Spring 4-25-2023

Defining Success in Patient Care Technician Development

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Date of Submission: April 18th, 2023

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Abstract

The national nursing shortage has created a need for unique staffing models in healthcare organizations that incorporate unlicensed assistive personnel such as, patient care technicians (PCT). As part of the healthcare team, PCTs provide support to registered nurses contributing to positive patient outcomes. Recruitment and training for PCTs is successful in workforce development programs through employer academic partnership programs. The Success Case Method (SCM) was used to evaluate a local workforce development program for PCT at Nashville State Community College. Participants were evaluated to gain demographic data (n=25) and qualitative interviews (n=6) to provide insight about what made the program successful from the participant's perspective. Simulation and hands-on training were noted as the most beneficial parts of the program, with lecture being the least favorite. All of program participants worked in healthcare and 60% working in the PCT role. 100% of interview participants had plans to continue their development in healthcare, with 83% of those interviewed enrolled in a nursing program. The NSCC PCT program participants surveyed were 60% black or African American and 4% Non-White Hispanic or Latino. Results indicated that workforce development programs such as the NSCC PCT program, directly contribute to the healthcare workforce, specifically recruitment into nursing roles. These results indicated that this program contributed to increasing diversity in healthcare roles.

Defining Success in Patient Care Technician Development

Critical staffing shortages in acute care settings have increased significantly, with more registered nurse (RN) jobs available through 2022 than in any other profession in the United States (ANA, 2022). In 2021 roughly 192,007 nurses passed the NCLEX falling significantly short of the needed 550,000 as reported by Buerhaus, et. al. (2017). The gap that exists between nursing supply and demand, has created the need for alternative staffing models that include unlicensed personnel and non-RN licensed roles to support patient care. These roles include licensed practical/vocational nurses (LPN/LVN), paramedics, and unlicensed assistive personnel (UAP) (Virkstis, et al., 2022). UAPs are defined as certified nursing assistant (CNA), nursing assistant, patient care technician (PCT), and nurse aide. Creating a layered staffing model with UAPs provides a dynamic healthcare environment, alleviating stress on the registered nurse and improving patient outcomes. American Nurses Association (ANA) stated that competent, supervised nursing assistive personnel were needed to deliver affordable, quality health care (ANA, 2013 & 2022). An effective relationship between the RN and UAP contributed to the improvement of patient experience and quality metrics, such as falls, pressure ulcers, infection prevention, glycemic control, personal care, infusion therapy, and communication (Anthony & Vidal, 2010; Grover & Fritz, 2022; Macy, 2022; Scott, et al. 2020; Vizcarra, 2016).

Many healthcare organizations employ unlicensed assistive personnel roles such as patient care technicians to help fill voids in the nursing staffing shortage as well as to develop a pipeline of future licensed professionals (Scott, et al., 2020). Creating entry-level workers and focusing on recruitment and retention of these roles, invests in the nursing pipeline while providing immediate support to current nurses (Virkstis, et al., 2022). In 2018, the U.S. Department of Health and Human Services reported that 45.1% of nurses reported working as a UAP before

becoming a nurse, indicating that these roles contributed to the pipeline to licensed nursing roles (HRSA, 2020). Research showed that those RNs that worked as UAPs prior to licensure, had increased levels of confidence, communication skills, and knowledge pertaining to nursing curriculum (Elliott, et al. 2020).

The Health Resources and Services Administration (HRSA) 2020 goals included fostering a healthcare workforce able to address current and emerging needs. HRSA specifically discussed addressing shortages with training, recruitment, distribution, and retention of the health workforce (HRSA, 2020). Majority of training for UAPs is provided by employers, consuming vital staff resources, which are stretched because of other factors such as staffing shortages, support to inexperienced bedside staff, and decreased supportive resources in the complex healthcare environment. Establishing effective relationships with academic partners is an effective method of relieving this burden on employers, and creates curriculum standards in roles such as the PCT. The American Association of Colleges of Nursing (AACN) and American Organization of Nurse Leaders (AONL) advocate for partnership programs, outlining that engagement, shared vision, and goals for partnership can enhance clinical practice. These partnerships invest in collaborative research and develop new models of care to address workforce shortages (Beal & Zimmerman, 2019). Additionally, employers can recruit from a pool of trained candidates, resulting in decreased employer training time and turnover rates. Partnership programs allow academic organizations to recruit students who contribute to program growth through enrollment, potentially creating a pipeline into the institution's degree programs.

Workforce development programs allow collaboration between an employer and training provider based on a need within the community, providing a direct pathway from training into

employment (TN Department of Labor & Workforce Development, 2022). Relationships between employers and educational institutions provide a space for identifying those with an interest in the industry, a path to certifications, as well as pre-employment training (TN Department of Labor & Workforce Development, 2022). Quality training programs that employers trust to prepare workers are an essential element of workforce development relationships. Investment in workforce development goes beyond finding persons with qualifications or a degree; they focus on developing skills for a profession (WOS, 2018).

Job readiness for the entry-level UAP, is established in a curriculum designed to provide basic knowledge in direct patient care focused on technical skills. This focused structure provides a foundation for the UAP to continue growth and development in future skills. UAP training programs are under-evaluated and lack an evidence-based curriculum structure. Variations in curriculum, the scope of the UAP defined by regulatory bodies, and preparation of UAPs allow for gaps in determining outcomes or establishing standards of practice in these roles (Jenkins & Joyner, 2013). Further engagement from regulatory agencies and credentialing organizations is needed to apply standards in the training of PCTs. Research exists on training programs of licensed personnel, but the literature lacks evaluation of the UAP, specifically PCT curriculums and outcomes in the workforce. The evaluation of the NSCC PCT program provided additional evidence to support curriculum standards in PCT programs, that are based on certification requirements and evidence-based practice.

Methods

Context and Program

The program evaluation environment was set in Nashville, Tennessee, home to over seven hundred thousand Tennesseans. As the fourth-largest city in the southeastern United States, the

city's healthcare industry includes more than 500 healthcare companies that provide more than 500,000 jobs (Nashville Health Care Council, n.d., U.S. Census Bureau, 2022). To serve these employment needs, middle Tennessee and surrounding areas have numerous healthcare-related training programs provided by colleges and universities. Nashville State Community College (NSCC) has been a provider of education in the middle Tennessee region since 1970. Spanning seven campus locations, NSCC offers programs focused on healthcare professions related to surgical services, nursing, and occupational therapies. Driven by the dynamic healthcare environment and staffing needs, NSCC partnered with a local healthcare employer to create a workforce development program for Patient Care Technicians in 2021. The goal of the academic-employer partnership was to enhance recruitment into the healthcare industry, via the PCT role. NSCC committed to providing curriculum instruction, site for learning, skill development through simulation, supplies, instructors, and course materials. Employers participated in the development of the course, by providing curriculum review, student clinical sites, and subject matter experts as instructors. Additional employer support was provided for participants with professional development and job readiness, including mock interview skill sessions and recruitment directly into PCT roles.

The NSCC PCT curriculum was based on national certification requirements and competencies in the acute care setting for PCTs. NSCC's PCT program is a 3-week training program combining didactic, hands-on skills, and simulation. The curriculum in 2021 included two, 12-hour shifts of clinical experience within an acute care facility working directly with an experienced PCT. Curriculum changes occurred in 2022 to remove the clinical element of the program due to time constraints and student clinical requirements. Other curriculum changes in 2022 included the addition of EKG lead placement and phlebotomy training for the program to

meet national certification requirements. The program provided training in skills such as activities of daily living, vital sign monitoring, venipuncture, EKG lead placement, ambulation techniques, and devices. Learners are eligible to take the PCT national certification after the successful completion of the program. Initiated in March 2021 the program is offered monthly with a maximum enrollment of 15 participants each cycle. Program participants eligible for this program evaluation attended training between March 2021 – September 2022 for a maximum total of 127 program participants.

Success Case Method

Evaluation is essential to determining any program's effectiveness, including what is working or not (CDC, n.d.). Effective evaluation utilizes a systematic method for collecting, analyzing, and using data contribute to continuous program improvement (CDC, n.d.). Several models for program evaluation exist including the CDC Program Evaluation Framework and the Kirkpatrick Evaluation Model. Both models evaluate programs with a focus on impact and job performance criteria providing similar structures to the evaluation process (Reio, et al. 2017). Multiple variables contribute to the impact of learning (training structure, performance, support, or another approach) and multiple stakeholders contribute to the program results (Reio, et al., 2017). Robert Brinkerhoff provided a method of evaluation that not only evaluates the quality of training but the entire performance process (Brinkerhoff, 2003). The Brinkerhoff Success Case Method (SCM) allows a holistic approach to evaluation, using both quantitative evidence and qualitative narrative.

The SCM utilizes a combination of surveys and interviews, allowing the participants to share their personal experiences in the program. Specific questions are designed for each research participant based on their role in the program or healthcare environment. Involving

additional stakeholders in the evaluation of a program, such as leaders and instructors provides a comprehensive perspective of the program (Brinkerhoff, 2005). Stories of success bring an individual's experience and the elements that contribute to the effectiveness of the program, and the identification of trainee characteristics and attitudes towards the training's value (Averbeck et al. 2020).

Implementation of the Five-Step SCM

The evaluation team consisted of a single evaluator. The evaluator referred to Brinkerhoff's (2003) book *The Success Case Method: Find Out Quickly What's Working And What's Not* as a guide to utilizing the five steps of the SCM. Refer to Figure 1.

Step 1: Program identification

The first step was to identify the program of evaluation and the evaluation's impact. Due to the critical need for successful training to create healthcare roles such as the PCT and to learn more about optimizing training outcomes, NSCC in collaboration with the evaluator chose the SCM to evaluate this program. The SCM produced concrete evidence of the effect of training in ways that stakeholders found believable and compelling, relating verifiable incidents of trainees' use of their learning that linked to worthwhile results for an industry (Brinkerhoff, 2005).

Step 2: Defining Success

The second step included defining success in the program. Success for the NSCC PCT program was defined by two metrics. The separation of two metrics allowed for success to be determined in the program and the program's intended outcome. Metric one was defined as success in completion of the NSCC PCT program. Metric two success was defined as the program participant working in a PCT or comparable role.

Defining success in the program also provided the definition of unsuccessful cases in the program. In the standard use of the SCM, the evaluator identified cases from both successful and unsuccessful participants to interview. Deviation from the SCM standard process included allowing program participants to complete an interview session without the selection of participants based on success in the program. Inclusion of all participants registered for interviews was chosen not only due to time constraints, but also to encourage interview participation. Questions identifying the success of participants were included in both the survey and interview questions. See Appendices A & B.

Step 3: Survey

Demographic data was gained from program records, as well as the survey administered to participants. Questions were developed to provide information and insight into the learners who participated in the PCT program. To gain additional perspective related to the program's effectiveness, specific questions were crafted to gain instructor and hiring manager perceptions and experience with learners. See Appendix A.

The demographic survey was administered via the Qualtrics electronic survey platform and piloted with Belmont University doctoral nursing program (DNP) students and DNP professors. The anonymous survey used implied consent and required less than five minutes to complete.

Recruitment emails were sent to all program participants, employers, and instructors, involved in the PCT program between March 2021 through September 2022. Eligible participants who completed the anonymous survey were offered the incentive of entering a drawing for a prize. Entry to the prize drawing was submitted via a separate link to maintain participant anonymity.

Step 4: Interviews

The fourth step of the SCM was conducting qualitative interviews with participants, as well as key stakeholders in the program (instructors and employers).

The data collection process included qualitative interviews between a subset of those participants who provided feedback on their experience to the evaluator. Recruitment for the interviews were sent to all program participants, managers, and instructors. Registration link was provided within the demographic survey and in the recruitment email. To maintain confidentiality, this link was not associated with the information provided on the demographic survey. Interview sessions were scheduled at a mutually agreeable time and conducted via an online communications platform, Zoom. Participants provided consent, electronically, for the video and audio recordings before the start of the interview. Participants were given the option to interview with or without video.

The interviewer used pre-selected prompts for the interview. Guided questions elicited responses on the attributes that contributed to their successful or unsuccessful outcome of the program (See Appendix B). Interview participants were not limited to only answering the questions asked but were free to share their experience with the NSCC PCT program. In order to facilitate privacy, participants were provided a link to an additional prize drawing after the interview was completed.

Data evaluation began by removing all identifying information from survey data and coding survey responses with a unique identifier. Demographic survey results were compiled in Microsoft excel for review of the data. Qualitative data responses were de-identified. NVivo was used for qualitative themes.

Step 5: Results & Findings to Stakeholders

Participant demographics

Demographic survey participants equaled 26 completed surveys; participation included 25 (96.0%) program participants and one program instructor (4.0%). Program participants surveyed were majority female (*n* = 22, 88.0%), black or African American (*n* = 14, 56.0%), and not Hispanic or Latino (*n* = 24, 96.0%). The age of participants was diverse, with majority in 17-20 years (*n* = 8, 32.0%) and 21-29 years (*n* = 8, 32.0%). Education levels also varied with 15 participants reporting some college experience (60.0%). See Table 1.

A total of 68.0% (*n* = 15) of surveyed participants reported working in the healthcare setting, with 52% (*n* = 13) in hospital and 8.0% (n = 2) in long-term care. Additionally, one person (4.0%) indicated that they were not working in healthcare due to current enrollment in a nursing program. See Table 2.

Program metrics obtained included program completion, attempt at PCT certification, and gaining certification. Of those surveyed 24 (96.0%) reported completing the program. Of those that completed the program, four noted attempting and achieving the PCT certification (16%). See Table 3.

Instructor results included one white, non-Hispanic or Latino male survey participant. He reported having an undergraduate degree and working in the hospital setting. He was a current instructor in the NSCC PCT program.

Qualitative Interviews

A total of six program participants were interviewed by the evaluator. No managers or instructors participated in the interview sessions. One interview participant attended the program twice, completing the program the second time in 2022. This participant provided a perspective

of the program before and after curriculum revisions were made. Interviews were between 5-15 minutes in length. Results below include quotations from research participants, either provided during interview sessions with the evaluator or provided in the demographic open ended question responses. All interviewed participants achieved success for metric one of success (completing the program), and four of those interviewed achieved success for metric two of success (working as a PCT) (66.7%). Five interviewed participants (83.3%) reported working in healthcare with four (66.7%) working in direct patient care roles and one (16.7%) in an office role. One participant recently completed the PCT course and was 'applying to positions' at the time of interview. None of those interviewed obtained the PCT certification, although two reported applying to take the certification.

Program of choice.

Participants reported choosing the NSCC PCT program for a variety of reasons including, wanting experience in healthcare while in nursing school. The program was rated on a Likert scale (1-5) by participants, with an average score of 4.5. One participant stated using the program as an opportunity to "get in the healthcare system." Another told an inspiring story of caring for a hospitalized loved one and finding enjoyment in the work, stating "I could be that person; you know that bright light in the hospital." This experience inspired them to find a program for an entry level position. Another participant noted that they previously worked in a non-patient care role in healthcare, but "wanted patient care experience" and sought this program to provide that opportunity.

Additionally, the structure of the NSCC PCT program was identified as a reason one participant chose the program; "it was a shorter program, which I liked the idea of, and I was able to do that while I was working my day job at the time." See Table 4.

Program feedback.

Interview participants noted that the hands-on training, skills sessions, simulation, and overall "exposure" to healthcare were the most favorable parts of the program. Five of the participants reported that the "hands- on" portion was the best part of the program. "The more interactive parts where we worked in the room with the dummies, and we changed people in the beds" was reported as favorable by one participant. Utilization of the simulation lab for skill development was a "highlight" of the program. EKG training was reported by two participants as the best part of the program. "It was really fascinating to learn so much about the human heart and how it works." Another participant specifically reported that CPR training was their favorite part. One interview participant stated the program gave "me real world knowledge…giving me terminology I had never seen before, like the different equipment or Foley bags, and draw sheets." See Table 5.

Participants were asked to give feedback on their least favorite part of the program as well. The lecture portion, "reading directly from the book" and "reading all the information" were reported by two participants. One participant reported a duplication of training, "CPR training, I had already got that" as an improvement opportunity. Another participant reported the size of the class, stating that there were 20 participants making it difficult to "get time on the mannequin or with the instructor." Another participant noted that when they were enrolled, the program was missing elements that inhibited them from taking the PCT certification. Another participant noted that several items were difficult to learn due to just talking about them, "we didn't actually put the strip in, and we didn't actually poke a finger." See Table 5.

Suggestions for the program included providing more hands- on training experiences and more time in the program. The same participant that mentioned the missing certification

elements as a gap, recommended that these be added to the program. Body mechanic techniques was mentioned as a positive part of the curriculum that one participant recommended for expansion.

Four of the participants who currently worked as PCTs felt that the program prepared them for their roles; “it was really useful going in and getting a lot of information, a brief overview of all the different tools and being hands on.” One participant stated that the program prepared them for their role, “my training only lasts for two weeks”, referring to her on-boarding time as a PCT. One participant stated, “I felt like being a PCT does give me more experience and how the hospital works around me; that’s why I took it.”

The interviewer added an additional question regarding how participants discovered the program after comments were made by two interview participants. Two interviewees expressed that the program was difficult to find and “you had to know exactly what to search for.” Another participant mentioned bringing more awareness to the NSCC PCT program; “a lot of people want to be in health care, but they don’t know about the program.” This participant noted that she discovered the program from her high school advisor.

Development into Healthcare.

All the interviewed participants indicated desire for further development into healthcare roles during their interview. Two participants were currently enrolled in nursing school, one in NSCC’s RN program. Two additional participants reported intent to become a nurse; “my goal is to get my nursing degree.” Another participant took the program to help prepare them for becoming a physician.

Recommendations

The results of the survey and interview sessions demonstrated that the NSCC PCT program is effective in several initiatives including diversity in healthcare, academic- employer partnerships, and establishing program standards.

The NSCC PCT program demonstrated success in recruitment of individuals into PCT roles from a variety of racial, ethnic groups, and age categories. As stated by the World Health Organization (WHO) increasing diversity in the healthcare environment provides equity and access to care in those that we serve and our workforce environments (WHO, 2020).

Partnership programs provide a pipeline of trained and qualified staff into entry level healthcare roles with a high possibility of continued development. Participants reported their desire to pursue further continued education in healthcare roles, with a majority in nursing. The results of this program evaluation demonstrated that the NSCC PCT program is consistent with the literature in its findings that entry level role recruitment and retention support the development of nurses (Beal & Zimmerman, 2019). Many students work during pre-nursing studies and show increased evidence of benefits including exposure to the practice realities (Mohapatra & Mohan, 2021). In addition, the NSCC PCT program is consistent in supporting roles that contribute to healthcare needs now and in the future by creating a pipeline to the nursing roles (Yoo, et al. 2016). The NSCC PCT program can be successful in the effective training and recruitment of not only UAP but also of future nurses.

Evaluation findings indicated that hands-on training and simulation were the most beneficial and liked portions of the program. For those that reported completing clinical experiences while in the program, these were seen as very beneficial to their decision on their employment area. It is recommended that programs for UAP roles provide a curriculum

grounded in experiential learning concepts such as hand on training, simulation, and clinical experiences. Resources should be put into promotion and advertisement of programs to increase recruitment and sustainability of the programs.

Due to the short duration and focused assessment of one program, further research and evaluation could be completed to strengthen the case of program structure and recruitment of healthcare professionals. Additionally, research and evaluation could be incorporated in certification requirements and standards in UAP roles to support the healthcare team.

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Figure 1

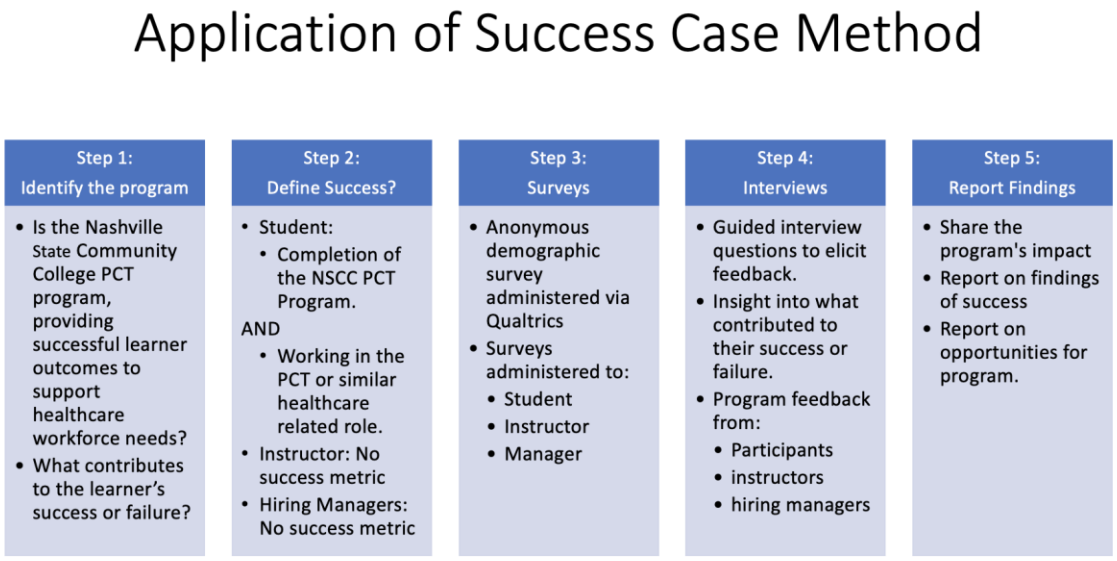
Application of Success Case Method
Step 1:
Identify the program
• Is the Nashville State Community College PCT program, providing successful learner outcomes to support healthcare workforce needs?
• What contributes to the learner's success or failure?
Step 2:
Define Success?
• Student:
• Completion of the NSCC PCT Program.
AND
• Working in the PCT or similar healthcare related role.
• Instructor: No success metric
• Hiring Managers: No success metric
Step 3:
Surveys
• Anonymous demographic survey administered via Qualtrics
• Surveys administered to:
• Student
• Instructor
• Manager
Step 4:
Interviews
• Guided interview questions to elicit feedback.
• Insight into what contributed to their success or failure.
• Program feedback from:
• Participants
• instructors
• hiring managers
Step 5:
Report Findings
• Share the program's impact
• Report on findings of success
• Report on opportunities for program.

Table 1

Student Demographic Data

Source	Results	
	n	%
Gender		
Female	22	88
Male	3	12
Race		
Black or African American	14	56
White	9	36
Asian	1	4
Preferred not to answer	1	4
Ethnicity		
Not Hispanic or Latino	24	96
Hispanic or Latino	1	4
Age		
17 - 20	8	32
21 - 29	8	32
30 - 40	5	20
41 - 50	2	8
51 - 60	2	8
Education		
High School Diploma or GED	4	16
Associate Degree	3	12
Some College	15	60
Undergraduate Degree	3	12

Note. $N = 25$.

Table 2

Student Employment Details

Source	Results	
	n	%
Employed in Healthcare		
Yes	17	68
No	8	32
Facility of Employment		
Clinic	1	4
Hospital	13	52
Long term care	2	8
Other	9	36
Employed as PCT		
Yes	15	60
No	10	40
Student Certifications*		
BLS	4	16
AED, CPR, First Aid	1	4

Note. $N = 25$. *Only 5 respondents reported student certifications

Table 3

Program Metrics

Source	Results	
	n	%
Program Completion		
Yes	24	68
No	1	32
Attempted Certification		
Yes	7	28
No	18	52
Successful on PCT Certification*		
Yes	7	100

Note. N = 25. *Seven total participants reported taking the PCT certification

Table 4

Program Choice

Question	Themes	Quotes
What inspired/influenced you to enroll and attend the NSCC PCT Program?	Experience in Healthcare	"I wanted patient care experience"
	Caring for Family	"I could be that person. That bright light in the hospital"
	Program Structure	"I was able to do that while I was working my day job"

N = 6

Table 5

Program Feedback

Question	Themes	Quotes
What do you feel was the most beneficial part of the program?	Hands- On & Simulation	"the more interactive parts where we worked in the room with the dummies and stuff."
	EKG Training	"It was really fascinating to learn so much about the human heart."
	CPR Training	"that was super helpful because I didn't really know anything about that."
What do you feel was the least beneficial?	Reading	"Lecture portion, where it was just reading straight from the book"
	Overcrowded	"it was hard to get time on the mannequin or with the instructor."
	Mock Training	"it was a little hard, because it was like, imagine, but I didn't really understand what I was doing."
Do you have any suggestions for the program?	Hands- On	"Definitely to do more hands- on"
	Body Mechanics	"explanation of body mechanics because you're PCT is such a physical position."
	Advertisement	"there's a lot of people who want to be in health care, but they don't know about the program."

N = 6

Appendix A: Demographic Questions

Student:

- Race:
- Ethnicity:
- Gender:
- Age:
- Level of Education: (high school, high school graduate, GED, some college, college graduate)
- Previous health care related training or certifications?
- Did you complete the NSCC PCT program?
- Did you take the PCT certification? If so, we're you successful?
- Are you employed in healthcare? If so, where? (Long term care/nursing home, hospital, clinic, etc.)
- Are you employed as a PCT or other direct patient care role?
- If no, are you employed outside of healthcare? Please describe your role.
- Any additional feedback about the program that you would like to provide?

Manager:

- Level of Education: (high school, high school graduate, GED, some college, college graduate)
- Are you employed in healthcare? If so, where? (Long term care/nursing home, hospital, clinic, etc.)
- Have you interviewed anyone that completed the Nashville State Community College PCT program?
- Please provide any feedback regarding the NSCC PCT program.

Instructor:

- Level of Education: (high school, high school graduate, GED, some college, college graduate)
- What role(s) do you currently hold related to healthcare?
- Do you teach in the Nashville State Community College PCT program?
- Please provide any feedback regarding the NSCC PCT program.

Appendix B**:** Interview Questions

Participant Interview:

- Did you complete the NSCC PCT Program?
- Are you currently working as a PCT or in another role providing patient care?
- If yes, considered a Success Case, if no, considered a failure care (see below)

Participant Interview: Success Case:

- What is your current role and length of time in that role?
- What inspired/influenced you to enroll and attend the NSCC PCT program?
- Do you feel that the program prepared you for the PCT role?
    - On a scale of 1 to 5, with 1 being 'very unsatisfied' and 5 'very satisfied'
- What do you feel was the most beneficial part of the program?
- What was the least beneficial?
- Do you have any suggestions for the program?
- Do you plan to continue your career in healthcare? If yes, what type of role do you want to advance to?
    - When do you plan to start this training?
- Are you currently enrolled in a healthcare program (college, certificate, etc.)?
- Do you have any suggestions for those looking to develop in the PCT role?

Participant Interview: Failure Case:

- What inspired/influenced you to enroll and attend the NSCC PCT program?
- What was the reason you did not complete the course?
- Do you feel that the course provided you with and tools or resources to be successful in the PCT role?
- What role are you working in, now?
- Do you have intentions to work within healthcare if you are not now?
- Do you have any suggestions for this course?

Manager: Interview

- Have you interviewed anyone who has been enrolled in the PCT program?
- Have you hired anyone from the Nashville State PCT program?
    - If yes, please indicate how many participants.
    - If no, please indicate the reason.
- On a scale of 1 to 5, with 1 being 'very unsatisfied' and 5 'very satisfied'.
    - Do you feel that the program prepared participants for your work environment?
    - Please describe your score.
- Are there any additional skills or content that you feel should be added to the curriculum?
- Are any of these patient care techs pursuing certification or enrolled in school, programs, or professional development.
- Would you like to provide any further feedback?

Instructor: Interview

- Briefly tell me about your role in the NSCC PCT program.
- How long you have been teaching in the program?

- What are the successful parts of the program?
- What are the most beneficial parts of the program?
- What are the least beneficial parts of the program?
- What suggestions do you offer to improve the program outcomes?
- What suggestions do you offer for the program participants' success?