

Vizient/AACN Nurse Residency Program

Program overview



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Overview

Introduction and history

The Vizient/AACN Nurse Residency Program™ (NRP) effectively supports newly licensed nurses transitioning into their first professional role (nurse residents). The program began in 2002 as a multi-site research study based on the need to support and retain nurses in the profession. Support for the NRP increased significantly after the National Council of State Boards of Nursing published a paper and the Institute of Medicine's (IOM) (2011) report, *The Future of Nursing: Leading Change, Advancing Health*, endorsed the implementation of a transition-to-practice model for all newly licensed nurses (Spector & Echternacht, 2010).

The program is a partnership between Vizient® and the American Association of Colleges of Nursing (AACN). Using AACN's *Essentials: Core Competencies for Professional Nursing Education* (2021), the program is uniquely informed on the preparation of nurses and the competencies they possess upon graduation. The framework for the curriculum is built on the ten domains found within the *Essentials* document and developed by subject matter experts across the country.

The NRP is an added layer of support, in addition to new nurse orientation and preceptorship experience. Nurse residents meet monthly for 12 months. During this time, they learn from and network with content experts throughout the organization. They also participate in clinical reflection time, allowing them to connect with peers while developing critical thinking and decision-making skills.

The NRP curriculum consists of the following critical domains: Development of the professional nurse, foundations of nursing quality and safety, interprofessional practice, knowledge for nursing practice, leadership and systems-based practice, person centered care and scholarship for nursing practice. The curriculum focuses on application of knowledge and work experiences to assist newly licensed nurses as they transition toward competency during their first year of practice.

Program goals

Through the program the nurse residents will:

- Make the transition from advanced beginner nurse toward competent nurse.
- Develop effective decision-making skills related to clinical judgement and safety in the healthcare environment.
- Provide clinical nursing leadership, in conjunction with the interprofessional team, at the point of care.
- Strengthen commitment to the profession of nursing.
- Increase engagement in the healthcare organization and profession.
- Integrate best evidence into nursing practice.

Program roles and responsibilities

Academic partner- Collaborative relationship between an academic program and the NRP. Provides mutual support to each other. Minimally, the academic partners serve on NRP Advisory Board.

Advisory Board- Group of stakeholders, composed of nursing and organization leaders, who provide strategic direction for the program and ensure adequate program support and visibility.

Chief nursing officer (CNO)- Champion of the program who sits on the Advisory Board, obtains resources and promotes director and manager support.

Content expert- Individual with expertise in a particular topic, who presents to the nurse residents during seminar. This person may be internal, or from outside the organization or nursing specialty. Coordinators should schedule a pre-and post-presentation meeting with all content experts to review objectives engagement strategies and content. The coordinator can also serve as a content expert.

Coordinator- Responsible for the delivery and oversight of the program including planning, implementation, management and evaluation. They are an experienced, nursing professional with a BSN or higher (preferred). The coordinator should have excellent communication and interpersonal skills, as well as demonstrate abilities in program development and nursing leadership. Responsibilities include:

- Partner with Human Resources (HR) to recruit newly licensed nurses.
- Coordinate the entry of nurse residents into the NRP.
- Identify appropriate content experts to present the NRP curriculum.
- Identify and assign facilitators while providing ongoing support, communication and program materials.
- Participate in monthly Vizient coordinator calls and on-going training.
- Collect, interpret and disseminate NRP data and outcomes.

Evidence based practice (EBP)/Quality improvement mentor- Individual who helps support EBP/quality initiatives. May teach EBP/quality content, guide nurse residents through the EBP/quality process and develop a plan for sustainability. All roles in the NRP can serve as EBP/quality mentors and support the EBP/quality initiative.

Facilitator- Guides and supports nurse residents during clinical reflection time. Serves as a professional mentor and encourages critical thinking and application of knowledge. The facilitator should also be empathetic to the challenges of transitioning from student to professional nurse. Vizient recommends managers not serve in this role; the coordinator may serve as a facilitator. Responsibilities include:

- Facilitation of group discussion during clinical reflection.
- Serving as a point of contact for nurse residents.
- Assisting the coordinator during seminar, if needed.
- Promoting the development of critical thinking and leadership skills.
- Assisting with EBP/quality initiatives as needed.

HR partner- Promotes NRP during the hiring process, assists the coordinator with obtaining data such as: hiring trends, retention and termination data.

Newly licensed nurse- A nurse who has recently graduated from an accredited school of nursing and passed the state licensure exam.

Nurse resident- A newly licensed nurse enrolled and participating in the NRP.

Preceptor- Provides unit and clinical support during nursing orientation, essential in the transition experience. Preceptors should be aware and have knowledge of the NRP. Ideally, preceptors assist with seminar application at the unit-level and are aware of what is covered in the NRP. NRP updates should be communicated to preceptors on a routine basis. Consistent preceptorship is linked to retention in the NRP data.

Nurse director/manager- A nurse leader who oversees staff in a care area. Responsibilities include:

- Facilitation of nurse resident participation.
- Providing unit/care area guidance and support.
- Supporting NRP EBP/quality initiatives.
- Attending celebrations and EBP/quality initiative presentations.

Seminar structure

Nurse residents are assigned into cohort groups (based on hire date). Cohorts meet monthly for 12 months for NRP seminars.

Monthly seminars

The program is delivered via monthly seminars which include curriculum presentations, an EBP/quality initiative and clinical reflection time.

- Curriculum content is presented by content experts and applied using case studies, activities and discussion.
- Small groups of 6-10 nurse residents meet with facilitators for clinical reflection time.
- Nurse residents complete an EBP/quality initiative.

Clinical reflection time

Seminar days include a facilitated discussion of the nurse residents' experiences. Each cohort is divided into 6-10 nurse residents to form clinical reflection groups. Cohorts can be divided by service line, unit type or mixed. Nurse residents stay with assigned group and same facilitator for the entire year. During this time, the facilitator will ask the nurse residents to reflect on the content provided in the seminar and how it applies to their professional practice. Additionally, the facilitator will allow nurse residents to share progress, patient care situations, successes, concerns, fears and frustrations, as well as ask questions. They will encourage problem-solving within the group. This time is consistently identified as a favorite part of NRP. It should be emphasized that clinical reflections are confidential (short of any safety concerns) to encourage nurse residents to feel safe sharing. If the facilitator feels a safety issue has been identified, they should work with the nurse resident to ensure appropriate escalation.

Hybrid seminar guidance

It is recommended that seminars are in-person, encouraging peer connections and support. There are times when organizations may decide to provide seminars in a hybrid model, due to things like: logistics, state of the current workforce, distance concerns, etc. Seminar content can be delivered using an in-person or hybrid model (in-person, along with intermittent virtual). Coordinators should be thoughtful in creating meaningful connections in a hybrid platform, as peer relationships are ranked the most satisfying aspect of the nurse residents' work environment. Program surveys have shown an opportunity for improving peer support when utilizing virtual platforms.

Each program should assess which modality is best for their organization. Consider the following:

- Is there a platform available which will support virtual seminars?
- Do nurse residents have access to equipment that allows participation (e.g., camera and microphone). If not, can they utilize equipment at the organization?
- Adult learning theory

When planning monthly seminars, the following are recommendations for organizations utilizing the hybrid model:

- Four out of the 12 sessions should be in-person; ideally, the cohort should meet in-person once per quarter.
- The first seminar should be in-person, providing nurse residents an opportunity to connect and create a foundation to build their peer network.
- Provide frequent opportunities for nurse residents to interact with peers, nurse leaders and content experts.
- If the content expert does not feel comfortable operating the virtual platform, ask them to present during an in-person seminar.

- Ensure team building exercises are included in seminars.
- The following learning strategies are best delivered in-person:
 - Simulation (e.g., management of the changing patient condition)
 - Role playing
 - Competency verification
 - Hands-on learning

Organizations using a hybrid program model should communicate expectations and guidelines when using in a virtual environment. Consider the following:

- Virtual etiquette
- Camera usage (on vs. off)
- Participation requirements
- Technology assistance
- Compensation
- HIPAA compliance

Hybrid learning should be considered when:

- Nurse residents cover a large geographic area that present commuting challenges.
- Adequate classroom space is not available.
- Wanting to provide flexibility and autonomy with learning.
- Wanting to support anonymity (e.g., white board, direct messaging participation).

Curriculum

NRP curriculum

The NRP curriculum emphasizes enhancing the nurse residents' knowledge and critical thinking skills, communication, interprofessional practice, professional identity, leadership skills, ability to analyze and use evidence, application of outcomes data to improve patient care outcomes, and professional development. These focus areas are a central part of the framework of our program. All curricular resources are provided electronically via the NRP website.

The evidence-based curriculum was developed at the program's inception by clinical and academic nursing partners throughout the country. Content revisions continue every 3 years and as needed. The foundational themes include:

AACN's Essentials of Baccalaureate Nursing: In 2021, AACN published an updated edition of The Essentials: Core Competencies for Professional Nursing Education.

National Academy of Medicine's Future of Nursing Report (2010 and 2021): The initial Future of Nursing report was instrumental in recommending newly licensed nurses complete a transition to practice program. NRP following their undergraduate preparation. With the 2021 updates, each chapter promotes the nurses' role in health equity.

Kramer's Reality Shock Theory (1974): Kramer's seminal work on Reality Shock Theory introduced the transition phases all newly licensed nurses go through: honeymoon, shock, recovery and resolution. The reality shock transition period is usually 12 months, and the phases inform the order the NRP curriculum is presented.

Benner's Novice to Expert Theory (1982): Benner's Theory, based on the Dreyfus Model of Skill Acquisition, outlines how nurses acquire and use nursing knowledge as they move through 5 levels of nursing experience: novice, advanced beginner, competent, proficient and expert. During the NRP, the nurse resident will make the transition from advanced beginner towards competent nurse.

Duchscher's Transition Shock Theory: Built from Kramer's Reality Shock Theory, Duchscher focuses on 3 stages experienced by newly licensed nurses: Doing, being and knowing.

Tiered Skills Acquisition Model (2018): This tiered approach describes the importance of building a strong foundation of skills.

Curricular alignment

Apart from the framework and theoretical basis of the curriculum, the NRP maintains crosswalks to the following programs to ensure alignment with best practices in the nursing profession:

Quality and Safety Education for Nurses (QSEN): The overall goal of the QSEN project was to prepare future nurses with the knowledge, skills and attitudes necessary to continuously improve quality and safety. The NRP curriculum builds on the QSEN content from the pre-licensure education, applies it to various patient care situations and demonstrates its impact on patient outcomes.

Interprofessional Education Collaborative (IPEC): IPEC envisions collaborative practice as key to the safe, high-quality, accessible, patient-centered care desired by all. The NRP curriculum provides an interprofessional approach to patient management, which promotes effective teamwork and team-based care.

Commission on Collegiate Nursing Education (CCNE): The CCNE nurse residency accreditation outlines a set of standards for NRPs to successfully transition nurse residents into practice.

American Nurses Credentialing Center (ANCC): ANCC's Practice Transition Accreditation Program (PTAP) outlines a set of standards for NRPs to successfully transition nurse residents into practice.

Accreditation Commission for Education in Nursing (ACEN): ACEN outlines a set of standards for NRPs to successfully transition nurse residents into practice.

Curriculum structure

The curriculum contains a series of content and work experiences designed to assist newly licensed nurses as they transition to become leaders at the point of care. The program is intended for nurses who are in direct patient care roles. The curriculum may be adapted or customized to build on the content of each organization's existing nursing and specialty care orientation. It is expected the purpose and objectives will be met within the seminar. It is understood that content delivery will vary from one organization to another, and those developing the content should utilize available organizational resources while incorporating creativity and engagement. Each section of the curriculum contains the following:

Purpose and objectives: Guide the coordinators, facilitators and content experts in preparing the seminar content. Nurse residency objectives are cross walked with accreditation standards.

Assumptions: The knowledge and competencies nurse residents achieved during their undergraduate baccalaureate education, based on the AACN Essentials of nursing. This information will help mitigate duplication of content presented during NRP. It is recommended to show these to academic partners to ensure it is consistent with local curriculum.

Content outline: A suggested outline of curricular content, intended to build on the existing knowledge and skills of the nurse resident.

Learning activities and resources: Provided to supplement seminar content and encourage interactive learning. Some recommendations include lecture content, simulation activities, group discussions and case studies.

References: Citations are provided for topic content.

Bibliography: Recommended sources of information for coordinators, facilitators, nurse residents and content experts.

EBP/Quality initiative

The EBP/quality initiative is an essential component of the NRP. Listed below are recommendations for managing and implementing EBP/quality initiative:

Purpose: Most newly licensed nurses have a basic understanding of EBP/quality but have not had the opportunity to apply evidence in the clinical environment. EBP/quality is a foundational and ongoing component of the NRP, equipping newly licensed nurses with necessary skills for evidence-based decision making at the point of care. The focus on EBP/quality within the NRP not only enhances quality of nursing practice but also cultivates a spirit of clinical inquiry that prioritizes use of best evidence. Integrating EBP/quality initiatives into the NRP offers several key benefits. It promotes the development of leadership skills, critical thinking abilities and professional growth among nurses. By incorporating EBP/quality principles into practice, nurses are empowered to explore and utilize the most reliable evidence to inform their decision-making process. EBP/quality is a skillset which improves with practice. All nurse residents should experience EBP/quality improvement while supported and mentored by the NRP.

Responsible implementation: To optimize the effectiveness of EBP/quality initiatives, it is recommended to primarily focus on developing entry-level skills that emphasize the acquisition, comprehension and synthesis of evidence. It is essential to provide nurse residents with the necessary support, resources, and mentoring to ensure their success. EBP/quality initiatives will vary among different organizations. Implementation of these initiatives should be done safely. To ensure the safe implementation of EBP/quality initiatives, organizations should assess their readiness and capacity to support such initiatives. This involves evaluating the availability of necessary resources, including access to research databases, guidelines and expert mentors. Consider implementation if the organization has the means to do so. Adequate support and mentoring are particularly important for nurse residents who are participating in these initiatives, as they may benefit from the guidance and expertise of experienced practitioners. Capacity to support EBP/quality initiatives will vary from organization to organization.

Managing multiple initiatives: Schedule checkpoints to meet with EBP/quality groups throughout the year. Ensure deliverables are met after each session so you may build on the progress during the next seminar. EBP/quality work should be completed during NRP seminar time.

Many programs store EBP/QI materials on a shared platform for nurse residents to access, allowing coordinators to evaluate EBP/QI progress outside of seminar time. Solicit help from facilitators, nurse directors/managers and EBP/quality mentors to identify groups who are struggling and need additional support.

Program eligibility

Considerations

The NRP is considered a mandatory requirement for all newly licensed nurses meeting the following eligibility criteria:

- Successfully completed an accredited registered nursing program.
- Recent nursing graduate or has very limited clinical experience.
- Have obtained or are in the process of obtaining necessary registered nursing licensure.
- Would benefit from knowledge and support through their transition.

The program may also benefit outlier nurses who do not meet the above criteria (e.g., a nurse with less than 6 months acute care experience). Program participation for these nurses should be a case-by case decision. Considerations include:

- Does the nurse have prior nursing experience, less than 12 months?

- What experience does this nurse have? Would a nurse with previous experience differ in expertise from the newly licensed nurse entering the program? If so, participation in the program is not recommended.
- Will their prior experience affect the way they answer survey questions? (e.g., if the nurse worked 10 months in long-term care they may have more developed communication skills, medication administration, advocacy and autonomy skills, etc.) If so, the nurse should not complete NRP surveys or be entered into the NRP Admin tool.
- Will their prior experience affect the dynamic in a clinical reflection group? (e.g., will their experience result in a shorter preceptorship or more comfort in basic skills?) This could be intimidating for nurse residents who are less experienced.
- Asses the accreditation standards if your program is accredited or is seeking accreditation.
- If the NRP would not be beneficial for the nurse in question, but support for their transition may be helpful, program resources may be utilized to support the nurse. The nurse may attend specific NRP seminars if the content addressed would be beneficial.

Associated degree nurses (ADNs)

Identify content not covered in the pre-licensure curriculum; connect with the local ADN academic partner. Provide additional experiences as needed to address gaps.

Licensed practical nurses (LPNs)/Licensed vocational nurses (LVNs)

The NRP is designed for newly licensed RNs. Due to differences in licensing, education and scope of practice, the NRP historically has not incorporated LPNs/LVNs; however, with the addition of LPNs/LVNs to the acute care team, organizations may utilize the NRP materials outside of the traditional RN. If an organization is hiring newly licensed LPNs/LVNs, NRP guidance is:

- Understand national and state nurse practice acts.
- Recognize the differences in scope, practice and educational preparation for RNs and LPNs/LVNs with a clear delineation of roles, responsibilities and organizational policies.
- Understand the RN role in the oversight of and collaboration with LPN/LVN practice within the organization.

If LPNs/LVNs do participate in the NRP, the following is recommended:

- Structure:
 - Monthly meetings and clinical reflection time over 12-months.
 - May participate in combination with nurse residents (e.g., newly licensed RNs enrolled in the NRP) or separately, depending on organizational preferences.
 - Evaluate pros and cons of separate versus combined clinical reflection groups; consider background, number of nurses and scope of practice differences.
- Curriculum:
 - Consider national and state nurse practice acts and organizational policies; inclusive of LPN/LVN scope, practice and educational preparation.
 - Tailored to organizational preferences and goals that align with the best interests of nurse residents and newly licensed LPNs/LVNs.
 - Consider shadowing opportunities to enhance LPN/LVN experience and/or to fill potential gaps in clinical experiences.
- Data:

- Encourage completion of the Casey-Fink, Vizient/AACN Progression Survey and Post-residency Survey and End of Program Survey within the Vizient database as an LPN/LVN. If LPN/LVN transitions to the RN role, complete surveys as offered in the NRP.
 - Utilize a unique RN ID in the NRP Admin Tool if LPN/LVN transitions to the RN role to differentiate survey results (for example: 12345678RN).
- The Vizient dashboard will default to RN data; to review LPN/LVN data, select LPN/LVN category in the “more filters” selection under “degree awarded”.
- Review the RN and LPN/LVN data sets separately for data integrity.
- LPN/LVN data will not be included in annual Vizient reports.
- Other considerations:
 - NRP coordinators, content experts and facilitators should differentiate LPN/LVN and RN scope of practice and licensing during content delivery and group discussions.
 - LPNs/LVNs do not have educational preparation in evidence-based practice (EBP); consider where and how LPNs/LVNs can be involved in your organizational EBP/quality initiatives.
 - When/if the LPN/LVN obtains an RN license, participation in the NRP is advised due to change in licensure, role, scope of practice and responsibilities.
 - NRP accredited organizations and those seeking NRP accreditation should review accrediting body eligibility guidelines.

Advisory Board

An Advisory Board composed of nursing and organization leaders should assist the NRP coordinator to provide strategic direction for the program, establish program policies, maintain organizational commitment and ensure adequate program support and visibility.

The NRP coordinator organizes and schedules the meetings. It is essential to include the CNO on the committee to increase buy-in from other nursing leaders. Suggested Advisory Board members include:

- CNO/Chief Nurse Executive
- Academic partner(s)
- Selected nurse directors/managers
- Clinical educators and/or nursing professional development specialists
- Content experts
- Former nurse residents
- Facilitators
- HR and recruiters
- Staff nurses and preceptors

To keep the meeting manageable, it is recommended members appointed to this board hold multiple roles, such as a staff nurse who is also a preceptor, or a clinical educator who serves as a facilitator.

The Advisory Board should meet frequently at the beginning of the program, usually once a month. As significant decisions have been made, the board can meet less frequently. If there is resistance within the organization, or challenges needing to be addressed, they may meet more often.

In addition to discussing challenges, the Advisory Board should review program data and evaluation, and participate in action planning to create well-rounded recommendations supported by stakeholders. It is important to send the message that the responsibility of NRP does not lie solely in the coordinators' hands, but instead is an organizational commitment.

CNO communication

Vizient recommends the coordinator set time aside with the CNO to discuss successes, challenges and the program's status. Many successful coordinators meet quarterly with their CNO, even if for 15 minutes, to communicate these items and ask for help with current challenges. An informed and engaged CNO is an essential piece for a successful program.

Academic partners

The NRP requires a partnership with one or more schools of nursing. This partnership should share resources, knowledge, and strengthen the relationship between academia and the organization. The organization benefits from the added expertise of the school's faculty and can draw on a larger pool of experts to serve as facilitators and content experts. The school benefits from increased understanding of the newly licensed nurses. It's essential to have an academic partner from each level of preparation being hired (ADN, BSN, Master's). This will provide the organization with a diverse perspective on the nurse residents' expectations of knowledge and skills, which can drive curriculum development and support. Minimally, the academic partners serve on the NRP's Advisory Board. They may also:

- Inform the coordinator on current academic curricula and develop strategies to build and prevent overlap when creating and delivering NRP content.
- Aid in providing access to scholarly journals or resources to support the EBP/quality initiative.
- Collaborate and share resources (e.g., equipment, meeting rooms and simulation space).

HR partnership

HR must have a good understanding of the NRP and its requirements. They will communicate program information to all applicants who qualify for the NRP. Nurse resident participation in the program is required. Nursing leadership and HR should message program expectations to all nurse residents prior to their first cohort. Organizational policies may dictate how the individual institution meets this expectation. Partnering with HR is essential for your program, as HR assists with providing:

- Hiring data and trends.
- Nurse retention and termination data.
- Internal and external marketing.
- External marketing such as recruitment fairs and visits to local nursing schools.

Program evaluation

Surveys

With the NRP, organizations are given access to the Casey-Fink Experience Survey, Progression Survey, Program Evaluation Survey and Post-Residency Survey. The nurse residents will complete these surveys at set intervals. The results of these surveys are displayed on the NRP Dashboard.

Data management

A benefit of the NRP is collecting data through surveys and benchmark results to measure success. Reporting the program data is vital for gaining support, communicating program outcomes and addressing challenges. To promote a successful program, the coordinator should track program data, at a minimum, via an evaluation plan.

Evaluation plan

An evaluation plan is a roadmap for the organization's program. It highlights the priorities of the NRP and helps guide continual improvement. An evaluation plan should be created upon implementation of the program, as it will help guide decisions and measure the program's success. Once created, the plan will assist the coordinator with communication amongst stakeholders, leadership and the Advisory Board. Evaluation plans are needed for accreditation.

NRP reports

In addition to survey results, the NRP also provides annual reports. Using the nurse resident survey data, organizations will receive a Site Report containing a summary of all survey data from the organization. A Benchmark Report is provided, which shows national benchmarks for each survey question. An Outcomes Report is published annually, reporting on national trends and insights from the past year.

The Nursing Leadership Report is based on the Nursing Leadership Survey, which coordinators distribute annually. The Vizient NRP team sends the survey link to coordinators at each organization to forward to leaders. Survey questions address the NRP's impact on care areas, feelings about EBP and the overall satisfaction and evaluation of the program.

Nurse resident termination tracking and reporting are the responsibility of the coordinator. Nurse managers and/or HR should notify coordinators when a nurse resident terminates. Once this information is received, the coordinators will enter the information into the NRP Admin Tool. The Termination Report in the NRP Dashboard tracks the organization's termination trends over time.

There are many resources on the NRP website to aid you in setting goals, creating an evaluation plan and using data to support your program. In addition, live virtual monthly trainings on using the NRP Admin Tool and NRP Dashboard are offered.

Specialty care areas

The NRP curriculum focuses on the professional transition of the nurse while making it applicable to all care areas. Specialty care areas face unique challenges the coordinator and content experts must consider when planning seminars. Tips for creating a well-rounded NRP that supports nurses in all care areas include:

- Communicate the care setting(s) to content experts allowing them to be inclusive of all areas.
- Coordinator should meet with the content expert to ensure seminar content is applicable to all care areas.
- Consider asking nurse residents what questions they have specific to the next month's topics.

Recommendations for success

The NRP began in 2002, and through the years, the program has gathered best practices for a successful and supported program. The following are recommendations for successful implementation of the program:

Nursing leadership support

The retention and engagement of nurses in the profession and at the organization takes a great deal of time, resources, and financial commitment. Lack of leadership support can result in low attendance, ineffective or incomplete EBP/quality initiatives, poor engagement and high turnover. To keep leaders engaged, coordinators must communicate program outcomes and survey data, involve leaders in EBP/quality work, provide program updates and show return on investment. Leadership should serve on the Advisory Board.

Nurse resident status change

One of the theoretical tenets of the NRP is Benner's Novice to Expert Theory, which states one does not become competent until working in the same role for 3 years. Vizient recommends nurse residents work full-time. Working part-time or PRN, a nurse will not progress as quickly; lower engagement is also a concern. The first 12 months of practice are

crucial in developing the newly licensed nurse. Be mindful of this when nurse residents are transferring units within your organization.

NRP coordinator full-time equivalent (FTE)

The NRP should have one nurse dedicated to serving as the coordinator for the organization. The recommendation for the coordinator is a 0.5-1.0 FTE due to workload responsibilities including: overall program delivery, program evaluation, communication of data and nurse resident feedback, management of EBP initiatives and coordination of monthly seminars. Responsibilities also include engagement at a national level, monthly coordinator trainings, program updates, annual conference attendance and connection to the NRP™ team for best practices.

If the NRP operates as a system, a dedicated system-level coordinator is essential to support resources and knowledge sharing amongst sites and to connect coordinators across the system.

Attendance

NRP seminar attendance considerations

Attendance in the NRP is a crucial component as Vizient recommends program attendance is mandatory. To support the nurse resident, ensure NRP is built into their work schedule. Be thoughtful and mindful when asking nurse residents to miss a seminar due to staffing, as this is their opportunity to grow and feel supported. When nurse residents are pulled from NRP seminars to aid on the units, a short-term fix prevents them from receiving the content and support for that month. Coordinators require the help of unit managers and staffing coordinators to allow nurse residents to attend seminars. The program's goal is to support the nurse residents' transition into practice and retain them in the profession, which cannot occur if they do not attend seminars.

The NRP requires nurse residents to be free approximately 1 day per month for 12 months, in addition to the institution's orientation and care area training. When the nurse residents are assigned to a night shift, they should ideally not work before attending a seminar.

Coordinators can assist with staffing challenges by planning NRP sessions with the staffing office. Other strategies include communicating NRP sessions in advance to the nurse resident and manager, and/or entering education days in the scheduling system for all seminar dates at the start of the cohort.

Tips for promoting seminar attendance

- Identify session dates and times as soon as possible.
- Reserve seminar room(s) in advance.
- Place NRP dates and times on the nurse residents' calendar for the entire 12 months.
- Support mandatory attendance.
- Communicate attendance expectations in advance (during the hiring process and ongoing).
- Report attendance by care area to nurse managers and appropriate leadership, advisory committee and CNOs consistently.
- Notify the appropriate nurse manager when a nurse resident misses a seminar.
- Share the NRP seminar calendar with the float pool or PRN manager to help strategize staffing needs for units with high numbers of nurse residents in the seminar.
- Work with nursing leadership to identify days that are difficult to staff and avoid seminar on those days.
- Provide NRP overview speaking points for nurse managers and HR representatives to utilize during interviews.

Coordinators are encouraged to enroll nurse residents in a cohort within 90 days of starting at the organization or transitioning to an RN role. Early involvement provides the nurse resident with the support they need and timely delivery

of crucial curricular material. During the first seminar, nurse residents complete their initial surveys, which informs coordinators and leadership how to support the nurse residents during the orientation period.

Every organization has different strategies used when hiring newly licensed nurses. Ideally, nurses are hired in one group, following nursing school graduations rather than rolling throughout the year. However, we understand this is not always possible. To ensure every nurse resident is enrolled in a cohort within 90 days of the start date, below are a couple of suggestions organizations can use:

- If you hire nurse residents on a continual, rolling basis, assess your historical hiring data and start your cohorts around those times.
- Are there a couple of months that you can consider "no hire" for newly licensed nurses to help meet the 90-day guidelines? For example, if December is historically a low-hire month, can you deem it a no-hire month, so nurse residents are not left unsupported by the NRP for more than 90 days?
- If a cohort has already started and has completed only 1 or 2 seminars, can newly hired residents join the existing cohort? Set up time with the nurse resident(s) to catch up on missed content.

Ensuring support from the time of hire to the NRP cohort start date is of utmost importance. Using the 90-day guideline can help organizations promptly address the needs of a nurse resident and mitigate any issues they may have. The seminar time will also provide them with important curriculum content to help them begin successful nursing careers.

NRP policies

Topics to address include:

- **Program logistics:** Definition of a nurse resident, eligibility, union guidelines (if applicable), participation of nurse residents who transfer within the system during their first year.
- **Attendance:** Does the same organization attendance policy apply to the NRP? Will it be counted as a "no-call, no-show"? How are absences tracked and reported? What are the number of missed seminars allowed for completion of the NRP? Is NRP part of, or in addition to, scheduled hours?, Is there manager support for scheduling and attendance? How do the nurse residents receive missed content?
- **Survey and EBP/QI requirements**
- **Facilitator requirements and expectations:** What budget do facilitator hours come out of?
- **Program stakeholder roles and responsibilities**
- **Conduct and behavior:** Active engagement, cameras on/off (if virtual), procedures for inclement weather.