



# PHN Residency for New Graduates

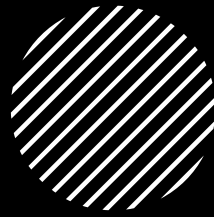
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# Presentation Objectives



<https://www.health.state.mn.us/phnresidency>

- Describe the development of the New Graduate PHN Residency Program
- Identify key elements of the program
- Describe the process for implementation of the program in local public health agencies
- Analyze barriers to implementation of PHN residency programs

# Benefits of New Graduate Residency Programs

Positive outcomes of nurse residency programs include

- increased levels of confidence and competency
- job satisfaction
- reduction in stress and anxiety (Edwards et al., 2015)
- improved retention with decreased costs for recruitment and retention efforts (Warren, Perkins, & Greene, 2018)
- increased patient safety (Spector et al., 2018)

# New Graduate PHN Residency: Collaborative beginnings

- The beginning: explore the possibility of hiring new nursing graduates to public health
- The partners: staff from 2 local public health departments, Minnesota Department of Health staff, and faculty from a local college.
- The vision: create a sustainable, highly educated public health nursing work force to deliver quality and safe nursing care to meet the needs of the populations they serve.
- The outcome: on-line transition to practice program designed specifically to meet the needs of new nursing graduates hired in public health settings.

# The New Graduate PHN Residency: Components

Key features of the program include:

- General orientation suggestions
- Looping
- Core knowledge for PHN practice
- Reflective practice
- Peer support
- Preceptor resources

These activities are organized by the PHN residency calendar

## Description of PHN Residency Components: Calendar

- 12-month list of events and activities
- Each month highlights specific areas of growth
- Participants in the residency program can access components of the program directly through links in the calendar or through the PHN residency home page.

[Month 1: Introduction and building relationships](#)

[Month 2: Professional development](#)

[Month 3: Collaboration and referrals](#)

[Month 4: Evidence-based practice](#)

[Month 5: Culture and communication](#)

[Month 6: Evaluating continued needs and support](#)

[Month 7: Ethical standards and systems thinking](#)


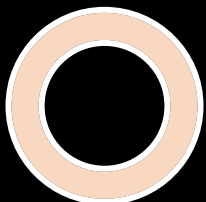

[Month 8: Communication and setting boundaries](#)

[Month 9: Continued support](#)

[Month 10: Continued support](#)

[Month 11: Continued support](#)

[Month 12: Evaluation and conclusion](#)



# Description of PHN Residency Components: General Orientation

- For each month, the residency program highlights suggestions for general orientation topics
  - Example: Month 2 focus is professional development.
  - Suggested general orientation topics could include:
    - relevant laws/policies
    - community-based participatory research projects
    - quality improvement initiatives





## Description of PHN Residency Components: Looping

Looping is the provision of guided experiences outside the primary program area or agency. These experiences enhance intra-interdisciplinary collaboration and improve resident knowledge of agency resources.



# Description of PHN Residency Components: Case Studies

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- 8 case studies include:
  - a resident and a preceptor version (with answers included)
  - discussion questions
  - other activities
  - [Child maltreatment example](#)



## Case study: Child maltreatment [resident version]

### PHN RESIDENCY FOR NEW GRADUATES

#### Objectives

1. Describe key assessment data to collect in suspected cases of child maltreatment.
2. Determine the public health nurse's legal responsibility in reporting child maltreatment.
3. Describe the process for completing a child maltreatment report.
4. Determine appropriate referral resources for families experiencing child maltreatment.

#### Case study

The public health nurse (PHN) started seeing Alyssa, a 25-year-old single mother living with Brad (the father of the baby) during her pregnancy. Two months ago, Alyssa gave birth to Tina, a healthy baby girl. She is thrilled to be a new mom and states Brad has been incredibly loving and attentive since she has been home with Tina. Over the next couple of months, the PHN continues to see Alyssa for family home visits and Tina continues to meet or exceed developmental milestones.

However, during recent visits the PHN observes a behavior change in Tina; she cries often now, and Alyssa reports Tina is having trouble sleeping. During Tina's assessment, the PHN determines that Tina has continued to gain weight at an expected rate and has reached developmental milestones. The PHN consults with colleagues related to this situation.

1. What additional information might the PHN need to help form a more complete assessment and a more accurate analysis of the situation?
2. In completing a holistic assessment of Tina, what might the PHN find if she is being abused? (Describe both physical and emotional symptoms she may be exhibiting)

The PHN continues visiting over the next three months. During these visits, Alyssa is expressing frustration with parenting. Tina has continued irritability, difficulty sleeping, and her weight gain has slowed; currently putting her at the 25th percentile. At the five-month visit, Alyssa is agitated, and she states Brad got drunk last night and hit Tina. The PHN assesses Tina; she has a bruise on her arm, but otherwise seems unhurt.

# Case study topics

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- Case study topics:
  - Child maltreatment
  - Culturally sensitive care
  - Culture, religion and TB
  - Depression and parenting
  - Intimate partner violence
  - Outbreak investigation
  - Trauma informed care
  - Vulnerable adult

## Culturally sensitive care

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Suggested: Month 5

[Resident version: Culturally sensitive care \(PDF\)](#)

[Preceptor version: Culturally sensitive care \(PDF\)](#)

Concepts covered: Cultural practices, communication, stereotyping vs. cultural awareness, awareness of personal culture, resources, evidence-based practice

## Culture, religion, and tuberculosis care

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Suggested: Month 5

[Resident version: Culture, religion, and tuberculosis care \(PDF\)](#)

[Preceptor version: Culture, religion, and tuberculosis care \(PDF\)](#)

Concepts covered: Knowledge of and organizational barriers to the accommodation of work, lifestyle, religious, or cultural factors that impact client care; directly observed therapy; medication non-adherence; mandated services; adapting nursing interventions to meet client needs

## Depression and parenting

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Suggested: Month 3

[Resident version: Depression and parenting \(PDF\)](#)

[Preceptor version: Depression and parenting \(PDF\)](#)

Concepts covered: Caring for clients with mental health concerns, communication, nonjudgmental care, safety planning, resources, referral

## Professional development assessment and plan [resident]

### PHN RESIDENCY FOR NEW GRADUATES

**Pre-residency assessment:** Before starting the PHN residency for new graduates, residents should complete the first two columns of this assessment.

**Post-residency assessment:** After completing the residency, residents should complete the last two columns of this assessment.

Rate each practice objective using the following scale:

1. I cannot perform this activity.
2. I can perform this activity with help.
3. I can perform this activity independently.
4. I can perform this activity independently and with confidence.<sup>1</sup>

For each competency rated 1 or 2, indicate at least one activity to complete to enhance knowledge or skill in this area, and write this in the professional development column.

Core competency	Initial rating	Initial professional development	Final rating	Final professional development
<b>I. Assessment and analytical skills</b>				
Assess the health status and health literacy of individuals and families, including determinants of health, using multiple sources of data				
Use an ecological perspective and epidemiological data to identify health risks for a population				
Interpret valid and reliable data that impacts the health of individuals, families, and communities to make comparisons that are understandable to all who were involved in the assessment process				
Contribute to comprehensive community health assessments through the application of quantitative and qualitative public health nursing data				

## Description of PHN Residency Components: Reflective Practice

- The new graduate completes a professional development plan that addresses the Core Competencies of Public Health.

# Description of PHN Residency Components: Peer Support

- Challenge: limited number of new graduates at each agency
- Solution: The New Graduate PHN Residency Facebook discussion group





# Preceptor Resources

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- Conflict management
- Evaluation concepts and strategies
- Precepting course suggestions
- Connections for smaller organizations to preceptors

# Certificate of Completion

- Complete the attendance tracking form throughout the residency to track number of hours spent on the program
- Upon completion of an evaluation (3, 6 or 12 months) you will receive an email with a certificate of completion
- Submit this certificate to your licensing board for determination of continuing education credit

## Attendance tracking form for preceptors and residents

### PHN RESIDENCY FOR NEW GRADUATES

Following component completion, indicate the date completed.  
Completion of each component = 1 contact hour.

#### Components

<input checked="" type="checkbox"/>	Month 3: Depression and parenting case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 3: Looping experiences (minimum 1)	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 4: Intimate partner violence case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 4: Evidence-based practice review	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 5: Culturally sensitive care case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 5: Culture, religion, and TB care case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 5: Non-judgmental care resources	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 5: Conflict management resources	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 6: Child maltreatment case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 7: Outbreak investigation case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 7: Vulnerable adult case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 7: Ethical concerns and interventions	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 8: Trauma-informed care case study	Date completed: <input type="text"/>
<input type="checkbox"/>	Month 9: Case presentation / challenging clinical cases	Date completed: <input type="text"/>
<input type="checkbox"/>	Months 1-12: Completion/review of professional development plan	Date completed: <input type="text"/>

#### Signature

Name:

Signature:

*Please retain this tracker for your records.*

*You are responsible for determining whether each component meets the requirements for acceptable continuing education hours.*

*Evaluations for this program are scheduled at 3, 6, and 12 months. After submitting each evaluation, you will receive an email with a certificate of completion to be used for continuing education.*

# Program Evaluation

Resident evaluation data collected at 3, 6 & 12 months and end of program

- Data collected will provide evidence related to
  - Satisfaction with the residency program
  - Attainment of the core competencies of public health
  - Job satisfaction
  - Intent to stay in public health nursing role
  - Job stress

Preceptor evaluation data at 3, 6 & 12 months will provide evidence related to residency program satisfaction



# Barriers to Implementation of Traditional Residency Programs

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Length of program

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Limited structure

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Limited peer support

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Incorporation of general orientation and residency concepts

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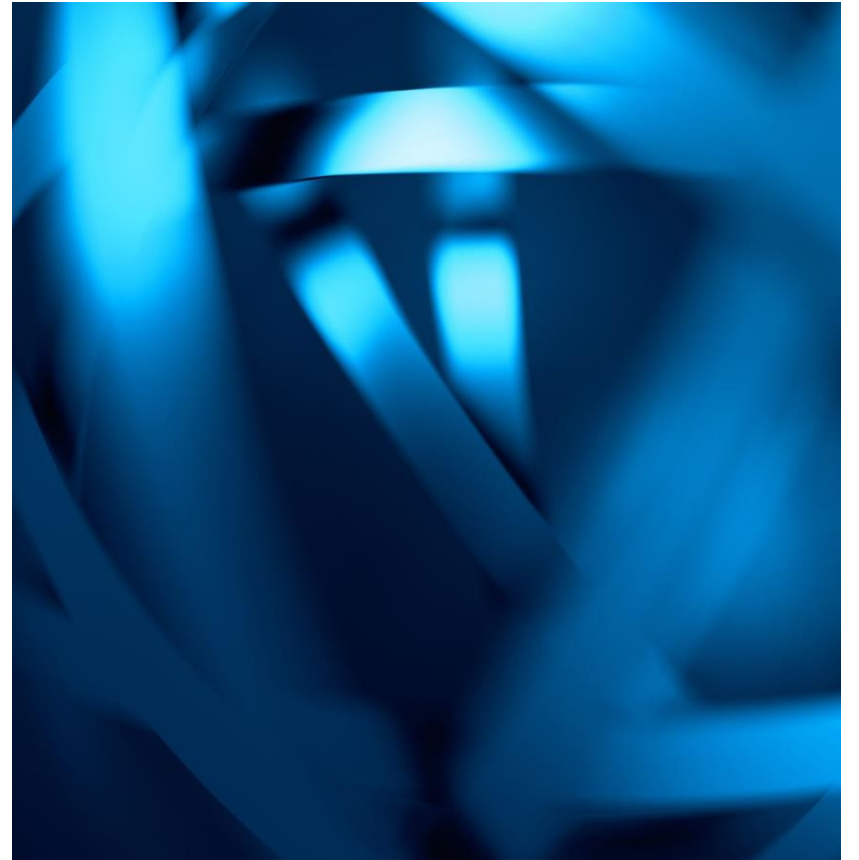
Time commitment of in-person formal residency programs

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Lack of a framework

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Finding a nurse preceptor







## Funding

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Workforce grant funds can be used for preceptor and/or resident time spent on the program

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New CDC infrastructure grant can also be used

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Make sure to reflect time to be spent on the PHN residency program in the work plans for these grants

# Current Implementation

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- Two PHNs at Benton County with a volunteer preceptor
- One PHN at Sherburne County with a staff preceptor
- Two PHNs at Scott County with a staff preceptor

# Members of the PHN Residency Coordinating Group

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- Kelsey Collier, BSN, RN, PHN. Public Health Supervisor, Wright County Health and Human Services
- Kristin Erickson, MSN, APHN-BC, RN. Public Health Nurse Consultant, Minnesota Department of Health Center for Public Health Practice
- Karen Jorgensen-Royce, MSN, RN, PHN. PHN Supervisor, Wright County Health and Human Services (retired)
- Rachelle Larsen, PhD, RN, PHN. Professor, College of St. Benedict/St. John's University
- Jodi Leraas, BSN, RN, PHN. Public Health Supervisor, Scott County Health and Human Services
- Nicole Ruhoff, BSN, RN, PHN. Public Health Manager, Sherburne County Health and Human Services
- Alex Smith, BSN, RN, PHN. Sherburne County Public Health
- Mary Zelenak, MSN, RN, PHN. Instructor, College of St. Benedict/St. John's University
- Special thanks to:
  - Julia Ashley, MSN, RN, PHN. Public Health Nurse Consultant, Minnesota Department of Health
  - Tess (Foster) Ellens, BSN, RN, PHN. Former Public Health Nurse, Stearns County Human Services Public Health Division
  - Renee Frauendienst, MPH, RN, PHN. Director, Stearns County Human Services Public Health Division (retired)
  - Allie Hawley March, MPH. Communications | Minnesota Department of Health Center for Public Health Practice

The image features a dense field of three-dimensional question marks. Most are a dark, matte grey, creating a textured, almost carpet-like surface. In the center, one question mark stands out as a vibrant, glossy orange. The word "Questions?" is written in a clean, white, sans-serif font, positioned directly over the orange question mark. The lighting is soft, casting gentle shadows that emphasize the 3D nature of the symbols.

Questions?

A hand is visible on the left side of the frame, resting on a light-colored surface and using a computer mouse. In the foreground, a large, three-dimensional '@' symbol made of cardboard is positioned. The background is blurred, showing what appears to be a desk or table with some papers and a container.

# Contact Information

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- PHN Residency for New Graduates  
Program  
<https://www.health.state.mn.us/phnresidency>

# References

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- Walsh, A. (2018). Nurse residency programs and the benefits for new graduate nurses. *Pediatric Nursing* 44, (6), 275-279.  
<https://www.proquest.com/docview/2160299000/fulltextPDF/B395EC12262049DDPQ/1?accountid=14070>
- Edwards, D., Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International Journal of Nursing Studies*, 52(7), 1254-1268. doi:10.1016/j.ijnurstu. 2015.03.007
- Warren, J.I., Perkins, S., & Greene, M.A. (2018). Advancing new nurse graduate education through implementation of statewide, standardized nurse residency programs. *Journal of Nursing Regulation*, 8(4), 14-21.  
doi:10.1016/S2155- 8256(17)30177-1
- Spector, N., Blegen, M., Silvestre, J., Barnsteiner, J., Lynn, M., Ulrich, B., Fogg, L., & Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation*, 5(4), 24-38.  
[https://www.ncsbn.org/Spector\\_Transition\\_to\\_Practice\\_Study\\_in\\_Hospital\\_Settings.pdf](https://www.ncsbn.org/Spector_Transition_to_Practice_Study_in_Hospital_Settings.pdf)
- Spector, N., Blegen, M., Silvestre, J., Barnsteiner, J., Lynn, M., & Ulrich, B., (2015). Transition to Practice in Nonhospital Settings. *Journal of Nursing Regulation*, 6(1), 4-13. [https://www.ncsbn.org/TTP\\_Phase\\_II\\_Final.pdf](https://www.ncsbn.org/TTP_Phase_II_Final.pdf)
- Quad Council Competencies for Public Health Nurses (2018). *Community/public health nursing competencies*. (2018).  
[https://www.cphno.org/wp-content/uploads/2020/08/QCC-C-PHN-COMPETENCIES-Approved\\_2018.05.04\\_Final-002.pdf](https://www.cphno.org/wp-content/uploads/2020/08/QCC-C-PHN-COMPETENCIES-Approved_2018.05.04_Final-002.pdf)