



RESIDENCY PROGRAM AT UT SOUTHWESTERN MEDICAL CENTER BUILDS A PIPELINE OF HIGHLY-SKILLED PCTS

Led by the United Way of Metropolitan Dallas, Pathways to Work is a cross-functional collaboration of funders, employers and training providers working to create innovative solutions for moving entry-level workers into good middle-skill jobs and ensure employers have a pipeline of skilled and ready-to-work employees. Pathways to Work is a local partner of the National Fund for Workforce Solutions and a member of its network of more than 30 regional collaboratives. The Dallas Fort Worth Hospital Council Education Foundation is a critical partner of Pathways to Work and played a key role in implementing and supporting the activities outlined in this case study.

BACKGROUND

In 2017, a number of hospitals and healthcare systems in Dallas were experiencing difficulty recruiting and high turnover in their patient care technician (PCT)/patient care associate (PCA) positions. The Pathways to Work initiative, housed at the United Way of Metropolitan Dallas, worked

BETTER SKILLS, BETTER JOBS

Quality jobs support individuals and families, provide a good quality of life, and build thriving communities. A good job is also a competitive advantage. With support from the Prudential Foundation, National Fund for Workforce Solutions' regional collaboratives are working with local businesses to test strategies to design better jobs to help recruit, retain, and advance their workforce.

JOB DESIGN FRAMEWORK

Good jobs are about more than just wages. The National Fund's [Job Design Framework](#) offers a menu of elements that can comprise a quality job, including benefits, training, recognition and advancement. The framework supports businesses in consulting with frontline workers to choose the combination of options that best fit the needs of their business and their employees. In a tight labor market, the better the job, the more likely an employer will attract and retain the best workers.

This is one in a series of three case studies that profiles Dallas-area health systems and their investments in frontline worker job quality.

with the Dallas-Fort Worth Hospital Council (DFWHC) Education Foundation to convene several meetings with the major healthcare institutions in the region to address these twin issues. Over the course of these meetings, three health systems—Parkland Hospital and Health System, Methodist Health System, and UT Southwestern Medical Center—agreed to allow Pathways to Work to conduct focus group with current PCTs and PCAs in the fall of 2017.

These focus groups at UT Southwestern Medical Center (UTSW) revealed a few key findings related to PCT training and onboarding:

- 1** PCTs at UTSW did not always feel prepared to do their jobs, nor was there any specific training or structured onboarding process to help them build or maintain these skills.
- 2** One of the highest priority items that focus group participants identified for UTSW was “offering more training to help us improve our skills in our jobs.”

There were some shadowing processes and preceptorships in place, but these were not consistent, and sometimes the employees that PCTs were supposed to shadow or learn from were not available or difficult to schedule. PCTs felt like their training/onboarding was not a priority, which seemed related to their feeling of not being valued as part of the care team.
- 3**

In response to these findings, UTSW realized that it needed to provide a structured onboarding and training process to address PCT concerns and improve care quality and consistency overall, and Pathways to Work built PCT training and career advancement into its application to the National Fund for Workforce Solutions’ Better Skills, Better Jobs initiative. This case study focuses on the development and implementation of UTSW’s PCT residency program. By telling this story, we hope to inspire and inform future efforts to develop meaningful and impactful training and leadership opportunities for PCTs and other frontline healthcare workers.

THE RESPONSE – PCT RESIDENCY PROGRAM

UTSW employs approximately 330 PCTs out of a total medical center headcount of 5,500 employees. PCTs work across most inpatient areas throughout UTSW Medical Center.

The PCT focus group data helped UTSW leadership realize that they needed to do a much more intentional job of onboarding, training and developing their PCTs. One of UTSW’s first steps in addressing this need was examining the training models already in use within UTSW. An existing nurse residency program, used for onboarding new nurses, was identified as a potential model that would work for PCTs as well. Nursing leadership agreed to pilot a PCT residency program.

The next step was developing and hiring for a new position—PCT Coordinator—to coordinate training implementation for PCTs within the health system, including the forthcoming residency program. UTSW also assigned a clinical educator to the PCT residency as a program lead and to develop the curriculum, deliver the instruction, and manage day to day operations.

After a six-month planning period, UTSW’s PCT residency launched in February 2019 as an 8-week onboarding and skills training program for a cohort of 10 newly hired PCTs. The hospital plans to offer the residency program quarterly for new cohorts of trainees of between 10-20 students, depending on the number of new hires and requests from departmental leadership.

OVERVIEW OF THE PCT RESIDENCY PROGRAM

UTSW’s long-range plan is that any PCT hired into a vacancy with less than 3 years of experience will be required to go through the residency, excluding those that are certified, come with military healthcare experience, or are currently enrolled in a nursing school.

UTSW based the PCT residency on competencies in the National Certified Patient Care Technician certification. The curriculum prepares individuals to sit for the NCPCT certification exam as well as for the CNA exam. Neither certificate is required for completion, but UTSW has implemented a certification bonus, so PCTs have an

incentive to obtain certification. Completion of the PCT residency will also serve as promotion pathway for other positions in the hospital.

The cost of the program, including the staff time required to develop the curriculum, was approximately \$72,000 for the initial cohort. UTSW estimates that each additional cohort of between 10-20 students will run about \$5,500 per PCT.

RESULTS

As of May 2019, one cohort of 10 PCTs have completed the residency program. The course helped PCTs improve their skills in key areas (see training outline). PCTs who went through the program reported that they enjoyed the classes, particularly the hands-on skills training and simulation scenarios, and they wished they had even more time for these portions of the residency. Even highly-experienced PCTs who now serve as preceptors or mentors commented that they wished they had had a similar program with opportunities for hands-on training when they were hired. Managers appreciated the residency program as well for its emphasis on standardizing skills and baseline expectations for PCTs.

“We have been impressed with the resident we received in the first cohort. I am happy the organization is branching out on minimum qualifications for this role.... and look forward to seeing how this program continues.” Alan Weaver, Bachelors of Science in Nursing, Registered Nurse, Certified Medical-Surgical Registered Nurse, Assistant Nurse Manager.

LESSONS AND OBSERVATIONS

Build on existing programs and partnerships.

The PCT residency was built to resemble an existing nurse residency program at UTSW, which immediately made it relatable for hospital leaders. Using the framework of the nurse residency allowed staff to capitalize on existing knowledge of like programs and build support for and understanding of the new residency.

Start small.

While UTSW’s eventual goal is for all PCTs (new hire or incumbent) with less than 3 years of experience to complete the residency program, staff made the decision to start with

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a small cohort of ten new hires. This gave UTSW time to test the program model, get feedback from participant and managers, make adjustments as needed, and build support with key champions.

Connect program outcomes to manager goals.

UTSW asked both its nurse managers, who oversee PCTs, and PCTs themselves to provide input on the PCT residency program. Managers shared that they wanted to improve consistency of skill and improve competencies across the board. Specifically, they noticed that PCTs consistently struggled with charting, being consistent with hourly rounding, and AIDET in addition to technical skills like perineal care, so they are changing the curriculum to provide more opportunities for PCT residents to chart using the Epic health records system and to practice different patient interaction scenarios.

Connect program outcomes and design to participant goals.

Designing the PCT residency to address employee concerns was important to its success. In the focus groups, PCTs reported that they needed more skills to do their jobs effectively and that it was hard to get ahold of the training and resources they felt they needed. Offering the PCT residency on campus, during work hours, with release time, addressed many of these concerns and set up the residency for success. In addition, PCTs felt it was important to have more hands-on experiences earlier in the residency. They also wanted a little more cohort building time and time to reflect on and incorporate growth from shared experiences.



Both grant funding & institutional support play important roles. Grant funding from the National Fund and Pathways to Work was critical in getting the PCT residency program at UTSW off the ground. Parkland, Methodist and UTSW all reported that the impetus and requirements of external funding pushed them to take on initiatives that they knew needed to be done but hadn't had the "activation energy" or dedicated funding to tackle before. An external funding source with accountability requirements provided the attention needed to get the residency program started and to make initial investments in developing the curriculum.

Grant funding was certainly helpful in getting initial pieces funded and supported, but UTSW has had to step up to consider long term costs for purposes of sustaining any program that is launched.

"Life changing' ... is what the PCT residency program has [meant] for myself and other students. Not only are you getting personal one-on-one on the job training, but [you] have the education to go along with the job training. This is unlike any other place I have worked for before. Hands-on experience along with classroom learning set[s] us up for greater success and longevity with a company who cares enough to educate their employees. The PCT residency program is not another job...it's a pathway for a long career and a stepping stone to [the] next level. The PCT residency program gives you [the] goals and clinical ladder to assist you along your career path. The educators are helpful and

PCT RESIDENCY TRAINING OUTLINE

Note: Only selected topics are included here for purposes of illustration. The full syllabus is more comprehensive, and some topics are covered over more than one week.

Week 1: Orientation

- Hospital orientation
- Infection prevention
- Hazardous waste and medications
- Intro to lifts and falls
- Clinical excellence
- Learning styles
- Ethics
- Team-building
- Communication

Week 2:

- Body structure
- Body mechanics, including transfers
- Growth and development
- Admissions, transfers, discharges
- Personal hygiene
- Urinary catheters
- Nutrition
- Vital signs
- Wound care
- Gait belts and restraints
- Safety

Week 3:

- Collecting and testing specimens
- Phlebotomy
- Respiratory support and therapy
- Intellectual and developmental disabilities
- Hearing, speech, and Vision problems
- Nervous System and Musculoskeletal Disorders
- Cardiovascular, Respiratory and Lymphatic Disorders
- Digestive and Endocrine Disorders
- Measuring Input and Output
- Exercise and activity
- Assisting with the physical
- Rounding

Week 4

- Emergency response
- Simulation and hands on skill refresher
- IV removal practice
- Hospital policy review
- EKG class
- Begin clinical shifts (12 hours)
- Week 5-8
- 3-12 hour clinical shifts on respective units

resourceful and always willing to go the extra mile to ensure we are prepared as much possible. The PCT residency should continue because it truly changes lives and careers.”
Lataurus Cain, Patient Care Technician- Zale 8th Floor.

NATIONAL FUND & CAREERSTAT

The National Fund for Workforce Solutions invests in a dynamic national network of 30+ communities taking a demand-driven, evidence-based approach to workforce development. At the local level, the National Fund’s partner organizations contribute resources, test ideas, collect data, and improve public policies and business practices that help all workers succeed and employers have the talent they need to compete. [CareerSTAT](#), an initiative of the National Fund, is a network of over 300 healthcare professionals who are committed to advancing healthcare’s frontline workers. Learn more at www.NationalFund.org.

