

Transition to Nurse Residency Program Example Schedule (8 hr days/2 weeks)

Day/Time	Outcomes/	Content Outline	Required	Evaluation
	Objective		Resources	Method
Day 1	Demonstrates the role of a professional	Welcome/Ice breaker	Classroom	Observation Accesses policies/protocols
2 hours	nurse	 Program overview & expectations Time & attendance Professional appearance & attire Awareness/location of organization policies/protocols and access Chain of command Phone use & etiquette 	Policies Organizational chart Time Keeping	for practice Uses chain of command Complete and discuss pre-
		Learning needs assessment	Needs Assessment	assessment
6 hours	Demonstrate competence in fundamental nursing skills and patient/family/health care provider communication	 Hand hygiene Patient hygiene Make bed (with/without patient) Bath Mouth care Toilet Foley care Ambulate/transfer patients 	Policies-hand hygiene, patient safety, HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Assigned to a nursing unit(s) to demonstrate care	Demonstration/return demonstration Observation
		Communicate with patients/families Introduce self 		



		 Patient identification/ identifiers Verbal/nonverbal behaviors 		
Day 2	Demonstrate competence in	Vital signs	Policies-vital sign protocols, isolation	Demonstration/return demonstration PPE
8 hours	fundamental nursing skills and basic	Isolation precautionsDon and doff PPE	precautions, equipment maintenance	Observation
	patient/ family/health care provider	Handling soiled equipmentHandling specimens	PPE	
	communication	Continue patient hygiene-AM care/ambulation	Assign to a nursing unit(s) with patients on isolation precautions to	
		Patient/family/health care providers communication	demonstrate care	
Day 3	Demonstrate	Room Set-up & Use	Policies-skin/wound	Demonstration/return
4 hours	competence in assessment and basic	O2 Suction	care, falls prevention, CAUTI, intravenous	demonstration
	communication skills patient/family/	Bed AlarmIV Pump	line protocols, others- nurse-sensitive	Observation
	health care providers	• Other	indicator data,	
		Situational awareness Safety/room environment 	Rooms requiring set up for patient admissions	
		 Physical Assessment Systems assessment (head-to-toe) Skin assessment Wound care 	Multiple nursing units with varying patient conditions for assessments	



		 Falls risk PIV site care-discontinue PIV Sharps safety Recognize when to seek help Patient/family/healthcare provider communication 		
4 hours	Demonstrate competence in communication skills	Documentation in EMR Accurate data entry (i.e., intake and output) Professional writing (Notes)	Documentation policies IT computer lab	Enter patient assessments into the EMR playground for novice learners Compare nurse resident assessments with RN
Day 4 8 hours	Demonstrate competence in communication skills	 Communicate with patient/family Education Plan of care Basic end of life Basic communication with an escalating patient/family Document comunication Demonstrate communication with staff Shift report (handoff) Transfer of care Document communication 	Policies-patient education, plan of care, ethics Simulation Case scenarios Patient/family actors Role-playing with peers IT computer lab	Simulation debriefing Observation Return Demonstration Enter patient education, patient/family, staff, and other discipline communications into the EMR



Day 5 7 hours	Demonstrate competence in assessment, patient education, and communication skills	 Report patient condition to provider Call provider – SBAR Document communication Delegate to others Continue to assess patients with varying conditions Provide patient education Initiate and update the plan of care Set goals with patient Admit & discharge patients 	Policies patient education, admission, and discharge New patient admissions Patients identified for discharge	Observation Observation
1 hour	Demonstrate competence in communication skills	Document patient education Document patient admissions & discharges	IT computer lab	Enter patient admission/discharge/assess ment data into the EMR playground Enter patient education Develop a plan of care Compare with RN documentation
Day 6 4 hours	Demonstrate competence in assessment skills	 Function as a medication nurse Topical medication Application Oral medications IM/SubQ injections 	Medication administration policies- high risk medications, heparin, insulin, antibiotics	Observation-adherence to policy Documentation



		 IV medications Antibiotics (time/lab tests) NG/PEG Tube Insulin - point of care tests/glucometer Sharps safety 	Medical-surgical nursing units	Observation
4 hours	Demonstrate competence in assessment, delegation, and communication skills	Continue patient hygiene, safety and isolation procedures, assessment, goal setting and education, room set up and admissions, patient discharge Delegate to others Give shift and transfer of care reports (handoff)	Rotate new nurses b/w patient care & medication administration duties Provide opportunities to demonstrate giving shift and transfer of care reports	Observation
Day 7 1 hour	Demonstrate competence in fundamentals, communication, and assessment skills	Recognize changing patient condition Seek assistance/SBAR	Policies-Rapid response team, code blue, ethics Simulation Case scenarios Patient/family actors Role-playing with peers	Simulation debriefing Observation Return demonstration
6 hours	Demonstrate competence in fundamentals, communication, and assessment skills	Perform all aspects of care for 1-2 patients-not as primary Delegate to others Communicate with all members of the health care team and in the EMR	Care for patients with multiple comorbidities	Observation



1 hour	Demonstrate competence in assessment and communication skills	 Round with other disciplines to learn the role, for example code blue/ rapid response team Respiratory therapy 	Share time with other disciplines Goals/objectives/ expectations for learning	Observation Achieve learning outcomes
		Wound ostomy nurseClinical pharmacistDietician		
Day 8	Demonstrate competence in	Perform all aspects of care for 2-3 patients-not as primary	Care for patients with multiple comorbidities	Observation
6 - 7 hours	fundamentals, communication, and assessment skills	Delegate responsibilities Communicate with all members of the health care team and document in the EMR Recognize changing patient condition Seek assistance		
1-2 hours	Demonstrate competence in communication skills	 Share time on units in the same service line/department. For example, new nurses working on the mother-baby unit visit labor & delivery and the neonatal ICU new nurses in medical-surgical visit ED and critical care units, operative 	Assign nurses to units/departments for share time Goals/obectives/ expectations for learning	Observation Achieve learning outcomes



		services, imaging services, etc.		
Day 9	Demonstrate competence in	Perform all aspects of care for 2-3 patients-not as primary	Care for patients with multiple comorbidities	Observation
6 -7 hours	fundamentals, communication, and	Delegate responsibilities		
	assessment skills	Communicate with all members of the health care team and document		
		in the EMR		
		Recognize changing patient		
		condition		
		Seek assistance		
1-2 hours	Demonstrate competence in assessment and	Share time on another nursing unit or round with other disciplines	Share time with other disciplines	Observation
	communication skills		Goals/obectives/ expectations for learning	Achieve learning outcomes
Day 10	Demonstrate competence in	Perform all aspects of care for 3 patients-not as primary	Post assessment	Review pre and post- assessment; identify
8 hours	fundamentals, communication, and assessment skills	Complete post-assessment		strengths and areas for continued growth