

Evaluation of Maryland Nurse Residency Program Implementation

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Background

- In response to the IOM Future of Nursing (2011) report:
 - 2013: Maryland implemented Vizient/American Association of Colleges of Nursing (AACN) NRP in all acute care hospitals.
 - 2018: Implementation of the curriculum appeared to vary widely.
- <u>Problem:</u> 34 hospitals belonging to MONL Inc./ MNRC using standardized Vizient/AACN NRP
- <u>Purpose</u>: Examine the variability of NRP implementation in the hospitals

Methods

- Developed a standardized questionnaire examining program operations, duration, content, impact, and feedback
- Over 12 weeks: Interviews with NRP Coordinator or Director of Education
 - In-person, phone, or video conference

Results

20 out of the 34 hospitals completed interviews

| Program Similarities | Program Differences |
|--|---|
| Face-to-face monthly seminars Required evidence-based practice (EBP) participation Evaluated success using recommended validated tools Coordinators expressed difficulty understanding, teaching, and supporting residents with the required EBP initiative | Content Policies Nurse-resident work obligation contracts Attendance Make-up assignment requirements Session length and frequency Resident and coordinator feedback EBP initiative support |

Resident Comments

| Residents Enjoy | Residents Need | Residents Dislike |
|---|---|---|
| Topics Program Application of topics to unit Simulation Clinical Reflections Comradery among other residents | Interactive activities EBP guidance Session structure variety (i.e. speaker panel) Handouts Coaching on crucial conversations | Attending events Soft-skill discussions Topics which do not apply to unit |

Conclusion

- Adoption of a standardized program ≠ standardized implementation and outcomes
- Leaders drive resources, program implementation and program success
- Program fidelity ensures equity in resident learning and achieves outcomes
- Findings will be used to develop a standardized core curriculum for hospitals to use
- Adoption will reduce variability and provide additional support