Developing the Graduate Nurse Residency: An Oral History With Dr. Colleen Goode and Dr. Mary Krugman

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abstract

Health care organizations face the challenge of needing newly licensed nurses to fill positions and facilitate competent care for patients. Wide variation in graduate nurse orientation programs, a growing complexity of care, and high graduate nurse turnover rates led to the development of nurse residency programs. The historical perspectives of two nursing pioneers involved in the development of a national model for nurse residency programs provide context to the importance of creating a vision, providing leadership, and applying an evidence-based rationale to structure a series of learning and work experiences designed to support graduate nurses as they transition into their first professional nursing position. **[*J Contin Educ Nurs*. 2022;53(4):171-177.]**

HISTORY OF NURSE RESIDENCY PROGRAM DEVELOPMENT

In March 2000, chief nursing officers from the University Health System Consortium (UHC) and deans from the American Association of Colleges of Nursing (AACN) baccalaureate programs convened a task force to identify strategies to increase the number of baccalaureate-educated nurses in the workforce. The UHC conducted a chief nursing officer survey that demonstrated there was no uniformity in orientation programs or in the curriculum offered to graduate nurses newly employed in UHC hospitals (Goode et al., 2001). This partnership led to the development of the National Post-Baccalaureate Graduate Nurse Residency Program, now called the Vizient/AACN Nurse Residency Program. Understanding nursing history, research, and emerging evidence is crucial to continuing to guide the profession forward. Today, nurse residency programs (NRPs) are essential for graduate nurses entering professional practice, and the momentum and successes associated with these programs are becoming more widely accepted (Asber, 2019; Goode et al., 2018).

Graduate nurse transition has been the focus of attention for nurse leaders in both academic and practice institutions for more than 40 years. In 1974, Kramer published *Reality Shock: Why Nurses Leave Nursing*. In this book about new graduate nurses' transition to practice and associated struggles, Kramer proposed strategies to support new nurses in practice. A decade later, Benner (1984) studied nurses' successful transition from novice to expert based on the Dreyfus model of skill acquisition. McHugh et al. (1996) conducted a descriptive program evaluation of a NRP that was established and implemented at Beth Israel Hospital in Boston. The findings from that study demonstrated that a structured, year-long, mentored NRP improved nurses' knowledge, skills, confidence, patient-family engagement,

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and retention and was cost-effective. Providing a structured process that supported nurses transitioning into professional practice after graduation from academic programs was vital to the safe delivery of patient care.

The role of clinical nurses as the coordinators of patients' care continues to grow increasingly complex as patient acuities intensify, hospital stays shorten, technology advances, and quality and safety foci multiply. Facilitating the competence and confidence of nurses new to practice requires structure, mentorship, and time. Retaining nurses in practice is also essential so that clinical knowledge and practice expertise develop and can be shared with newer nurses.

The purpose of this article is to share the historical perspectives of two nurse leaders who were involved in the development of a national model for NRPs and their impact in shaping the evidence-based standardized curriculum. To understand the seminal work of these nurse leaders, it is important to understand their journeys in nursing that influenced their body of work in developing and supporting NRPs to successfully retain and support nurses new to professional practice.

The authors of this article worked with Dr. Colleen J. Goode and Dr. Mary E. Krugman prior to and during the early years of the UHC/AACN development of the NRP. They were part of the team that implemented critical components of the first UHC NRP project. To gain a clearer understanding of the development of this model for NRPs, the authors interviewed Dr. Goode and Dr. Krugman. To facilitate a robust discussion, prior to the meeting, the authors provided a list of questions about the vision and development of the NRP model. The authors met with Dr. Goode and Dr. Krugman to gain a deeper understanding of the elements that led to the implementation of the UHC NRP project. They also drew from their personal experiences and engagement during the initial period of implementing one of the first six NRPs at the University of Colorado Hospital (now the UCHealth University of Colorado Hospital), where all were employed. Publications and policy statements written by Dr. Goode and Dr. Krugman that addressed NRPs were also reviewed.

To better understand the vision that informed the history and development of the NRP model, it is important to learn about these two nursing leaders. Through interviews with Dr. Goode and Dr. Krugman, the authors gained deeper insights into who they are as nurses that drove their passion to better support nurses eager to work with patients safely and competently in all workplace settings.

TELLING THEIR STORIES: EVOLUTION OF THE GRADUATE NURSE RESIDENCY PROGRAM

Dr. Goode and Dr. Krugman became colleagues at an academic medical center in the western United States in 1997. Dr. Goode joined the hospital as the chief nursing officer. Dr. Krugman was the director of professional resources and development. They were visionary, passionate, effective leaders who understood the value of structured programs based on current evidence to ensure nurses practiced at the top of their scope and were supported in practice. They also believed that safe, high-quality, patient-centered care based on current best evidence should be delivered. The complementary interactions of these two innovative leaders resulted in the early development, structure, and advancement of NRPs.

Colleen J. Goode, PhD, FAAN, NEA-BC

Figure 1. Colleen J. Goode, PhD, FAAN, NEA-BC

Dr. Goode (**Figure 1**) received a bachelor of science in nursing (BSN) degree from the University of Iowa in 1961. She became a staff nurse at the University of Iowa immediately after college and practiced for several years before moving to a rural region of Iowa with her husband. Moving from an academic medical center to Horn Memorial Hospital, a rural community hospital, as the director of nursing opened her eyes to a different way for nurses to work together and improve patient outcomes. This experience began her journey as an outspoken advocate for evidence-based practice (EBP). Colleen held nursing leadership positions at Horn Memorial Hospital until 1988. During her tenure, in 1984, she received a master of science in nursing management and family nursing degree from Creighton University in Omaha, Nebraska. In her nursing leadership role, she realized the importance of teamwork in this rural hospital: "There was so much more interaction with staff.… You needed to support each other to get everything done." While in the master's program, a professor told her, "You have talent. The only thing holding you back is your thinking. You need to think beyond what you [think] you can do." Thus, as the nursing leader in this rural setting, she advocated for the staff to pursue their BSN. Colleen stated, "When you are in a leadership role, you can have quite an impact on a person; you can help them grow and see what they are capable of." She strongly believed that education was important to practice and wanted to support the nurses in achieving this degree. She was a strong advocate of nurses using science-based interventions, then called "research utilization," and mentored staff in the application of research into practice. She said that practice outcomes were stellar at this small rural

hospital, so she told the team, "We have to publish what we are doing." Dr. Goode directed the effort leading to a publication about the use of research-based knowledge in clinical practice (Goode et al., 1987).

Dr. Goode moved back to Iowa City, Iowa, in 1988 and held numerous leadership positions at the University of Iowa Hospital and Clinics. She quickly immersed herself with the team developing tools and resources to guide the use of best evidence in practice. Between 1988 and 1997, she published 27 resources (articles, book chapters, videos) addressing the use of EBP to drive quality care.

Dr. Goode relocated to Colorado in 1997 and became the chief nursing officer at the University of Colorado Hospital (now the UCHealth University of Colorado Hospital), a large academic medical center in Denver. She also joined the University of Colorado College of Nursing as associate dean for nursing practice. Her vision was that chief nursing officers and deans needed to work in partnerships to prepare nurses for the current challenges of professional practice and provide precepted experiences for students. As a nurse leader, Colleen frequently rounded on the patient care units and knew many of the staff on a first-name basis. She noticed increasing levels of stress among the newer nurses. She questioned why all other areas of health care required a residency program (e.g., medicine, pharmacy, physical therapy, hospital chaplains) but nursing did not. Colleen declared her thinking as, "Why isn't there a nursing residency program? We cannot expect excellence in practice unless these nurses get support. This has got to stop. We need some sort of residency program for nurses."

She was very aware of the high turnover rates in nursing, especially among those newest to practice, often associated with the stress of being a nurse. In 2000, she served as a consultant to a large National Institutes of Health grant examining nurse staffing and quality of care. As she watched the continuing challenges resulting from new graduate nurses receiving a generalist education and entering a more specialized professional practice, compounded by increased patient acuity, she believed it was time to address the concept of creating NRPs for graduate nurses.

Colleen reached out to her colleague Carolyn Williams, who was the dean of the College of Nursing, University of Kentucky, Lexington. The two developed an idea for forming a task force between academic hospitals and deans to develop and conduct a pilot NRP. Starting in 2002, key stakeholders from the UHC and chief nursing officers and deans from the AACN met and entered a joint venture. Dr. Goode shared that the preliminary meetings were "intense," with misunderstandings about the generalist preparation of academia and the immediate specialty practice challenges faced by graduate nurses. At one point during divergent conversations, Colleen recalled saying, "Our graduate nurses need more experience than can be taught in schools. They need a residency to bridge them into professional practice successfully." Ultimately, a pilot program within six hospitals was developed for a post-baccalaureate residency program with specific objectives and measures identified (Goode & Williams, 2004).

The pilot program curriculum was based on current best evidence, and Dr. Mary Krugman was instrumental in this step of the process. Colleen shared, "I really wanted the NRP to be evidence-based, and Mary was the one to make sure this happened. She really built a sustainable structure [to the curriculum]." By 2003, six more hospital–college partnerships joined the pilot program. Initial findings overwhelmingly supported the benefits of a 12-month NRP, with nurses having improved confidence to practice autonomously and confidence in collaborating with other disciplines and staying in the profession and the organization that hired them (Anderson et al., 2012; Goode et al., 2016, 2018).

In 2010, the Institute of Medicine (now the National Academy of Medicine) called for the implementation of nurse residencies for all new graduates (Institute of Medicine, 2011). Colleen believed that although this endorsement was "huge," the uphill climb continued. She acknowledged the growing acceptance of implementing NRPs and the importance that these programs be accredited by either the Commission on Collegiate Nursing Education (CCNE) or the American Nurses Credentialing Center (ANCC) to ensure adherence to national standards. She believed accreditation of NRPs would assist their rigor. The CCNE board of commissioners approved accreditation standards for post-baccalaureate NRPs (Goode et al., 2013). The University of Colorado Hospital had the first accredited NRP (CCNE, 2015; Goode et al., 2013).

Dr. Goode continued to advocate for NRPs, leading the policy paper and expert panel for the American Academy of Nursing (AAN) focusing on improved quality (1996-2012), health care systems (2013-2016), preparation of the nursing workforce (2006-2010), and Magnet® advancements (2007-2012). She was recognized as an innovator, receiving the Edge Runner Award from the AAN in 2010 for her leadership with the NRP nationwide. She received the distinguished Florence Nightingale Award in the state of Colorado. The American Organization of Nurse Executives recognized her leadership, presenting her with the Lifetime Achievement Award in 2011. In 2014, she was honored as a Living Legend by the AAN for her leadership with NRPs and in advancing EBP in nursing practice.

Colleen acknowledges that the goal of NRPs being a requirement for all newly licensed nurses has not been met. However, her advocacy for NRPs remains strong: "As complicated as care is getting, I cannot see NRPs going away. How can you expect the nurse to learn all this if you don't have a residency program for nurses? We need them [NRP]."

Mary E. Krugman, PhD, FAAN, NEA-BC

Figure 2. Mary E. Krugman, PhD, FAAN, NEA-BC

Dr. Krugman (**Figure 2**) received a BSN degree from Skidmore College, Saratoga Springs, New York, in 1965. She moved to New York City and began her nursing career as a graduate nurse on the psychiatric unit at Mt. Sinai Hospital. Dr. Krugman stated, "The psychiatric unit was a challenging environment, for the patients ranged from young mothers experiencing depression to elderly patients with Alzheimer's disease. It was an excellent way to start understanding the patients and their needs." Mary next received a master of psychiatric mental health nursing degree from New York University. She commented, "Being in a 2-year master's degree program in psychiatric mental health nursing at NYU was an excellent experience, for the faculty proved to be very involved with us the first year and then (provided) growth and support for each of us to ensure we had information as needed for each of our inpatients." Mary relocated with her husband to Colorado, where she became an instructor at the University of Colorado College of Nursing. She said, "I worked with an excellent psychiatric nursing leader, Dorothy Gregg, RN, BS, MA, talented faculty, and new instructors. All of these individuals and teams were positive and helpful to those of us learning. As the years went by, I learned many ways to contribute to the nursing profession. I assisted Elda Popiel, RN, MS, an excellent faculty member and one of the first in the United States to develop continuing nursing education for RNs desiring updates. I learned so much from working with her."

Dr. Krugman completed her PhD in 1989 and became an assistant professor at the Community College of Denver, where she was responsible for associate degree, licensed practical nurse, and certified nursing assistant programs. Mary provided key leadership to ensure the programs' accreditation status. In 1992, Dr. Krugman became the director of professional resources and development at the University of Colorado Hospital, a position she held for 23 years. Her responsibilities were many and varied. For example, she was responsible for the oversight of clinical employee orientation and education, nursing continuing education, patient education, and the conduct of nursing and allied health research. She assisted with the development of a Professional Nursing Practice Program UExcel in which she embedded EBP within the roles and responsibilities of the professional nurse. She also managed spiritual care services and was the nursing quality NDNQI site coordinator. Along the way, Mary was inducted as a fellow into the AAN and received the distinguished Florence Nightingale Award in the state of Colorado. Both were tributes to her commitment to the nursing profession and her stellar leadership.

When University of Colorado Hospital executives initiated a search for a new chief nursing officer in 1997, Mary was asked to take Colleen to lunch. Mary imparted, "I was excited to share many issues we both experienced as nurse leaders. We talked for two hours and both agreed it was the beginning of an excellent partnership. Colleen is an outstanding leader. She was eager to assist us [University of Colorado Hospital] in applying for Magnet® status."

According to Mary, "Colleen transitioned easily from Iowa to her new chief nursing officer role." Mary and Colleen were very collaborative in their work style. Both are well-respected role models of nurses, physicians, and specialty health care professionals within their hospital setting and nationally. When asked about starting the NRP, Mary shared, "We were fortunate, for our hospital belonged to the UHC. We participated in multiple meetings that included chief nursing officers, pharmacy leaders, physicians, and many other high-level health care professionals who shared experiences related to academic hospitals. Colleen and I met to assist in the preparation of the graduate nurse residency curriculum. We worked closely with Dr. Mary Lynn, discussing how nurse resident data would be collected and analyzed, and with Cathleen Krsek, RN, MSN, MBA, the director of quality operations at UHC, who oversaw the quality program imperatives, including the NRP."

Multiple manuscripts and presentations documenting the value of NRPs were generated. When asked about the initial development of the NRP, Mary said, "In 2002, the UHC/AACN task force generated a joint initiative to develop a post-baccalaureate residency program that was implemented at six alpha demonstration sites (University Medical Center, Tucson, Arizona; University of Colorado Hospital, Denver, Colorado; University of Kentucky Hospital, Lexington, Kentucky; NYU Medical Center, New York, New York; University of Pennsylvania Hospital, Philadelphia, Pennsylvania; and University of Utah Hos-

pitals and Clinics, Salt Lake City, Utah). I worked closely with these six sites. I found creating documents, generating manuscripts, interacting with chief nursing officers and graduate nurse residency students, and the [overall] atmosphere very exciting. We realized it took time in the very beginning, but it was worth it." Dr. Krugman was an advocate for person-centered care and believed supporting nurses helped achieve excellence in care. With every effort she led, she always asked, "How will this benefit the patient and family?" Given her focus on the patient and sound embodiment of EBP as a foundation to developing resources for the national NRPs, she has profoundly influenced practice.

TELLING OUR STORIES: MENTORING EXPERIENCES

The authors had the distinct privilege of working with and being mentored by Dr. Goode and Dr. Krugman. Each had different roles and responsibilities associated with their position and early engagement with the NRP at the University of Colorado Hospital.

Dr. Regina Fink was the oncology and acute pain clinical nurse specialist when Dr. Goode arrived in 1997. On completion of her PhD in nursing, Dr. Fink became the first research nurse scientist at the University of Colorado Hospital, a position that was developed and supported by Dr. Goode and Dr. Krugman to plan, implement, and evaluate nursing and other professional research and EBP activities and to promote the delivery of quality patient care and improved patient outcomes. In addition, Dr. Fink provided mentorship of nurses and other health care professionals in research, quality improvement, program evaluation, and EBP activities. Colleen and Mary's goal for the research nurse scientist role was to mentor nurses and other health care professionals in the dissemination of research and EBP projects through poster presentations, podium presentations, and manuscript submission. In 1999, Dr. Kathryn Casey, a professional colleague, had an idea to develop an instrument to measure the graduate nurse experience. Dr. Fink worked with her to develop survey items and test the instrument for reliability and validity among nurses employed in Denver metropolitan hospitals. Dr. Krugman, as the director of professional resources and development, encouraged and mentored manuscript writing and publication describing the development of the instrument (Casey et al., 2004).

Dr. Kathy Casey was the clinical placement coordinator and a clinical instructor at the University of Colorado College of Nursing, supervising students at the hospital. During the development of the NRP, her role was to design an instrument to collect data on the experiences of graduate nurses during their first year of professional practice. Dr. Casey and Dr. Fink created the Casey-Fink Graduate Nurse Experience Survey (Casey et al., 2004) based on informal feedback from former students. The use of relevant theoretical concepts from Benner (novice to expert theory of skill acquisition) and Kramer (reality shock theory) helped to guide the development of survey items. This instrument became the primary research tool used by the UHC/AACN NRP to measure program outcomes and inform program curricular development. The mentorship provided by Dr. Goode and Dr. Krugman greatly impacted Dr. Casey's nursing career and the development, testing, and revision of the Casey-Fink Graduate Nurse Experience Survey.

Dr. Kathleen Oman was a research nurse scientist when the NRP began. Her role was to provide leadership and support of the evidence-based project that was required of all graduate nurses in the program. Dr. Oman worked closely with Dr. Goode and Dr. Krugman and later with the NRP program coordinator to organize and teach class content on research and EBP. She was also responsible for organizing and supporting the EBP project presentations and awards process. The University of Colorado College of Nursing provided financial support for her work with the NRP, as she held a joint appointment between the two organizations. Additionally, with her expertise in clinical ethics, Dr. Oman developed and taught the content for the ethics seminar. This was a key part of the curriculum because the transition to practice in the extremely complex and acute care setting often challenged the residents to examine the ethics of practice decisions. These very rich, reflective, and often emotional discussions were very validating to Dr. Oman, and she felt very connected to the program and the nurses during the years she was involved.

In the early days of the NRP, Dr. Mary Beth Flynn Makic had the position of critical care clinical nurse specialist (CNS) for three surgically focused intensive care units. Her role in the NRP was to provide support to the new graduates and mentorship to the preceptors and to develop content focused on critical care with her medical unit CNS. Ensuring the program and precepting strategies for learning were evidence-based was a driving force Dr. Makic gained from both Dr. Goode and Dr. Krugman. Before leaving the organization, her role was that of research nurse scientist, and her primary responsibility with the NRP involved mentorship of others helping nurse residents with EBP projects, teaching EBP and research courses, and judging residents' final poster projects. The enthusiasm for and commitment to excellence in practice through support of nurses and EBP as an expectation for practice have deeply influenced who she is as a nurse today.

IMPACT OF NURSE RESIDENCY PROGRAMS ON THE PROFESSION OF NURSING

Transition to practice programs have been embraced by leaders as an essential requirement for new RNs who practice in complex health care environments (Goode et al., 2016). Health care organizations that implement NRPs have had overall success in improving graduate nurse job satisfaction and retention. Two examples of well-established, standardized, evidence-based NRPs are the Versant New Graduate Residency Program, established in 1999 (Versant, 2021), and the Vizient/AACN Nurse Residency Program, established in 2002 (Goode & Williams, 2004).

NRP successes and the growing body of evidence supported *The Future of Nursing* (Institute of Medicine, 2011) to recommend the implementation of NRPs as a strategy to improve the retention of graduate nurses, expand nurses' competencies, and improve patient outcomes. Unfortunately, dedicated funding continues to be a barrier to implementing NRPs (Trepanier et al., 2012). Retention of nurses through NRPs has been studied as an important outcome in successful transition to practice programs (Ackerson & Stiles, 2018; Asber, 2019). NRPs have been found to facilitate retention; however, most studies suggest that more research is needed to understand how to retain these nurses beyond the first two years of practice (Ackerson & Stiles, 2018). There is a need to measure graduate nurse clinical competence and clinical judgment as outcomes of participating in NRPs. A recent simulation-focused study demonstrated successful development of nurse residents' clinical judgment and competency through an academic–practice partnership program (Cantrell et al., 2020). Coordinators of NRPs have responded to calls for measurement by including the Quality and Safety Education for Nurses (QSEN) competencies in curricula with the goal of continuously improving the care patients receive within health care systems. Studies are needed to measure the impact of NRPs on patient and safety outcomes, although the evidence supports the positive impact on nurse retention and satisfaction (Stephenson & Cosme, 2018).

Dr. Goode and Dr. Krugman were strong advocates for BSN entry into professional practice. The vision and expectations of the first UHC/AACN NRPs were facilitated by working with peer chief nursing officers and deans. Encouraging BSN entry into a NRP sent a strong message in support of baccalaureate-prepared clinicians (Greene et al., 2016). As NRPs continued to grow and evolve, Dr. Goode and Dr. Krugman were vocal advocates of residency programs being accredited and embraced these national standards. Currently, there are two accreditation programs: one provided by the CCNE and one provided by the ANCC Practice Transition Accreditation Program®. Both ensure NRP excellence and quality and support program leaders making curricular improvements over time. One goal that Dr. Goode and Dr. Krugman had hoped for with accredited NRPs in acute care hospitals was that the Centers for Medicare & Medicaid Services (CMS) would provide indirect and direct reimbursement dollars similar to the current reimbursement provided to accredited clinical residency programs for pharmacy, medicine, and chaplain disciplines (Goode et al., 2018).

IMPLICATIONS FOR THE FUTURE OF NURSE RESIDENCY PROGRAMS

Dr. Goode and Dr. Krugman deserve significant recognition for their vision and work developing a national model for NRPs. Their leadership, remarkable contributions, and collaboration with other hospitals early in the development of NRPs paved the way for the current presence and ongoing development of NRPs to help nurses transition to professional practice more successfully. While the struggle to have year-long accredited NRPs as standard practice for graduate nurses' transition into practice continues, understanding the history of how this movement started will hopefully maintain the momentum (Trepanier et al., 2012).

Graduate nurses will continue to face a variety of challenges when transitioning into the nursing workforce. It is difficult to learn the growing number of skills and competencies needed to deliver safe care in the fast-paced environment. Structured programs, mentorship, and time are required to support the development of confidence and competence among nurses who are new to practice. Retaining nurses in practice is also essential so that clinical knowledge and practice expertise can be developed and shared with newer nurse colleagues to build a safe practice environment for patients.

Nursing practice is challenging and becoming more so. A formal, standardized residency is needed, similar to that of all other health care professions. By sharing the history and elements that drove the desire to create and build the NRP as a "structured bridge" into the profession of nursing, the authors hope that they have inspired continued effort toward this goal.

Nurses are bridge builders and collaborators who engage and connect with people, communities, and organizations to promote health and well-being. Nurses new to practice need ongoing support from the systems that educate, train, and employ them, especially if they are to be enabled to advance health equity. *The Future of Nursing 2020-2030* (National Academies of Sciences, Engineering, and Medicine, 2021) underscores the need to implement NRPs as a standard. Ensuring NRPs follow a robust evidence-based curriculum and promote professional role development, leadership, and autonomy will ensure

nurses are leading the way to advancing health equity and well-being for all.

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