursing.

Unit	Traditional RN Resident	Clinical Nurse Extern Cohort 1	Clinical Nurse Extern Cohort 2	Clinical Nurse Extern Cohort 3	Clinical Nurse Extern Cohort 4	Clinical Nurse Extern Cohort 5
PICU	22 weeks	16 weeks	16 weeks	16 weeks	On orientation	In CNE Program
CVICU	22 weeks	16 weeks	16 weeks	16 weeks	On orientation	In CNE Program
NICU	21 weeks	16 weeks	16 weeks	16 weeks	On orientation	In CNE Program
Center for Congenital Diaphragmatic Hernia	22 weeks	18 weeks	16-18 weeks	17 weeks	On orientation	In CNE Program
Hematology/Oncology	16 weeks	14 weeks	12 weeks	13 weeks	On orientation	In CNE Program
Surgical Neurosciences	13 weeks	N/A*	8 weeks	Did not have a CNE	On orientation	In CNE Program
Pediatric Medicine	12 weeks	12 weeks	7 weeks	**21 weeks	On orientation	In CNE Program

*Surgical Neuroscience had a CNE not pass nursing boards.
 **Pediatric Medicine had low census for an extended amount of time which required the CNE to have orientation extended due to lack of consistency with preceptors and patient assignments.

Figure 3 – Time to Independent Practice
 The time to independent practice was tracked using the Kronos Time tracking system. Critical care areas saw the biggest improvements in time to independent practice with CNEs coming off of orientation 4-6 weeks earlier than the traditional RN Residents.

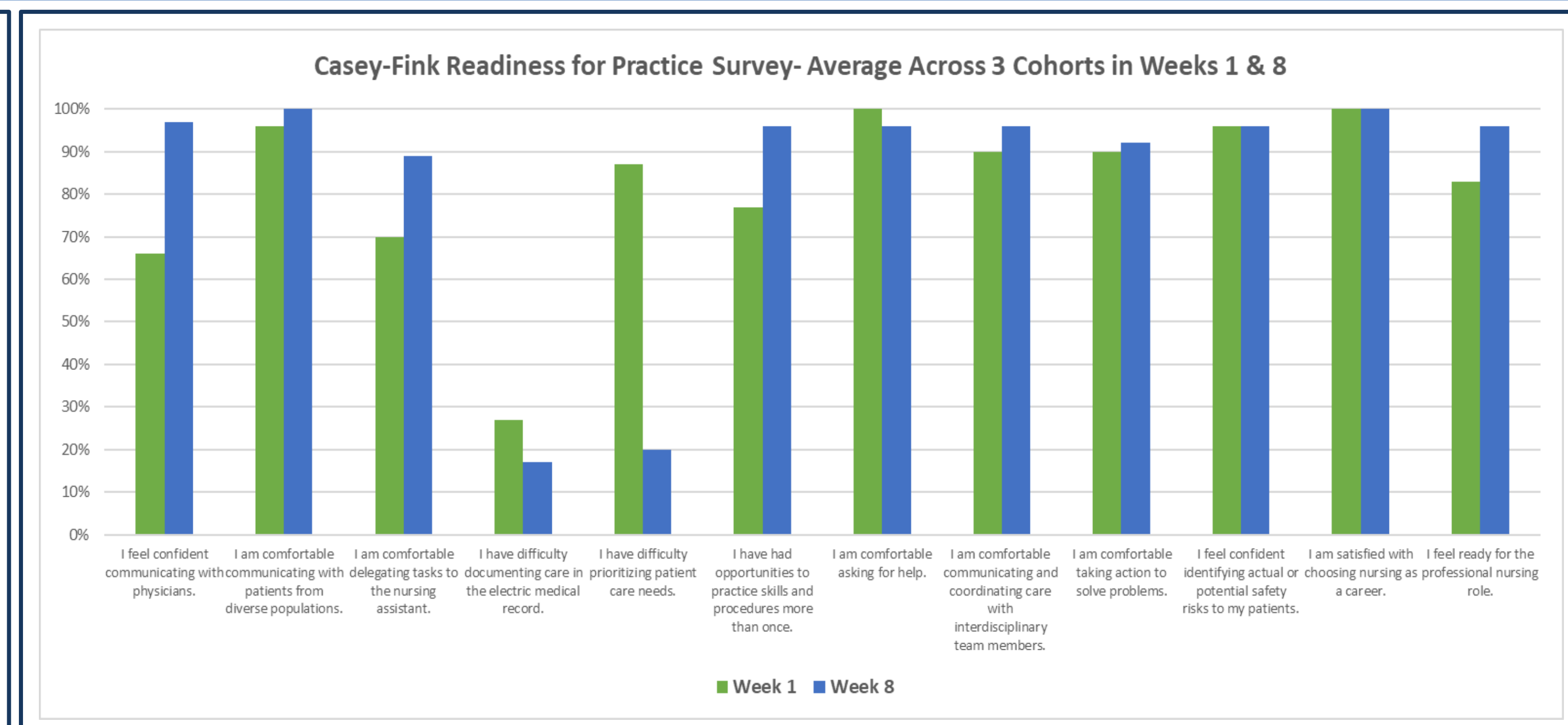


Figure 4 – Casey Fink Readiness for Practice Survey. This survey was incorporated into the CNE program with cohort 3. CNEs complete the Casey-Fink Readiness for Practice survey at week 1 and week 8 of the Clinical Nurse Extern Program. The data in the graph averages across the three cohort's week 1 and week 8 data.

Unit	Traditional RN Resident	Clinical Nurse Extern*	Cost Savings
PICU	\$22,176	\$19,575	\$2,601.33
CVICU	\$22,176	\$20,415	\$1,761.33
Center for Congenital Diaphragmatic Hernia	\$22,176	\$22,168	\$8.12
NICU	\$21,168	\$20,941	\$227.33
Hematology/Oncology	\$16,128	\$16,704	-\$576.00
Surgical Neurosciences	\$13,104	\$12,960	\$144.00
Pediatric Medicine**	\$12,096	\$17,963	-\$5,867.00

*CNE Program Wages + RN Residency Wages
 **Unit had challenges with census impacting length of orientation

Figure 5 – Average Orientation Costs
 Orientation costs were tracked for cohorts 1-3. The comparison is with individuals that passed nursing boards. The biggest cost savings were in the critical care units.

Conclusion

The CNE program allowed RN Residents to have a faster time to independent practice, and the CNE's were more comfortable with communication and delegation. We will continue to monitor Casey-Fink Survey results and trend retention rates. Also, looking at how to quantify program benefits outside of straight cost such as reduction in overtime, reduction in patient declines and increased ability to staff beds. Overall, the CNE program continues to be successful, and we have hired 5 cohorts of CNEs to date.