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Strategies to Develop a New Nurse Residency Program

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Walden University

College of Health Sciences

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Casandra Allen

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Walden University

2019

Abstract

Strategies to Develop a New Nurse Residency Program

by

Cassandra Allen

MS, Olivet Nazarene University 2009

BS, Lewis University 2002

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2019

Abstract

The ongoing shortage of registered nurses is a nationwide phenomenon. Many factors contribute to the dissatisfaction and stress of new graduate nurses during the initial transition phase of their career. The lack of peer and leadership support is among the many factors that lead to constant turnover. New nurses entering the workforce are caring for patients with more complex health problems. The Commission on Collegiate Nursing Education (CCNE) has developed standards for accreditation of entry-to-practice nurse residency programs (NRP). The purpose of this DNP project was to propose a formal evidenced-based nurse residency program to the stakeholders of an acute care hospital based on the CCNE standards. The Iowa model of evidenced-based practice was used to outline this formal residency program, and Benner's novice to expert theory guided its development. Eight organizational stakeholders participated in the presentation of the proposal for the evidenced-based nurse residency program. A questionnaire based on the standards for accreditation of entry-to-practice nurse residency programs was used for evaluation. The majority of respondents indicated that the standards presented in the presentation were consistent with the requirements of accredited NRPs. For the three primary categories, program faculty, institutional commitment and resources, and management of patient care delivery, 89% of participants indicated an excellent rating on a four-point scale on the questionnaire. The proposed education, once implemented, could result in social change by ultimately improving work satisfaction, improved retention, improved quality of care, and ultimately improved patient health outcomes.

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Dedication

I would like to dedicate this project to my loving husband. Thank you for the support and encouragement over the past few years. I know this was difficult for you and our family, but we made it.

Acknowledgments

To Dr. Deborah Lewis, thank you for your continued support and guidance but more importantly, for your encouragement.

To my fellow Classmates, thank each and every one of you who have provided feedback and very insightful post throughout this course.

To all of my preceptors and mentors, you all listened to me cry and whine throughout this course. Thank you for your tolerance and expert advice.

Finally, my family-to my daughters (Tasia, Elizabeth, Danielle and Amber), Grandsons (Elijah and Preston) thanks for your love and support. To my husband (Marc), you have been the calm amidst the storm. Your unwavering strength gave me someone to lean on when things got tough and just when I wanted to give up, you encouraged me to continue. I love you so much.

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Section 1: Nature of the Project

Introduction

My project site hospital is a 200-bed acute care hospital located in an urban area. It faces many challenges with recruiting and retaining qualified nurses. An important clinical practice issue on this organization's agenda is continuing professional education (CPE) and the recruitment and retention of new nurses in general, and newly graduated nurses in particular. The current organization has fragmented, inequitable, and poorly funded provision of CPE for staff development. Patient needs have become more complicated, and nurses entering the profession must be given the tools to obtain advanced skill levels to provide safe, high quality care. This hospital has set a goal to recruit 50 new graduate nurses in the upcoming year; therefore, I have proposed that a nurse residency program will support both recruitment, on boarding, and retention of these new nurses.

The growing shortage of registered nurses will have a great impact upon the recruitment of new nurses and the retention of nurses currently employed (Jones & Gates, 2007). The American Nurse (2015) reported the cost on average to train a new nurse is \$36,000 to \$48,000. As retirement for an aging population of nurses grows near, this hospital, like many acute care facilities, will face a major nursing crisis. This disproportionate shared hospital (DSH), also known as a safety net hospital, receives funding from the government for providing care to a large population of Medicare and Medicaid patients (CMS, 2016). This DHS is located in the high crime, low socio-economic status area in a major city. There are many options for nurses to work in the

city, from large academic medical centers to private organizations, making attracting nurses to this organization difficult. Nursing turnover can have a great impact on an organization's ability to provide safe and high-quality patient care. Kowalski and Cross (2010) found that more than 10% of staff nurses across the United States are new graduates and have a 50% turnover rate within the first year. Overall turnover within this organization is at 23% within the first year; for new graduates, it is 30% in the first year, and 60 % by year two. The development of a nurse residency program within this acute care hospital may decrease nursing turnover rate. The chief nursing officer submitted an internal request for proposal (RFP) for a formal nurse residency program to assist with the attraction, recruitment, and retention of new graduate nurses. For this proposal, I used the Iowa Model of Evidenced Based Practice (Titler et al., 2001) to outline the steps towards practice change in the organization. Patricia Benner's (1984) novice to expert theory was the theoretical framework used to develop the residency program.

Problem Statement

The shortage of registered nurses is a worldwide phenomenon, and the average cost of turnover for a bedside RN can be significant for an organization. Anderson, Hair, and Todero (2012) reported that many factors contribute to new graduates exiting the organizations in the first year. According to the National Council State Boards of Nursing (NCSBN, 2012), new nurses entering the work force are caring for patients with more complex health problems, and more than 40% of the new graduates have indicated making errors. The Institute of Medicine (IOM, 2010) recommended that accrediting

bodies on the federal, state, local and organizational level should support nurse residency programs (NRP).

The organization has hired new graduates in the past, only to have 60% transition out within the first year. The exit interviews revealed dissatisfaction with the onboarding process. Lack of support from managers and peers and lack of professional growth were the highest reasons reported. The process to onboard new graduates within this organization is currently no different from orientation for experienced nurses. The hospital wants these nurses in rotation as soon as possible. All nurses hired to the hospital receive a 5-day orientation prior to starting on their prospective units. Hospital orientation is one 8-hour day, which all hospital employees attend. During this time the focus is on benefits, safety, and organizational policies. The remaining 4 days are for the nursing staff orientation. During this time every policy that pertains to nursing as whole is discussed. The electronic medical record takes up 1 day and medication administration and bar coding another. The next step for the new nurse is the unit-based orientation, which varies in length based on the specialty area. The medical surgical nurse receives 4 weeks of orientation and the telemetry nurse will receive 6. Due to the lack of experienced nurses and the high rate of agency use, the charge nurse is often the preceptor for the new nurse. The standard orientation has proved adequate for the experienced nurse, but not for the newly licensed nurse. With this project, I sought to as a change agent towards this practice change. As the former manager of this institution's education program, I have had many interactions with the new graduates within this institution. They have voiced their concerns over the orientation process. Many of them

report being less than prepared to take on a full patient assignment after orientation; yet, no additional time has been granted. This is a quality and patient safety issue.

Purpose Statement

The purpose of this project was to propose a formal NRP for new graduate registered nurses and present it to the major stakeholders within the organization. The goal of the NRP is to improve the transition of graduate nurses from novices to competent providers.

Project Objectives

1. Increase retention of new graduates.
2. Increase satisfaction of the new nurses with the nurse residency program.

Context

Over the past decade, the nursing profession has embarked on a journey to transition new nurses from student to professional practice. Within the organization, there is growing support for a nurse residency program to help new graduate nurses evolve into confident healthcare professionals. As the nursing shortage continues to grow at crisis rates, many institutions, even those known for their magnet status, find themselves in a conundrum that will surely worsen as many nurses reach the age of retirement (Buerhaus, Aurebach & Staiger, 2007). Sustainability of the nursing workforce will depend on our capabilities to attract and retain top talent to the nursing profession. The NRP has been identified as an incredible marketing tool to promote these efforts.

Project Question

Will the proposal for a formal new nurse residency program be accepted for future integration in the orientation process for newly hired graduates?

Relevance for Nursing Practice

The transition of new nurses into the complex healthcare environment continues to challenge educators, healthcare administrators, and policy makers across the country. There is an alarming number of new graduates entering the workforce, many seeking initial employment in the acute care setting. New nurses change jobs within the first year of employment, costing institutions as much as \$88 thousand to replace them (Kovner, Greene, Brewer & Fairchild, 2009). These job changes present a challenge for healthcare administrators to endorse and support the hiring of new graduates. If we are committed to attracting top talent to a profession in crisis, then we must encourage and inspire new nurses and support them as they are integrated into their practice community.

Definition of Terms

For the purpose of this (DNP) project, I used the following definitions of terms:

New nurse resident: A nurse hired to the organization with less than 12 months of experience.

Clinical nurse educator: A nurse who serves as the curriculum expert and coordinates the educational programs within the organization.

Preceptor: A staff nurse who assists the new nurse with departmental training using the outline provided through a structured preceptor program.

Mentor: A staff nurse who started as a new graduate within the organization who will provide non-biased, moral support in a non-threatening, non-judgmental capacity.

Nurse manager: Front line manager who ensures the new nurse meets objectives and obtains continued success during the transition period.

Assumptions and Limitations

Assumptions

I assumed that, if accepted, the organization will financially support the nurse residency program. I also assumed that, upon integration of the NRP, new graduates will be attracted to the organization and those who participate in the program will remain employed with the organization.

Limitations

One of the limitations to this project is its confinement to a single acute care hospital located in an urban area. Other limitations include the constant turnover in the leadership team within this organization, resistance to culture change, and lack of support for continuing education.

Summary

The organization struggles with retention of new graduate registered nurses. The organization desires to employ 50 new graduates over the next 2 years, but requires a robust onboarding process to do so. Literature has shown that formal nurse residency programs help transition new nurses into practice. My proposed new nurse residency program may give the organization the opportunity to retain the new nurses if the

proposal is accepted. In Section 2, I offer a literature review and discuss the theoretical framework.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Introduction

The literature on NRPs is in abundance. When planning a NRP it is important to take all stakeholders into consideration. The program should be geared towards improving nurse retention, while utilizing resources in a cost-effective manner. There are many types of NRPs, so it is important to develop one that will match the organizational structure and align with its mission to provide safe, quality patient care, decrease patient length of stay, and ultimately improve outcomes for patients and the community.

Search Strategies

I searched CINAHL, Ovid, Google Scholar, and Medline databases using keywords *nurse resident, transition, new graduate, evidenced-based, nurse residency, and nursing knowledge* and *introduction to evidence*. This search resulted in an abundance of articles, mostly related to post-bachelor nurse residency programs. The literature dated back 4 decades with most articles presented from 1990-2004, as well as recent years 2010-2014.

Review of the Literature

Manojlovich (2001) reported that institutions that include employees in the informational process and provide resources to support learning and growth create a workplace that is autonomous and increases patient satisfaction and productivity. Many organizations have presented strong cases in favor of continued staff development in an effort to strengthen the nursing workforce and contain cost (Sovie 1990). The IOM

supports a national call for nurse residency programs, proposing that national, state and local government create legislation to support these efforts. The NCSBN has identified the need for mandatory residency programs for new nurses who are entering their first year of practice. The CCNE (2015) supports these efforts through partnership in the development of evidenced-based program curriculum.

Nurse residency programs exist to provide new graduate nurses with support during this transition period. Leadership and peer support from preceptors and mentors will help build a better community of professionals. Up to \$88,000 may be spent on the replacement of one nurse, and as much as twice the salary every time the nurse leaves an organization (Kovner et.al. 2009). In addition, Jones and Gates (2007) reported that there are many factors associated with nurses departing an organization, most of which cannot be quantified in dollars and cents.

Review of Nurse Residency Programs

Goode, Lynn, McElroy, Bednash, and Murray (2013) conducted a systematic review of descriptive studies of new graduate nurses who participated in nurse residency programs. The authors found that retention rates increased amongst participants. The authors concluded that the nurses in this study gained a positive perspective on their ability to prioritize and organize their work, enhanced their clinical and leadership skills, and showed significant loyalty to their organizations.

Anderson, Linden, Allen, and Gibbs (2009) conducted a mixed methods study to test the reliability and validity of the Halfer-Graf tool with identifiers of satisfiers and dissatisfiers. There were 90 new graduates who participated in this interactive nurse

residency program. The findings of the study supported previously conducted research. The researchers concluded that an interactive learning environment was perceived as beneficial to the subjects. They also showed increased retention over Years 1 and 2.

Rush and colleagues (2013) conducted an integrative review of nursing research literature from 2000-2011 in an effort to identify trends related to nurse residency programs. Their review involved a five-stage approach to integrative review of the process. The five steps included (a) problem formation, (b) data collection, (c) evaluation of data points, (d) data analysis and, (e) interpretation of results. The studies pertained to new nurse residency programs. A total of 47 articles were included in this review. The key theme throughout the review was that formal transition programs improved retention. The second theme that emerged was new graduates will benefit from (a) the use of mentors to provide support, and (b) the availability of peer-support opportunities.

Rhodes et al. (2013) performed a qualitative study utilizing the nursing practice readiness tool to determine the satisfaction of 55 experienced nurses with the performance of newly licensed registered nurses. The tool allowed evaluation of nurse proficiency before and after implementation of a nurse residency program. The findings indicated that experienced nurses were much more satisfied with the newly licensed RNs performance after they participated in a nurse residency program.

In a meta-analysis, Kowalski and Cross (2010) set out to measure clinical competencies, anxiety, stress, professional transition, and retention of 55 nurses. The results of the study indicated that nurse residency programs can provide the support needed for new graduates and assist their transition to competent clinicians.

Trepanier, Early, Ulrich, and Cherry (2012) conducted multi-site cost-benefit analysis to evaluate the monetary benefits of a new graduate registered nurse (NGRN) program. The authors used turnover rate and agency usage data and the assessment of NGRNs ($N = 524$). Analyzing data from this 12-month study, the researchers concluded that turnover rates decreased amongst the NGRN from 36.08% to 6.41%, as well as a reduction in agency usage from 19,099 to 5,490 per patient day. The authors ascertain that an estimated \$10 to \$50 per patient day were saved with the NGRN program.

Ulrich et al. (2010) collected 10 years of data to evaluate the University Health System Consortium's (UHC) new graduate nurses and their transition experiences. The study revealed that new nurses joining the organization were not confident in their capability to deliver high quality, cost effective care. The participants showed low job satisfaction rates and the desire to change jobs and or professions. The study also showed no standardized process for orienting the new graduate. This led the organization to partner with the CCNE (2015) in which bachelor's prepared NRP was developed. Over the years the program has been duplicated in many organizations.

Anderson et al. (2012) conducted a meta-analysis to identify themes as they relate to the design, implementation, and effectiveness of nurse residency programs. In 20 studies, the authors identified three major components:

1. Inconsistent learning styles of the new graduates and variation in teaching strategies, which was a major limitation to the review;
2. Lack of standardization of program designs causing comparison of programs inconclusive;

3. The studies lacked empirical data.

The authors concluded, “Well designed quasi-experimental studies are needed. As a major nursing education redesign, NRPs could be used to test the principles, concepts and strategies of organizational transformation and experiential-interactive learning theory” (Anderson et al., 2012) The authors concluded that NRPs are essential to transitioning new nurses into practice and improve workplaces through a standard process to improve the workplace and learning environment for new nurses.

Theoretical Framework

I used Benner’s (1984) novice to expert theoretical model to guide the NRP. According to Benner (1984), individuals rapidly acquire advanced skills and knowledge when the educational foundation is solid. This would support the need for a formal NRP for nurses. Benner (2001) adapted the Dreyfus skill acquisition model to clinical nursing practice. There are five levels of skill acquisition and development. I used the model to develop the NRP in which the nurse resident must start at the novice phase and master each skill prior to moving to the next skill. Benner’s novice to expert chart is listed as Appendix A. The chart describes the characteristics present with each level of development. I used the Iowa model as framework to outline a practice change within the organization. The Iowa model, as described by Melnyk and Fineout-Overholt (2011), is a problem-solving approach used by clinicians to promote change within an organization utilizing a systematic approach. The model will be used to outline the steps of this EBP from inception to dissemination.

Summary

Literature has shown the need for formal nurse residency programs to help transition new nurses into practice. Educators are challenged to diversify the curriculum that provides an evidenced based approach to transitioning new nurses into practice. A well-developed NRP can assist new nurses in improving their knowledge, confidence and skills in their new role. In Section 3, I focus on project methodology, project design, population sampling, and protection of human rights.

Section 3: Methodology

Introduction

The purpose of this project was to develop an evidenced based residency program for graduate nurses (GNs). This evidenced based program will provide the organization with a blueprint for the onboarding the GN. I used the Iowa model to develop a detailed outline of evidence-based NRP. The steps of the process are identified in Appendix B. I presented the outlined proposal to the stakeholders along with a modified questionnaire, which is included in Appendix D. I used the questionnaire, based on the Standards for Accreditation of Entry-To-Practice Nurse Residency Programs set by the Commission on Collegiate Nursing Education (CCNE, 2015), to evaluate the program curriculum and design. The questionnaire was utilized to evaluate the program proposal.

Project Design

This is an evidenced based practice project that proposed a practice change in the orientation process within an acute care hospital. I used the Iowa Model (Titler et al., 2001) as the framework to present the project to the stakeholders within the organization (see Appendix B). The Iowa Model, which was created by nurses for utilization initially, has modified its processes to include an evidenced-based component (Titler et al., 2001).

Phase 1: Identify the Problem

In Phase 1 of the Iowa model, a focused trigger is identified. The problems to be addressed for this project was the acute hospital's high turnover rate, inability to retain nurses, and increased use of agency nurses.

Anderson et al. (2012) reported that many organizational factors contribute to nursing turnover, including job-related stress, inadequate professional development, and the absence of mentorship. Turnover is costly to healthcare organizations and effects patient safety. The need has already been identified.

Phase 2: Development of the Program

During the development of the NRP, the first step was to understand the issues and propose a solution to the organization's leaders. I conducted an electronic search of multiple databases to search for the most relevant evidence. The literature guided my development of the NRP goals and objectives. Through a collaborative agreement with the organization and the local community college, the goals and objectives of the NRP were further verified. The literature also guided the development of the content for the NRP.

Phase 3: Establishing the Team

During Phase 3, I established a team comprising the major stakeholders. The fiduciary and labor resources were identified as adequate to meet the goals and objectives of the program. I served as the coordinator for the development of the NRP. The Vice President of Patient Care Services is aware of the current evidenced based practice initiatives and the importance of this project to the organization. The VP served as the executive team member in support of the program. The front-line managers within the organization will ensure time is allotted for participation in program activities. Staff nurses will serve as preceptors and future mentors for the residents. All identified team members reviewed and provided feedback on the developing project.

Phase 4: State of Science

While presenting this proposal for practice project change, it was imperative that my research was relevant to the project and clearly presented to the stakeholders. The studies were the most recent and directly related to the organizational needs. This provided the stakeholders with an overview of the cost and benefits of the program.

Phase 5: Synthesizing the Literature

During this phase, I validated and synthesized findings from the literature.

Phase 6: Evaluation

During this phase of development, I presented the program to the stakeholders within the organization. The project, including the questionnaire, was critiqued at the nursing leadership meeting and the questionnaire was completed. It will then be presented at the quality and process improvement committee for approval prior to the final step, which is the Medical Executive meeting. Once this is complete and approval is granted, an executive summary will be published in the hospital newspaper and shared on the intranet.

Population Sample

I presented the NRP to the major stakeholders in the organization. The project was critiqued at the nursing leadership meeting initially. This allowed the front-line staff, nurse managers, directors, and the CNO to give feedback prior to the formal presentation. Within the organization, all quality improvement projects must be presented to the quality and process improvement committee for approval, and to the medical executive committee meeting (MEC). The final step in the process is the board of directors (BOD).

Once this is complete and if approval is granted, I will provide an executive summary.

This will be shared with the organization via the hospital newspaper, an email blast, and postings on the bulletin boards with the departments.

Ethical Consideration

In this project, I developed an evidenced- and curriculum-based project. I ensured protection of human rights according to research guideline set by the National Institute of Health. In partial fulfillment of the DNP, this project was reviewed and approved by Walden University Internal Review Board (IRB; approval number 09-14-18-0452786). All potential participants were given an informed consent form (Appendix E) to participate in the program. The program, which will be part of the staff education initiative on recruitment and retention, will not be optional for new graduates once implemented at a later date.

Methods of Data Collection

The internal stakeholders will evaluate the program, utilizing the formative process of evaluation. Nursing leadership provides verbal feedback and recommendations. These corrections are made and reviewed again by the nursing leadership for approval. The proposal goes to quality improvement committee, which follows the process as the leadership meeting. It is then proposed at the MEC, and if approved it goes to the BOD. Once approved, funding will be allocated for the NRP. The program will ultimately improve quality through enhancing new nurse knowledge and decreasing attrition rates. This process permits the program developers, stakeholders, and educators to evaluate how well the process is advancing. The main objective of the

formative process is to detect deficits initially, make changes early in the process, and move forward with mastering skills of the individuals (see Rossett, & Sheldon, 2001).

Project Evaluation Plan

Melnyk and Fineout-Overholt (2011) have contended that evaluation of outcomes must be documented to show improvement during the process. This project describes the curriculum and the desired outcomes of incorporating a new graduate nurse residency program along with process improvement strategies.

Summary

Preparing and organization for change can be challenging. Many barriers exist when creating an NRP and must be anticipated. Strategies must be developed to address and eliminate them prior to implementation. An internal cost analysis (Appendix C) must be provided to the stakeholders to review the benefit of the NRP. Organizational buy in is critical and must take place in the initial phase of the development. Implementation of the NRP will take place after my graduation from the DNP program. In Section 4, I describe the plan for implementation, dissemination, and project evaluation.

Section 4: Findings, Discussion, and Implications

Introduction

This study addressed the need for a standard approach to the NRP. I encountered many barriers during the development of this program. One is the cost of onboarding the GNs and another is the lack of qualified preceptors to precept the GNs. CCNE (2015) developed an evidenced based guideline for NRP, which was the best option to use as a starting point. I modified this guide and used it a tool to assess the program pre-inception. The goal of this project was to propose an evidenced based NRP to the stakeholders that can be utilized in any department within the organization. I chose a curriculum-based program for this project and outlined it for the stakeholders. In this section, I identify the project team and members' roles, outline the curriculum of the NRP, and address the strengths and limitations of this project.

Project

I designed the NRP as a curriculum that would supplement the regular orientation. The curriculum outlined daily learning objectives in the 12-week program. In an effort to gain buy in from the committee, I invited the members to a 1-hour round table discussion. In this discussion, I first identified the needed committee members and their roles necessary for the program success. I will act as a facilitator for this program and I selected the appropriate members. The two faculty members will be responsible for the curriculum content with input from the committee. The two nurse managers were selected to allow the first two cohorts to pilot within their departments, providing support for the preceptors as well as the GN. The hospital educators will provide a formal training

program for the preceptors prior to the implementation of the NRP. The chief administrator will provide oversight and ensure that financial obligations are met. The staff nurse will be the champions who will identify the needs of the floor nurses in the department and serve as preceptors and mentors to the GNs. The goals and guidelines for the NRP are well defined. The objective for the curriculum is supported with clinical didactics and psychomotor skills. The NRP curriculum supports the fundamental standards outlined by CCNE (2015) including leadership, curriculum, professional role, and access to resources.

Discussion of Findings in the Context of Literature

Findings

I hand delivered 20 formal invitations to the prospective participants. The participants were chosen from an acute care hospital located in a large city. The participants consisted of the chief nurse executive (CNE), four faculty members, eight selected members of the leadership team, one educator, and four staff nurses. The lunch and learn session was an hour-long presentation to introduce and review the NRP proposal. Eight of the twenty participants were present for the presentation, and I provided each the consent for anonymous questionnaire (Appendix E) with contact information for the Walden University advocate. The participants were given the questionnaires with instructions on completion. Boxed lunches were served as the participants listened to the presentation, delivered via power point. The questionnaires were collected at the end of the presentation by the receptionist at the exit. The questionnaire was based on a four-point Likert scale and was adapted from the Standards

for Accreditation of Entry-To-Practice Nurse Residency Programs (CCNE, 2015; see Appendix D).

The questionnaire was divided into the three of the primary categories for the Standards for Accreditation of Entry-To-Practice Nurse Residency Programs (CCNE, 2015). Of the three primary categories—Program Faculty, Institutional Commitment and Resources, and Management of Patient Care Delivery—the eight participants gave the overall categories an almost unanimous excellent rating on a four-point scale across all items on the questionnaire (82.9%; see Appendix F for survey results). Each primary category had a small number of categories that did not score a unanimous excellent score. The percentage of scores that were not unanimous are indicted by category: Program Faculty (2 of 20 items or 10%), Institutional Commitment and Resources (3 of 11 items or 27.2%), and Management of Patient Care Delivery (1 of 4 item. 25%)

The majority of respondents indicate that the standards presented in the presentation were consistent with the requirements of accredited NRPs. It was interesting to note that the participants had lots of questions about timeline implementation. The program was found to meet the minimum standards indicated by the questionnaire. The organization is willing to pilot the program on the medical surgical and medical telemetry units. There was a consensus that this competency-based program tool can be utilized for GNs in any area of the organization.

Implications

The organization shows a fragmented, inequitable, and poorly funded provision of CPE to date. Patient needs have become more complicated, and nurses entering the

profession need to attain competencies to deliver safe, quality care (IOM, 2010). Kanter (2001, 2005, 2012) noted that when work environments provide access to support, resources, and mentorship, the employees' productivity and overall organizational effectiveness are improved. The organization has verbalized a commitment to invest in human capital. This will allow the NRP to have full support of the executive team.

Policy

The organization currently has policies for hospital orientation and nursing orientation. The main goal of nursing orientation is to ensure the delivery of safe, effective, and high-quality nursing care as the new hire adapts to the culture of their new environment and the department of nursing. Clinical orientation to assigned unit follows classroom nursing orientation at the unit level. Nurse managers, clinical coordinators, and peers are the resources that will continue training at the unit level. The nurse leaders decided to pilot this project and determine if it will move forward to the policy level. I am well qualified to lead these efforts.

Practice

Nurses should practice to the full extent of their education and training (IOM, 2010). The IOM (2010) reported that nurses have the greatest potential to lead innovative strategies to improve patient care and outcomes. A variety of historical, regulatory, and policy barriers have limited nurses' ability to support patient care in the U.S. healthcare system. Many of these barriers reflect limitations in the nurse's present work environment.

Research

Cylke (2012) found that employers are resistant to hiring new GNs because of their difficulties in making the transition into the workplace. Transitioning new nurses into the workforce can also be costly for an organization. Residencies, when outsourced, can be up to \$5,200 per resident. This per-resident cost for the outsourced services is in addition to the cost of non-productive time described above. Providing an in-house residency can save costs and improve retention of new graduate nurses (Cylke, (2012).

Social Change

Attracting new nurses and preventing current nurses from leaving the organization within the first year was identified in the literature as costly. Nurse retention focuses on preventing nurse turnover and keeping nurses in an organization's employment. However, decisions about nurse turnover and retention are often made without the support of full and complete knowledge of their associated costs and benefits. Long term implications of not addressing the problem would be poorly trained nurses providing substandard care. Kanter (2001, 2005, and 2012) argued that work environments that provide access to information, support, resources, and opportunity to learn and develop are empowering and influence employee work attitudes, productivity, and organizational effectiveness. A new nurse residency program may contain many cost and benefits. According to Jones and Gates (2007), "Nurse Turnover is a recurring problem for health care organizations" (p.14.

Strengths and Limitations of the Project

Strengths

The project has multiple strengths. One of the strengths of the nurse residency program is that it will attract more nurses to the organization. It will also decrease the high cost of turnover and improve patient outcomes.

Limitations

The major limitation to this proposal is the small sample size and the lack of buy-in from the current leadership team. The chief administrator of the acute care hospital is not an RN and the organization has a high turnover rate within the leadership team.

Summary

Change is difficult in any institution. As a preliminary step, it is crucial to obtain program buy-in across organizational stakeholders including all levels of nursing leadership, nursing education/professional development, human resources, and staff nurses, ensuring that they all have the same vision (Kotter 2007). Sufficient resource allocation at the outset, both financial and human, is a prerequisite in establishing program foundations. There remains a reluctance to hire GNs. Investing in a nurse residency program has proven beneficial for organizations willing to hire GNs. There is cost savings, improved patient outcomes, and decreased attrition rates.

Section 5: Dissemination Plan

The purpose of this project was to propose a formal NRP for new graduate registered nurses to the major stakeholders within an urban acute care hospital. The goal of the NRP is to improve the transition of graduate nurses from novice to advanced beginners. In this section I focus on the future dissemination plan.

According to the Institute for Healthcare Improvement (2010)), a poster presentation can be used to disseminate information in a clear and concise manner. While I was working with the team, a member suggested that poster boards be displayed throughout the institution. This will introduce the NRP and its importance to improving patient outcomes and quality of care. Once the organization has data proving the success of the NRP, the same poster board style presentations may be displayed at a conference for healthcare improvement.

Analysis of Self

As a DNP scholar, I will use evidence-based practice data to improve nursing and support nurse researchers in developing new ideas for how to improve nursing practice. Scholarship and research are the hallmarks of doctoral education (DNP Essential III). As Grove, Burns, and Gray (2013) have noted, “The vision for nursing research in the 21st century includes conducting quality studies through the use of a variety of methodologies, synthesizing the study findings into the best research evidence” (p.54). In 1990, Boyer proposed a paradigm shift, which integrates new ways of knowledge; applying research to develop best practice outcomes is crucial to the profession.

As Practitioner

The IOM (2010) Future of Nursing Practice report notes that nurses should practice to the full extent of their education and training. Development of a nurse residency program can support this goal by providing mentorship and training to new graduate nurses to support and further their academic education.

As Project Developer

The IOM (2010) reports nurses have great potential to lead innovative strategies to improve the health care system. The report goes on to say that policymakers on all levels should support NRPs. I am uniquely qualified to develop, facilitate, implement, and evaluate projects.

Summary

There remains a reluctance to hire GNs in the acute care setting that has no structured transition program in place. The cost of training GNs are considerable, and patient safety and quality care are of concern. The organization will benefit from piloting the NRP on the two units and evaluating its success. The competency-based tool is designed to follow the GNs throughout the program and beyond. I am uniquely qualified to facilitate the implementation of this program. The future of nursing will benefit from data sharing and recommendations from the team involved in the process.

References

- Anderson, G., Hair, C., & Toder, C. (2012). Nurse Residency Program; An Evidenced Based Review of Theory, Process and Outcomes. *Journal of Profession Nursing*, 28, 203-212.14
- Anderson, T., Linden, L., Allen, M., & Gibbs, E. (2009). New graduate RN work satisfaction after completing an interactive nurse residency. *The Journal of Nursing Administration*, 39, 168-169. Retrieved from http://ovidsp.tx.ovid.com.library.gcu.edu:2048/sp-3.12.0b/ovidweb.cgi?&S=MNOKFPIJLFDDOKKKNCMKDFGCEIGGAA00&Link+Set=S.sh.42|1|sl_10
- Trossman, S. Better prepared workforce, better retention: Programs illustrate the value of mentoring, *American Nurse* 45(4), 1-12. Retrieved from www.TheAmericanNurse.org
- Benner, P. (1984). *From novice to expert: Excellence and power in clinical nursing practice*. Menlo Park, CA: Addison-Wesley.
- Benner, P. (2001). *From Novice to Expert: Excellence and power in clinical nursing practice* (Commemorative ed.). Menlo Park, CA: Addison Wesley.
- Buerhaus, P., Auerbach, D., & Staiger, D. (2007). Recent trends in the registered nurse labor market in the U.S.: Short run swings on top of long-term trends. *Nursing Economics*, 25(2), 59–66.
- Commission on Collegiate Nursing Education (2015). Standards for Accreditation of Entry-To-Practice Nurse Residency Programs. Retrieved from

<https://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Entry-to-Practice-Residency-Standards-2015.pdf>

Goode, C. J., Lynn, M. R., McElroy, D., Bednash, G. D., & Murray, B. (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *The Journal of Nursing Administration*, *43*, 73-79.

doi:10.1097/NNA.0b013e31827f205c

Jones, C., & Gates, M., (2007). The costs and benefits of nurse turnover: A business case for nurse Retention. *OJIN: The Online Journal of Issues in Nursing*. *12*(3).

Institute of Medicine. (2010). The future of nursing: Leading change, advancing health: Report brief. Retrieved from [http://www.iom.edu/~media/Files/ReportFiles/2010/The-Future-of-Nursing/Future of Nursing 2010 Report Brief.pdf](http://www.iom.edu/~media/Files/ReportFiles/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf)

Kotter, J. P. (2007). Leading change: Why transformation efforts fail. *Harvard Business Review*, *85*(1), 96–103. Retrieved from <https://academicguides.waldenu.edu/library>

Kovner, C., Greene, W., Brewer, C., & Fairchild, S. (2009). Understanding new registered nurse's intent to stay at their jobs. *Nursing Economics*, *27*(2), 81-98.

Kowalski, S., & Cross, C. L. (2010). Preliminary outcomes of a local residency program for new graduate registered nurses. *Journal of Nursing Management*, *18*, 96-104. Doi:10.1111/j.1365-2834.2009. 01056.

Manojlovich, M. (2007). Power and Empowerment in Nursing: Looking Backward to Inform the Future. *OJIN: The Online Journal of Issues in Nursing*, *12*(1).

- Melnyk, B. M., & Fineout-Overholt, E. (2011). *Evidence-based practice in nursing & healthcare: A guide to best practice* (2nd ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
- National Council of State Boards of Nursing. (2012). *TTP: Newly licensed registered nurse (RN) and licensed practical/vocational nurse (LPN/VN) activities*. Chicago: Author. Retrieved from www.ncsbn.org/Vol_22_web.pdf
- Rossett, A., & Sheldon, K. (2001). *Beyond the podium: Delivering training and performance to a digital world*. San Francisco, CA: Jossey-Bass/Pfeiffer
- Rhodes, C., Radziewicz, R., Amato, S., Bowden, V., Hazel, C., McClendon, S., & McNett, M. (2013). Registered nurse perceptions after implementation of a nurse residency program. *The Journal of Nursing Administration*, 43, 524-529.
doi:10.1097/NNA.0b013e3182a3e8e4
- Rush, K.L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, 50, 345–356.
- Trepanier, S., Early, S., Ulrich, B., & Cherry B. (2012). New graduate nurse residency program: A cost benefit analysis based on turnover and contract labor usage. *Nursing Economics*, 30(4), 207-214. Retrieved from http://www.medscape.com/viewarticle/770115_4

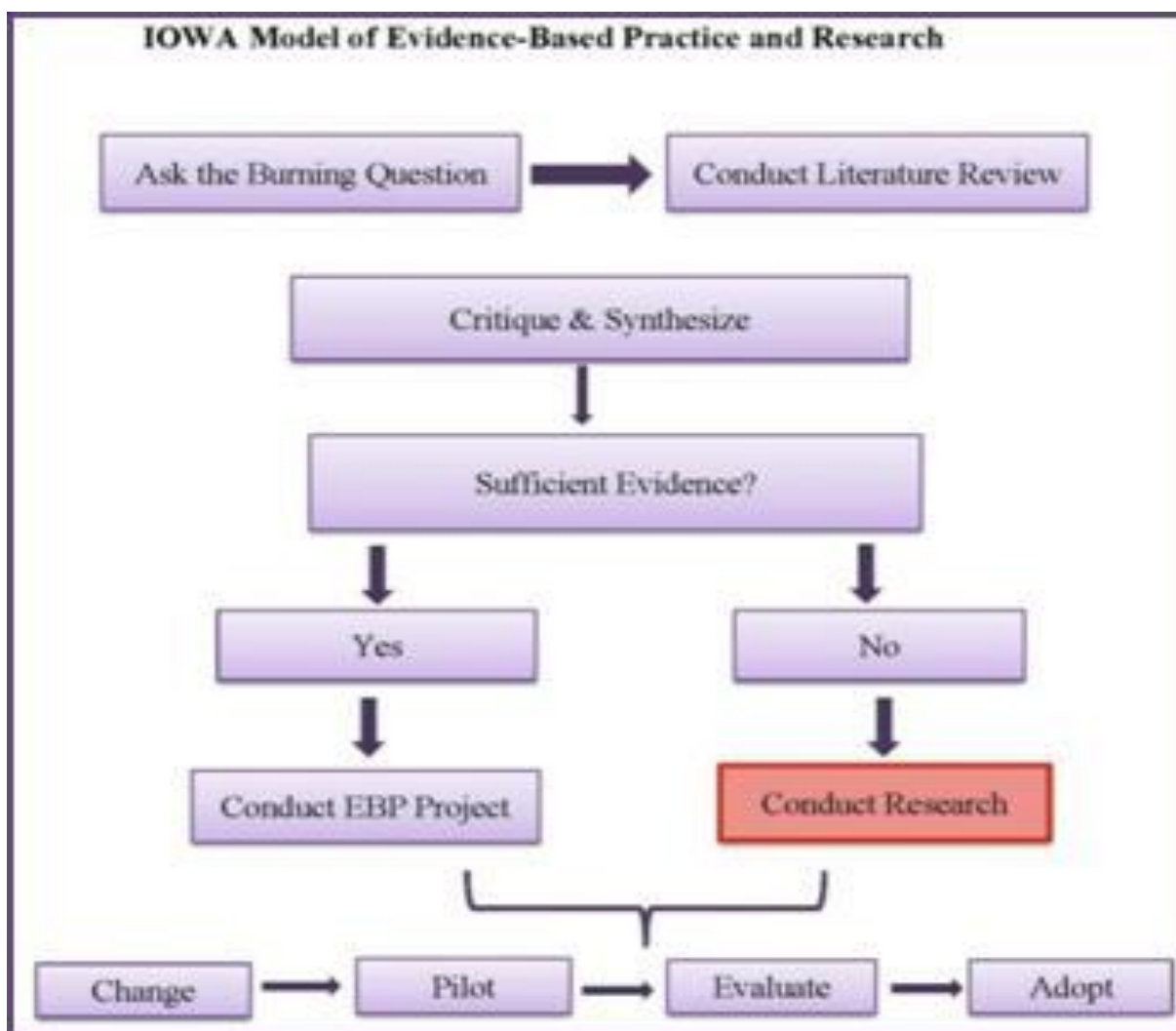
- Titler, M.G., Kleiber, C., Steelman, V.J., Rakel, B.A., Budreau, G., Everett, L.Q., & Goode, C.J. (2001). The Iowa Model of Evidence-Based Practice to Promote Quality Care. *Critical Care Nursing Clinics of North America*, 13(4), 497-509.
- Ulrich, B., Krozek, C., Early, S., Ashlock, C. H., Africa, L. M., & Carmen, M. L. (2010). Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economics*, 28(6), 363–375.

Appendix A: Benner's Novice to Expert

Stage	Orientee Characteristics	Preceptor Implications
Novice	<ul style="list-style-type: none"> • No experience with situations in which they are asked to perform tasks • Inability to use discretionary judgement • Use of context-free rules to guide actions • No rule about which tasks are most relevant in a real-world situation or when an exception to the rule is necessary 	<ul style="list-style-type: none"> • Teach rules to guide actions that can be recognized without situational experience • Must be backed up by a competent nurse
Advanced Beginner	<ul style="list-style-type: none"> • Demonstrates marginally acceptable performance • Is gaining experience with real situations to note meaningful patterns and attributes (or have them pointed out by preceptor) • Can formulate guidelines for actions in terms of patterns and attributes • Difficulty identifying important aspects; treats all attributes as equally important 	<ul style="list-style-type: none"> • Shift from teaching rules to guidelines • Help to recognize patterns and their meanings • Assist in prioritizing • Must be backed up by a competent nurse
Competent	<ul style="list-style-type: none"> • Begins to see his or her actions in terms of long-term goals or overall plan • Begins to distinguish between relevant and irrelevant attributes • Feels the ability to cope and manage the unforeseen events • Lacks the speed and flexibility of a proficient nurse 	<ul style="list-style-type: none"> • Focus on improving decision-making skills and ways to improve coordination of multiple, complicated care needs of patient assignments • A good preceptor for a novice nurse
Proficient	<ul style="list-style-type: none"> • Can discern situations as wholes rather than single pieces • Uses past experiences rather than rules to guide practice • Can recognize when the expected normal picture is absent • Considers fewer options and hones in on accurate elements of problems 	<ul style="list-style-type: none"> • Use complex case studies to facilitate learning • A good preceptor for a competent nurse
Expert	<ul style="list-style-type: none"> • Practices holistic rather than fractionated • Grasps situation intuitively and correctly identifies solutions without wasting time • Extraordinary management of clinical problems • Considered an expert by others 	<ul style="list-style-type: none"> • Often not possible to recapture mental processes • Encourage exemplars and descriptions of excellent practice • A good preceptor for a competent nurse

Data from Benner, P. (1982). From novice to expert, *American Journal of Nursing*, 82, 402-407. Baltimore, 2004

Appendix B: IOWA Model of Evidence-Based Practice and Research



From: Titler, M.G., Kleiber, C., Steelman, V.J., Rakel, B.A., Budreau, G., Everett, L.Q., ... Goode, C.J. (2001). The Iowa Model of Evidence-Based Practice to Promote Quality Care. *Critical Care Nursing Clinics of North America*, 13(4),497-509.

Appendix C: Internal Cost Analysis

Fees for curriculum and testing support such as books, eLearning,	5,000 (based on previous new hire expenses)
New Graduate nonproductive cost (12 weeks)	129,600
Catering for new graduate/preceptor brunch/sessions	2000 (using the hospital cafeteria to cater).
Preceptor cost at 2/hr. x 12 weeks	9,600.
New RN salary post residency program	43,200x10=432,000
Mentor Cost	00
Total cost per resident nonproductive hours	14,620 x 10=146.200
Total cost per 1 year for 10 new graduates	578,200
Total cost per 10 agency nurses at 65/hr.	1,460,160
Estimated replacement cost of new graduate based on 2012 labor coast analysis	64,000 per nurse x 10 =640,000
Total agency savings annually.	881,960
Total retention savings annually.	61,800
Total Annual Savings	943,760

Appendix D: Nurse Residency Program Pre-Inception Questionnaire

Based on Standards for Accreditation of Entry-To-Practice Nurse Residency Programs

Instructions: Based on the proposed evidenced based nurse residency program to what degree where the below mentioned standards met. Please check the box that most accurately reflects your choice

Statement	4=Excellent	3=Good	2=Fair	1=Poor	No Response
STANDARD I PROGRAM QUALITY: PROGRAM FACULTY					
IA. The program facilitator identified faculty and educators who will be committed to the program for a specified period.					
IB. The program participants will understand their roles and responsibilities and these roles and responsibilities are clearly defined.					
IC. The program faculty has the appropriate education and experience to achieve the mission, goals, and expected program outcomes					
STANDARD II PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES					
IIA. Through partnership, the acute care hospital and academic nursing program(s) will foster the achievement of the mission, goals, and expected program outcomes.					
IIB. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes.					

IIC. The program identifies to eligible candidates for the program, and all eligible employees may participate in the program.					
IIC. A residency coordinator is designated who is academically and experientially qualified to provide effective leadership to the program in achieving its mission, goals, and expected outcomes.					
IID. The program faculty/educators are sufficient in number to achieve the mission, goals, and expected program outcomes.					
IIE. Teaching-learning support services are sufficient to ensure quality and will be evaluated on a regular basis to meet the needs of the program and the resident.					
II-F. The chief nursing officer is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes					
II-G. The chief nursing officer has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.					
II-H. The chief nurse administrator is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes.					
II-I. Unit leadership of the acute care hospital assures					

resident participation in program activities.					
<p>STANDARD III</p> <p>PROGRAM QUALITY:</p> <p>CURRICULUM</p> <p>The nurse residency program curriculum is centered on leadership, patient outcomes, and professional role. Leadership focuses on managing resources, including staff, supplies, and services for quality patient care. Patient outcomes focus on nurse sensitive quality indicators and on the provision of quality care and assurance of patient safety. Professional role focuses on the advancement of nursing knowledge and experience.</p>					
<p>III-A.1. Management of Patient Care Delivery</p> <p>The program is designed to give the resident the skills to manage the delivery of patient care, including determining the appropriate plan of care, organizing and prioritizing care, and delegating care to unlicensed or supportive care givers.</p>					
<p>III-A.2. Resource Management</p> <p>The program is designed to help the resident develop the effective resource management skills needed to deliver safe patient care and optimize patient flow. These skills include time management, organization of care delivery, prioritization, and decision making.</p>					
III-A.3. Communication					

<p>Language and communication are major components of the provision of safe patient care. Nurses are responsible for communicating with other members of the health care team to safely and effectively manage patient care. The program is designed to develop the resident's communication skills, including the effective transmission of information based on the patient's plan of care and changes in condition. Residents are expected to communicate within the established chain of command</p>					
<p>III-A.4. Conflict Management The program is designed to help the resident develop skills needed to manage conflict that may occur within the health care team and between patients and their families and the health care team.</p>					
<p>III-B. PATIENT OUTCOMES The program is designed to give the resident the skills to safely manage patient care for quality patient outcomes. The resident uses case studies and examples from clinical practice to understand the impact of actions on patient outcomes, as well as the effect of system issues on care delivery and outcomes.</p>					
<p>III-B.1. Management of the Changing Patient Condition The program is designed to give the resident the skills to apply standards of care, policies, and procedures for patient assessment and</p>					

reassessment, including responses to changes in patient condition and alterations in the plan of care.					
<p>III-B.2. Patient and Family Education</p> <p>Patient and family education is an essential element of the professional nurse role. Education should be specific to the patient's needs and presented in a way that meets the patient's learning preferences and style. Such education includes health promotion and prevention as well as disease management. The program promotes the resident's continued development in identifying available resources to provide quality instruction to patients and their families.</p>					
<p>III-B.3. Pain Management</p> <p>The program is designed to provide residents with basic knowledge of the professional and regulatory requirements for optimal pain management.</p>					
<p>III-B.4. Evidence-Based Skin Care Practice</p> <p>Skin integrity is a patient outcome and nurse sensitive indicator, linked to the outcomes of nursing practice. The program is designed to provide the resident with the ability to analyze and implement best practices for maintaining skin integrity.</p>					
<p>III-B.5. Fall Prevention</p> <p>The nurse is the first line of defense in patient falls prevention. The program is</p>					

<p>designed to provide baseline knowledge and skills to assess patient risk for falling, and to manage this risk to prevent falls.</p>					
<p>III-B.6. Medication Administration Accurate medication administration is critical to patient safety. The program is designed to provide the resident with the ability to safely and correctly administer medications; to identify situations, circumstances, and actions that contribute to medication errors; to discuss how a blame free environment impacts both the reporting and the consequences of making medication errors; and to actively participate in the unit-based quality improvement efforts related to safe medication administration.</p>					
<p>III-B.7. Infection Control Controlling infection is essential for achieving quality patient outcomes. The patient depends upon nurses to actively intervene to prevent infection by using proper aseptic techniques, by exercising vigilance in detecting the early warning signs of infection, and by using rapid interventions to interrupt the progress of infection. The program expands the resident's knowledge of evidence-based infection control principles to apply critical thinking and skills in the prevention and alleviation of infectious diseases.</p>					

<p>III-C. PROFESSIONAL ROLE</p> <p>The program is designed to give the resident the skills to practice in a professional manner. The nurse is in a unique position to be involved with the patient and family in very intimate circumstances, up to and including the end of life. The resident recognizes that clinical decision making reflects ethics and values as well as science and technology. The resident is sensitive to and respects patients and families, including their values and health practices. The resident is prepared to work with and care for people while demonstrating sensitivity to such factors as age, gender, religion, culture, ethnicity, language, socioeconomic status, vulnerability, gender identity, sexual orientation, and lifestyle choice.</p>					
<p>III-C.1. Ethical Decision Making</p> <p>The nurse must be prepared for ethical dilemmas and be able to make decisions to support patients and families. The program is designed so that the resident continues to build a professional and ethical framework that can be utilized to resolve ethical problems encountered in clinical practice.</p>					
<p>III-C.2. End-of-Life Care</p> <p>The nurse cares for patients, families, and others significant to the patient at the end of life. The program is designed to</p>					

<p>help the resident integrate core knowledge and develop the professional role in providing support and care to the dying patient and family.</p>					
<p>III-C.3. Cultural Competence in the Nursing Care Environment The nurse cares for and works with diverse populations while demonstrating sensitivity to such factors as age, gender, religion, culture, ethnicity, language, socioeconomic status, vulnerability, gender identity, sexual orientation, and lifestyle choice. The program is designed to facilitate the resident's identification of issues related to diversity and transcultural nursing care in the care environment, and to increase the resident's sensitivity to diversity in both health care peers and patient populations.</p>					
<p>III-C.4. Stress Management The nurse must recognize and deal with personal stress levels in order to effectively manage situational stress. The program is designed to help the resident develop strategies to manage stress that results from a new job, role, or work environment. The resident must also learn to anticipate, assess, and intervene when situational stress occurs in a variety of interactions with different people</p>					
<p>III-C.5. Evidence-Based Practice The nurse must have current knowledge of best patient care</p>					

practices and must be able to use evidence from multiple sources, including nursing research. The program is designed to help the resident apply the concepts of evidence-based practice and identify its importance in the delivery of safe, quality patient care.					
<p>III-C.6. Professional Development</p> <p>The role of the professional nurse is constantly evolving and requires a commitment to life-long learning. The program is designed to provide the resident with the tools to develop a personal plan for professional development to advance the individual's experience, knowledge, education, and continued ability to contribute to quality health care.</p>					

From: Commission on Collegiate Nursing Education [CCNE] (2015). Standards for Accreditation of Entry-To-Practice Nurse Residency Programs. Retrieved from: <https://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-Entry-to-Practice-Residency-Standards-2015.pdf>

Appendix E: Table of Findings

Statement	Excellent	Good	Fair	Poor	No Response
STANDARD I Program Quality Program Faculty	8	0	0	0	0
IA. The program facilitator identified faculty and educators who will be committed to the program for a specified period.	8	0	0	0	0
IB. *The program participants will understand their roles and responsibilities and these roles and responsibilities are clearly defined.					
IC. The program faculty has the appropriate education and experience to achieve the mission, goals, and expected program outcomes	8	0	0	0	0
STANDARD II Program Quality: Institutional Commitment and Resources	8	0	0	0	0
IIA. Through partnership, the acute care hospital and academic nursing program(s) will foster the achievement of the mission, goals, and expected program outcomes.	8	0	0	0	0
IIB. *Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes.					
IIC. The program identifies to eligible candidates for the program, and all eligible employees may participate in the program.	8	0	0	0	0
IIC. A residency coordinator is designated who is academically and experientially qualified to provide effective leadership to the program...	8	0	0	0	0
IID. The program faculty/educators are sufficient in number to achieve the	8	0	0	0	0

mission, goals, and expected program outcomes.					
II-E. Teaching-learning support services are sufficient to ensure quality...	8	0	0	0	0
II-F. * The chief nursing officer is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes					
II-G. The chief nursing officer has the fiscal and organizational authority to allocate resources and supports the program in achieving its mission, goals, and expected outcomes.	8	0	0	0	0
II-H. *The chief nurse administrator is academically and experientially qualified to provide leadership for the program to achieve its mission, goals, and expected outcomes.					
II-I. Unit leadership of the acute care hospital assures resident participation in program activities.	8	0	0	0	0
STANDARD III Program Quality: Curriculum	8	0	0	0	0
III-A.1. Management of Patient Care Delivery The program is designed to give the resident the skills to manage the delivery of patient care...	8	0	0	0	0
III-A.2. Resource Management The program is designed to help the resident develop the effective resource management skills needed to deliver safe patient care...	8	0	0	0	0
III-A.3. *Communication Language and communication are major components of the provision of safe patient care. Nurses are responsible for communicating with other members of the health care team to safely and effectively manage patient care...					
III-A.4. *Conflict Management					

The program is designed to help the resident develop skills needed to manage conflict that may occur within the health care team and between patients and their families and the health care team.					
III-B. PATIENT OUTCOMES The program is designed to give the resident the skills to safely manage patient care for quality patient outcomes...	8	0	0	0	0
III-B.1. Management of the Changing Patient Condition The program is designed to give the resident the skills to apply standards of care, policies, and procedures for patient assessment and reassessment, including responses to changes in patient condition and alterations in the plan of care.	8	0	0	0	0
III-B.2. Patient and Family Education Patient and family education is an essential element of the professional nurse role...	8	0	0	0	0
III-B.3. Pain Management The program is designed to provide residents with basic knowledge of the professional and regulatory requirements for optimal pain management.	8	0	0	0	0
III-B.4. Evidence-Based Skin Care Practice Skin integrity is a patient outcome and nurse sensitive indicator, linked to the outcomes of nursing practice...	8	0	0	0	0
III-B.5. Fall Prevention The nurse is the first line of defense in patient falls prevention...	8	0	0	0	0
III-B.6. Medication Administration Accurate medication administration is critical to patient safety. The program is designed to provide the resident with the ability to safely and correctly administer medications...	8	0	0	0	0

III-B.7. Infection Control Controlling infection is essential for achieving quality patient outcomes...	8	0	0	0	0
III-C. PROFESSIONAL ROLE The program is designed to give the resident the skills to practice in a professional manner...	8	0	0	0	0
III-C.1. Ethical Decision Making The nurse must be prepared for ethical dilemmas and be able to make decisions to support patients and families...	8	0	0	0	0
III-C.2. End-of-Life Care The nurse cares for patients, families, and others significant to the patient at the end of life...	8	0	0	0	0
III-C.3. Cultural Competence in the Nursing Care Environment The nurse cares for and works with diverse populations while demonstrating sensitivity...	8	0	0	0	0
III-C.4. Stress Management The nurse must recognize and deal with personal stress levels in order to effectively manage situational stress...	8	0	0	0	0
III-C.5. Evidence-Based Practice The nurse must have current knowledge of best patient care practices and must be able to use evidence from multiple sources, including nursing research...	8	0	0	0	0
III-C.6. Professional Development The role of the professional nurse is constantly evolving and requires a commitment to life-long learning...	8	0	0	0	0

*Results masked for organizational privacy.

From: Commission on Collegiate Nursing Education [CCNE] (2015). Standards for Accreditation of Entry-To-Practice Nurse Residency Programs. Retrieved from: <https://www.aacnursing.org/Portals/42/CCNE/PDF/CCNE-Entry-to-Practice-Residency-Standards-2015.pdf>