Universal Onboarding Implementation Guide for Prelicensure Nursing Students

Maryland Nursing Workforce Center (MNWC)

&

Maryland Organization of Nurse Leaders, Inc./Maryland Nurse Residency Collaborative

(MONL, Inc./MNRC)

Introduction

Graduating ready-to-practice nurses is the mutual goal of nursing programs and hospitals. Delays in onboarding to clinical settings further complicate the onboarding process for students, nursing schools, and clinical settings. One barrier to timely onboarding to clinical settings is the educational onboarding requirements for students entering health care organizations. Accrediting bodies, regulatory agencies and hospitals require students to complete specific safety education annually before entering a health care organization. To comply, each organization develops safety education for students to complete. Students attend clinical in multiple health care settings each year and are required to complete similar safety education for each hospital, up to four times each semester depending on academic level and program type. For students, the safety education is redundant and time consuming. Students are prohibited from beginning clinical until the safety education is completed causing delays in onboarding to the hospital and the loss of hands-on clinical experience.

Nursing programs are required to track and monitor student compliance for each clinical site a process that is time and resource intensive, prone to errors and can result in onboarding delays. To comply with accreditation and regulatory requirements hospitals must develop and update their education and training, and the hospital education department often assumes accountability for teaching the students. Again, the process is costly and resource intensive, resulting in a significant number of hours spent by hospital education departments training and tracking students instead of focusing on the needs of their staff.

In response, the Maryland schools of nursing (Deans and Director's group) and hospitals proposed developing statewide, standardized onboarding safety education which could be accessed electronically and completed by students before their first clinical experience and then annually until the completion of their nursing programs. They modeled this program after the College of Southern Maryland, which successfully instituted similar processes in their region. The project is supported by funding from the Health Services Cost Review Commission (HSCRC) Nurse Support Program II (NSP II) and facilitated by the MNWC. The MNWC formed a subcommittee representing Maryland schools of nursing and hospitals to create standardized safety education for nursing students.

Members reviewed national and state regulations and accrediting body requirements to develop the list of requisite student modules. Roadblocks, however, occurred in determining how to develop the education (i.e., online or paper packet), how to distribute the education to nursing programs for student completion, and how to monitor and track student completion. As a result, the committee members engaged the Maryland Organization of Nurse Leaders, Inc./Maryland Nurse Residency Collaborative (MONL, Inc./MNRC), which had a statewide Learning Management System (LMS), and instructional design support. The MONL, Inc./MNRC agreed to create the course design, develop instructional materials using content submitted by committee members, and design processes for nursing programs to implement, including student access and monitoring and tracking completion.

This Handbook describes the project scope, project implementation (Phase I and II), timeline, and responsibilities of the nursing programs, hospitals, students, MONL, Inc./MNRC and the MNWC for successful implementation and sustainability of the statewide, universal onboarding (UO) educational materials.

Project Scope

Although students in all healthcare disciplines (licensure and certificate) require onboarding education before entering a healthcare organization, this project's scope is limited to prelicensure nursing students enrolled in associate degree, baccalaureate, or entry-to-practice Master of Science nursing degree programs of Maryland. Approximately 2,000 prelicensure nursing students annually are enrolled in Maryland nursing programs, accounting for most students entering a healthcare organization. Additionally, these students are the most adversely affected by the healthcare training requirements due to their many clinical experiences. Therefore, the project's scope was limited to this group as it is a new concept never tried by a state, and recognizing its associated complexities and costs.

Only requirements for prelicensure nursing students were examined in creating the educational materials. If allied health programs and hospitals elect to use the materials for health disciplines other than prelicensure nursing students we cannot guarantee the materials meet the accreditation and regulatory requirements of these disciplines or programs. We recommended reviewing the pertinent accreditation and regulatory requirements before use to ensure the materials meet the necessary training requirements.

Project Phases

Phase I

Universal Onboarding Content Development

In Phase I, the subcommittee members identified the universal onboarding training content for students to complete before their first clinical experience and annually until the completion of their program. They reviewed the Association for Nursing Professional Development (ANPD) Updated Clinical Education Matrix, a compendium of the requirements of accrediting bodies and regulatory agencies. Additionally, they examined Maryland statutes and hospital education and training requirements to identify safety education content. From this review, members identified seven content areas and drafted modules and post-tests (Table 1) which were later revised by the MONL, Inc./MNRC team.

Next, statewide meetings were held with the hospital CNOs to explain the project scope and engage them in reviewing the Alpha test version of the UO course to ensure it met their requirements. A link to the test course was emailed to 41 acute care hospitals for content review, comments, and testing. More than 20 hospitals provided feedback on the course. Revisions were made based on their review, including adding four more content areas focused on safety (Table 2). The final UO course consists of 11 modules and accompanying post-tests. To complete the

course, students must review the eleven modules and obtain a score of 80% or greater on each post-test.

Table 1

Universal Onboarding Training Content

- Corporate Compliance & Code of Conduct
- Cultural Competency & Respect
- Hospital Quality Measures
- Infection Control and Exposure Prevention
- Patient Bill of Rights & Responsibilities
- Patient Confidentiality, HIPAA & PHI
- Personal Protective Equipment & Transmission Based Precautions

Table 2

Universal Onboarding Course: Additional Content

- Fire/Electrical Safety/Hazmat/Radiation safety
- Safe Patient Handling
- Patient Care & Protection (developmentally appropriate care, patient assault & abuse)
- Workplace Safety (workplace violence, active shooter, emergency management)

Phase II

In addition to safety education, hospitals often require students to complete hospital-specific education before starting their clinical experiences. The hospital-specific education may include information on parking, essential phone numbers, or forms to complete to obtain identification badges. The CNOs agreed to convene a workgroup to standardize these materials, including content guidelines and a template (Appendix A & B). The hospital-specific information (HSI) will consist of one PDF document for each hospital. Students will have the ability to download the PDF to review the materials and complete any forms. The first submission of completed PDFs from each hospital are due by November 1st, 2022.

Nursing Program Implementation Process

The MNWC subcommittee members and MONL, Inc./MNRC explored multiple processes to implement the UO training materials. Using a password-protected, secure repository was deemed the most effective method in deploying these materials to the nursing programs. Therefore, the MONL, Inc./MNRC agreed to create a repository for nursing programs to access and download the UO course and HSI PDFs. The MONL, Inc./MNRC will provide access to these materials to one or two points of contact (POCs) at each of the 27 nursing schools. The size of the nursing program will determine the number of POCs.

Each school will decide on processes for uploading the UO course and HSI into their learning management system (LMS) and tracking completion/ compliance using Castlebranch™ or another system. Additionally, each nursing program must develop processes to ensure students comply with their mandatory hospital education. W

e recommend that incoming nursing students complete the online UO training modules and appropriate hospital-specific materials within the first 2-weeks of starting their nursing program and before starting their first clinical experience. After that, all enrolled students must maintain compliance until graduation. We recommend enrolled students complete the training annually during the same month (e.g., every August) for easy tracking. In the August example, however, there may be instances a new group of students starts in June or July. Although they completed the training only a month or two ago, to ensure continuous compliance, they must be required to complete it again in August. This is to ensure they will not be out of compliance for a month, if not two, in the following year.

Below are the suggested steps for implementing the UO course. Additionally, Appendix C contains key questions to answer when implementing.

Steps

1. MNRC creates a repository nursing programs can access to download UO and HSI PDFs for students
2. Repository must be secure, and password protected
3. Depending on nursing program size only 1 to 2 people will be provided access
4. License agreement to protect material copyright
5. Nursing program develops internal processes for students to complete training
6. Nursing programs develop processes to track and monitor ongoing student compliance with training (record keeping)

Copyright License Agreement

The HSCRC NSP II has funded this project, and its contents were jointly developed by the MNWC, the MONL, Inc./MNRC, hospital leaders, and the nursing faculty. The statewide UO program and its materials, reviewed and approved by nursing programs and acute care hospitals, is an original concept. Therefore, to protect the content, before the UO course can be accessed, the nursing programs are being requested to sign a copyright license agreement to prevent copying or distribution (Appendix D). If needed, nursing programs can provide hospitals a link for viewing the training but not share the original file. The copyright license agreement will need to be signed every two years to maintain access to the repository. Access to the repository is free to Maryland nursing schools.

Project Timeline

September
- Complete UO modules (GOLD) and upload into the repository (MNRC)
- Complete HSI guidelines & template

October

- Complete copyright license agreement and distribute to Nursing Program POCs for legal counsel review and signature (MNWC/MNRC & Nursing Programs)
- Hold statewide meetings with Nursing Programs and Hospitals: answer questions & track implementation progress (MNWC & MNRC)

November
- Complete and submit HSI PDF to MNRC for uploading (Hospitals & MNRC)
- Upload HSI into the repository (MNRC)
- Collect signed copyright license agreements (MNWC & MNRC)
- Hold statewide meetings with Nursing Programs and Hospitals: answer questions & track implementation progress (MNWC & MNRC)

December
- Provide Nursing Program POCs access to the repository (MNRC)
- Download UO & HSI materials into LMS (Nursing Programs)

Sustainability Plan

Sustainability

The ongoing success of the Universal Onboarding program will be possible using a number of strategies to ensure its relevance and viability. Four keys to ongoing success have been identified. Program effectiveness will address the team's ability to deliver a product that is relevant and useful for students, schools, and hospitals. Factors that will determine program effectiveness include the attainment of program outcomes, ability to deliver updated materials, and identifying growth opportunities including a focus on enlisting new partners.

Participant engagement is another key factor for sustainability and emphasizes our ability to maintain current program participation by supporting the schools and hospitals who have adopted the Universal Onboarding Educational materials. This includes watching for staffing changes and being prepared to orient new staff to the onboarding product. In addition to providing technical support, program monitoring and evaluation will be conducted to identify program needs, strengths, and weakness. Recruiting efforts will continue until all Maryland hospitals and schools have adopted the product which includes identifying and addressing barriers to adoption.

We have a dedicated volunteer advisory sub-committee whose participation has informed decisions throughout this process. We will continue to work with our diverse advisory sub-committee and create a succession plan for recruiting new members.

This project will continue to be supported by the HSCRC NSPII grant. As the project grows, additional funding sources may need to be considered. Evaluation of funding needs will occur during regular evaluations.

UO Program Evaluation

An evaluation report will be completed once a year using data collected and reviewed at the beginning of the Spring and Fall semesters (March and November). The evaluation focus is on program development and implementation, participation by schools and hospitals, student, school and hospital satisfaction and adequacy of communication. Data will be collected using questionnaires, existing data collected by MNWC, and anecdotal data using key informant interviews. Data will be collected in February 2023 after students are onboarded for the Spring 2023 semester and again in October 2023 after students are onboarded for the Fall 2023 semester. The results will be collected and compiled by the MNWC and in conjunction with the Universal Onboarding Subcommittee and disseminated to the stakeholder groups annually. See Appendix E: Table 1 for program evaluation items and Appendix E: Table 2 for the evaluation and annual review timeline.

UO Course Review Process:

The UO course will be reviewed and needs for revision examined every two years by the MNWC and on an as needed basis given regulatory changes. Revisions will be uploaded into the repository by MNRC every two years and access to revisions will be granted upon signing a copyright license agreement.

Hospital Specific Information (HSI) Review Process:
Hospital specific materials should be reviewed by the hospital in the beginning of each calendar year. Hospitals will receive a call for updates by the MNRC to hospital specific materials in March of each year with a final due date of July 31st of each year. Revisions to HSI materials will only be accepted for upload by the MNRC into the repository once a year by this date. Revisions will be uploaded by first week of August of each year and a reminder to SONs will go out from the MNWC that revised PDF documents are available for download. Only in the event of an emergent change to the PDF will revisions be accepted outside of the July 31st timeline. The MNWC will determine what constitutes an emergent need for revision. Please contact Dr. Rebecca Wiseman at wiseman@umaryland.edu if you feel you need to submit an emergent revision.

Appendix A

Hospital Specific Information (HSI) Guidelines

The following are guidelines to help hospitals in putting together a PDF of hospital specific information for clinical nursing students. Appendix B is a template to help guide hospitals in knowing what they might include in this PDF. Hospitals may elect to use other processes for the sharing of information to clinical students.

What to include:

1. Requirements a student **must** know before starting clinical (See Appendix B for ideas)
2. Pertinent forms that must be filled out prior to starting clinical
3. Appropriate URL links that the student should view prior to starting clinical
4. Hospital/ System logos and other recognitions/ designations (i.e., Magnet)

What NOT to include:
1. Information already included in the education provided by the 11 e-learning Universal Onboarding modules
2. Multi-page copies of hospital/department/unit clinical policies & procedures
3. URL addresses that require frequent updating

Important parameters:

- All information must be submitted within <u>one</u> PDF not greater than 5 pages in length
- The PDF must be downloadable and can include Adobe PDF Fillable Forms

Appendix B

Hospital Specific Information (HSI) Template

PAGE 1   **HOSPITAL**

                                                         LOGO

CHECKLIST

☐ Please include all action items that students need to complete in this checklist. For example:

☐ Print packet and read prior to the first day of clinical.

☐ Complete XYZ form.

☐ Ect….

☐ Please follow up with School Clinical Coordinator if you have questions regarding this information, to submit documents and to ensure completion of all onboarding requirements through the appropriate systems.

HOSPITAL/ SYSTEM INFORMATION

Consider including concise information about the hospital and the system that the hospital is a part of, if applicable. You may want to consider including brief statements about organizational mission, vision and values.

INSTITUTION ACCESS

Consider including only the must-know information on how the student gains access to the hospital, their unit and necessary applications. This might include the following:

1. Directions to campus
2. Access to student parking (any associated fees etc.)
3. Campus map and/or directions to appropriate student entrances into the building
4. Appropriate building map and location of the following:
   a. Need-to-know clinical departments
   b. Security
   c. Cafeteria or other accesses to food
   d. Lactation Room, if available
5. How to obtain an identification badge for students and what it will give them access to
6. Forms to gain access to EMR applications or Medication Distribution Machines

HOSPITAL AMENITIES

It might be important for students to know about certain hospital amenities available on campus. Consider including a few very brief statements about the following, if applicable:

1. Available food vendors
2. Nutrition options (e.g., vegan, kosher etc.)
3. Regulations around the use and availability of special rooms/areas (e.g., Mediation, Lactation)

GENERAL EXPECTATIONS FOR PROFESSIONALISM

Students must know very briefly about rules/ regulations the hospital has regarding dress and professional conduct. Consider including short statements about the hospitals policies around the following:

1. Donning of identification badge
2. Hair color, length and head coverings
3. Safe jewelry practices
4. Tattoos and piercings
5. Nail hygiene, coverage (paint, acrylic, etc.) and length
6. Shoes or clogs and shoes without heel or toe coverage

You may want to remind students that the strictest policy goes. For example, if the hospital is more lenient on policies around hair color, the student must follow their school's policy and vice versa.

EMERGENCY INFORMATION

There is a lot of information that a student may need to know when faced with an emergency. Much of this information is included in the 11 e-learning modules. In addition, it may be most appropriate for the clinical instructor to communicate some of this ON the first day. Please consider including in this PDF the following information that the student might need to know BEFORE they start:

1. Emergency Codes
2. How to call a Code Blue or Rapid Response

You may want to remind students to follow school procedures for what to do in the case of inclement weather or a disaster. This could save from unnecessary fielding of student calls to the units or education departments.

ADDITIONAL INFORMATION

There may be additional NEED-TO-KNOW information that you want to include in the institutions PDF to students that doesn't fit in the above categories. You can include it here. Be sure to stay within the page limit. You may think about including a brief statement about your institutions policies around the following and possibly a very short job aid regarding how to locate policies for the institution:

1. Social Media
2. Personal Electronic Devices
3. Food on the Units
4. Smoking or Drug Use

HOSPITAL

LOGO

Appendix C

Nursing Program Decisions

1. Who will have access to download UO and HSI?

2. Which Learning Management System, for example Blackboard, is best suited to make the materials available to students to complete?

3. When will newly enrolled students be required to complete training?
   a. Must be completed before starting their first clinical experience 1- 2 weeks after starting nursing program?

4. When will currently enrolled students be required to complete the training?
   a. Recommend selecting a month like August or January for all enrolled students to complete
   b. Recommend **against** requiring completion by rolling enrollment timeframes (tracking nightmare)
   c. Recommend UO training policy in Student Handbook and consequences

5. How will student completion data be tracked?

6. Develop processes for uploading data into Castlebranch™ (no charge) or other tracking systems

7. How will student completion data be provided to hospitals, if requested (FERPA violation for nursing programs to share student test scores)?

Instructions and recommendations for implementing the Universal Nursing Student Onboarding by role:

Student Instructions and Considerations	Nursing Program POC Instructions and Considerations	Facility/Hospital Coordinator Instructions and Considerations
- Review training instructions provided by the nursing program POC. - Complete the Universal Onboarding (UO) course and the Hospital-specific information (HSI) as instructed by the deadline provided by the nursing program POC. - Reminder: Failure to complete the trainings by deadline may result in delayed clinical start for you and your entire clinical group and may result in additional disciplinary actions by your school. - Verify completion of training including: - Downloading the UO certificate of completion and uploading it into Castlebranch™ or another system - Saving a copy of the UO certificate of completion. - Attesting to reviewing HSI and completing requisite HSI forms if required - Complete UO and HSI before starting clinical and then annually as directed by the nursing program.	- Provide direction and guidelines for training to all clinical students. Include the following: - Course completion due date - Instructions for uploading the UO Certificate of Completion and attestation for reviewing HSI and completing any requisite hospital forms - Instructions for saving a copy of the certificate - Consider adding a consequence for students who do not complete their materials on time - Validate Returning student status (training is required Annually, q12 months). - If requested, provide Hospital Coordinator with documents using the agreed upon mechanism for sharing documents. Only include the student's name and course completion information, no percent scores. Hospitals will not accept incomplete packages.	- Nursing program POC will provide as requested the completion report of the incoming clinical nursing students for review and acceptance. - Coordinate with the nursing program POC to negotiate deadlines and process for sharing student records

Review and Modify **CURRENT** process: • Ensure you are not completing redundant training at each of your clinical sites. Notify Nursing program POC if you note repeat trainings.	Review and Modify **CURRENT** process: • Review and update current process for onboarding students • Remove all old educational materials from repositories, school LMS systems as needed • Collaborate with hospital coordinator to update process for sharing documents • Collaborate with hospital coordinator to negotiate and establish deadlines	Review and modify **CURRENT** process: • Review hospital-specific information to remove any redundancies with the Universal Onboarding course. • Notify internal stakeholders of the UO course and HSI changes
Ongoing/Future Support: • Trainings are required by all prelicensure nursing students before starting their first clinical experience and then annually after that.	**Ongoing/Future** Support: • Update and revise processes to ensure ongoing student compliance • Solicit feedback from key stakeholders within the organization about the process (course faculty, compliance staff, finance representatives, etc.) • Participate in school and hospital coordinator meetings that will contribute to revision of materials and student onboarding processes.	**Ongoing/Future** Support: • Maintain currency of HSI for students • Solicit feedback from key stakeholders within the organization about the UO course and new processes (education, regulatory and compliance, HR, infection control, etc.) • Participate in school and hospital coordinator meetings that will contribute to revision of materials and student onboarding processes.

Appendix D

UNIVERSAL PRE-LICENSURE NURSING HOSPITAL ONBOARDING EDUCATION TRAINING COPYRIGHT LICENSE AGREEMENT

TBD

Appendix E

Table 1. Proposed UO Program Evaluation Items

Process:	
Implementation	- Process for accessing materials - Access to technical support - Timely and clear communication to school and hospital stakeholders - Timeliness of materials revisions - Availability of material/tools and resources to stakeholders
Outcome:	
Participation	- Number of hospitals participating - Number of schools participating - Number of students - Number of committee and task force (if applicable) volunteers - Diversity of committee and task force
Student Satisfaction	- Times HIS completed during the school year - Times educational materials completed during the school year - Accessibility of HSI and educational materials - Ease/difficulty using the process
School Satisfaction	- Student compliance with completing educational materials - Did using the UO materials improve the efficiency of your onboarding process - Decrease in average time spent onboarding - Resources spent onboarding students as a result of using the UO materials - Decrease in number of people involved in student onboarding
Hospital Satisfaction	- Student readiness for clinical - Student knowledge of educational materials - Time spent on developing onboarding educational materials
Communication	- Are you a student, school representative or hospital representative - Was communication with the MONL/MNRC team - Timely - Helpful - Easily accessible - Team members were knowledgeable - Was communication with the MNWC team - Timely - Helpful - Easily accessible - Team members were knowledgeable - Did process promote collegiality and comradery - Were meetings organized - Was valuable information shared during meetings

Table 2. Yearly Timeline

Month/Task	Responsibility
February: • Dissemination of evaluation materials to stakeholders • Collect anecdotal data from stakeholders • Compile existing data (participation, meeting minutes, agendas…)	MNWC
March: • Compile evaluation data • Analyze evaluation data • Call for updates to hospital specific materials • Call for revisions of educational materials and quizzes (every other year)	MNWC
April: • Complete data analysis • Disseminate evaluation findings/report • Biannual Subcommittee Meeting	MNWC
July: • Updates to hospital specific materials to MONL, Inc./MNRC • Updates to educational materials and quizzes to MONL, Inc./MNRC (every other year) • Annual report to MHEC	Hospitals Hospitals MNWC
August: • Changes to hospital specific information will be uploaded • Revisions to educational materials and quizzes will be completed (every other year)	MONL, Inc./ MNRC
October: • Dissemination of evaluation materials to stakeholders • Collect anecdotal data from stakeholders • Compile existing data (participation, meeting minutes, agendas…)	MNWC
November: • Compile evaluation data • Review data for evaluation	MNWC
December: • Complete data analysis • Biannual Subcommittee Meeting	MNWC