

Transition to Nurse Residency Program

Maryland Organization of Nurse Leaders, Inc./
Maryland Nurse Residency Program

February 10, 2021



**Transition to Nurse Residency Program
Hospital & Academic
Taskforce Members**

Hospital	Academic
<p>Chair: Eursula David-Sherman MSN, RN, NPD-BC Nurse Residency Coordinator Adventist Healthcare Shady Grove Medical Center</p>	<p>Co-chair: Jana Goodwin PhD, RN Assistant Professor, Director BSN Program University of Maryland School of Nursing</p>
<p>Ursula Bishop, BSN, RN Clinical Program Manager: Nurse Residency Program St. Agnes Hospital</p>	<p>Arneshuia Bilal, MSN Ed, RN, CCRN-K Associate Professor Montgomery College</p>
<p>Carol Chandler, MSN, RN, CENP Associate Vice President Professional Development & Practice Adventist Healthcare Shady Grove Medical Center</p>	<p>Judith A. Feustle, ScD, RN Associate Dean, Nursing Stevenson University</p>
<p>Tolvalyn Dennison, MSN, RN, AGCNS-BC, CNE Nurse Residency Coordinator Adventist Healthcare White Oak Medical Center</p>	<p>Vivian Kuawogai, MSN, RN, MS Ed, CPN, CNE Professor of Nursing, Nursing Department Chair Prince George's Community College</p>
<p>Karen Dunn, MS, RN, CMSRN Nurse Residency Coordinator TidalHealth</p>	<p>Kyla Newbould, DNP, MS, RN Director of Nursing Education Frederick Community College</p>
<p>Shahde Graham-Coker, MSN, RN-BC Newly Licensed Nurse Residency Program & Nursing Support Program Grant Coordinator University of Maryland Capital Region Health</p>	<p>Denyce Watties-Daniels, DNP, MS, RN Associate Professor, Director – Simulation and Learning Resource Centers Coppin State University-College of Health Professions</p>
<p>Irma Holland, MSN, RN, NPD-BC Director of Clinical Education and Professional Development & Nursing Informatics Luminis Health Anne Arundel Medical Center</p>	<p>Betty Webster, DNP, RNC Nursing Program Director – Catonsville Community College of Baltimore County</p>
<p>Racquel McCrea, MSN, RN, NPD-BC Clinical Education Specialist/Nurse Residency Administrator Luminis Health Anne Arundel Medical Center</p>	<p>Rebecca Wiseman, PhD, RN Associate Professor, Chair – UMSON at Universities at Shady Grove, Director – Maryland Nursing Workforce University of Maryland School of Nursing</p>
<p>Cynthia Mohardt, BSN, RN, CMSRN Education Specialist Nurse Residency Program Adventist Healthcare Shady Grove Medical Center</p>	<p>Kathleen Z. Wisser, PhD, RN, CNE Dean, School of Nursing Notre Dame of Maryland University</p>
<p>Monica Nelson, MSN, RN-BC Director of Clinical Education Mercy Medical Center</p>	

Virginia Nganga, MSN, RN, PCCN Nurse Residency Program Coordinator Lifebridge Sinai Hospital Baltimore	
Robin Price, MSN, RN Manager of the New Graduate Nurse Residency Program & Nursing Retention University of Maryland Medical Center	
Dana Rose, BSN, RN Clinical Nurse Educator, Nurse Residency Coordinator CalvertHealth Medical Center	
Mary E. Zaleski, DNP, RN-BC, CEN, CPEN, FAEN Coordinator of Clinical Practice Grace Medical Center	

Maryland Organization of Nurse Leaders, Inc./Maryland Nurse Residency Collaborative
Joan Insalaco Warren, PhD, RN, NPD-BC, NEA-BC, FAAN Executive Director
Jennifer Stephenson Zipp, DNP, MS, RN Nurse Residency Program Consultant/ Coordinator

Acknowledgments

We want to thank Althea I. Miller-Umar, BSN, RN, University of Maryland Psychiatric DNP Student, for conducting the environmental scan on the impact of COVID-19 on prelicensure nursing education.

We also thank Molly Somerville for editing and formatting the Toolkit.

Table of Contents

Overview	1
Program Assumptions.....	3
TNRP Assumptions	3
Background.....	3
Program Implementation.....	5
Intended Audience.....	5
Goal	5
Objectives.....	5
Structure	5
Curriculum	7
Pre/Post Assessment	7
Evaluation.....	7
Appendix A: SBAR.....	9
Appendix B: Effects of COVID-19 on Newly Licensed Registered Nurses.....	10
Appendix C: Environmental Scan Data.....	11
Appendix D: Sample Schedules.....	13
Appendix E: Curriculum	26
Appendix F: Pre/Post Assessment.....	30
Appendix G: Program Evaluation.....	32
Appendix H: Measurable Outcomes	34

Overview

The Maryland Organization of Nurse Leaders, Inc./Maryland Nurse Residency Collaborative (MONL, Inc./MNRC) formed a statewide task force of Maryland hospital and academic leaders to develop onboarding strategies for new nurses transitioning into practice during the COVID-19 pandemic. In March 2020, the pandemic's strain on hospital resources and safety concerns for students, hospital staff/faculty, and patients necessitated hospital and academic nursing leaders to halt on-site student clinical experiences. The nursing education community quickly expanded the amount of content taught in simulation and virtual clinical to compensate for losing these hands-on experiences.

Today, established guidelines are facilitating students return to the clinical settings. However, the number of available student placements, the number of students permitted on clinical units, and students' ability to demonstrate psychomotor skills and competencies are limited. Specialty units, like labor and delivery, pediatrics, and behavioral health, may restrict student presence altogether to protect patients. Additionally, nursing students may not have the opportunity to perform psychomotor skills like aerosol-generating procedures requiring an N95 respirator because hospitals must conserve and optimize personal protective equipment (PPE) supplies, and nursing schools have experienced difficulties accessing PPE.

Limited clinical sites and PPE have resulted in students graduating without hands-on clinical practice opportunities and experiences, especially in specialty areas. Many enter the workforce feeling unprepared, overwhelmed, and unconfident, resulting in extended hospital-based nursing orientation (Smith et al., 2021). Concerned about the clinical and emotional preparedness of new-to-practice nurses entering the workforce during the pandemic, hospital and academic leaders formed a statewide task force to find a solution. Members used data from an environmental scan and national and local best practices to develop an innovative curriculum to help hospitals onboard these unique graduates called the Transition to Nurse Residency Program (TNRP).

The TNRP program aims to fill the education-practice gap of new nurses entering the workforce during the COVID-19 pandemic. The goal of the TNRP is to return the new-to-practice nurses' skills and competencies to a level equal to their pre-COVID-19 pandemic counterparts. Its purpose is to assess and develop specific skills and competencies that pre-licensure nursing students could not demonstrate or experience due to the reduction or cancelation of in-person clinical

education. The TNRP is a time-limited hands-on program designed specifically for new nurses who had their education disrupted by the COVID-19 pandemic. It does not duplicate nor replace the 12-month Vizient/AACN Nurse Residency Program (NRP). Instead, the TNRP program is a precursor to the NRP offered at onboarding and before the new-to-practice nurses assume patient assignments. The SBAR (Situation, Background, Assessment, Recommendation) in Appendix A can be used to advocate for this program with hospital and nursing leaders.

The following Toolkit is intended to help guide hospital nursing leaders with program implementation. The Toolkit begins with assumptions and an overview of an environmental scan performed by Althea I. Miller-Umar, BSN, RN, University of Maryland Psychiatric DNP Student. Next are recommendations for pre/post learner assessment, curricular content, program implementation, resources, program evaluation, and outcomes measurement.

MONL, Inc./MNRC grants permission to hospitals to use and adapt materials in this toolkit on condition the MONL, Inc. logo is retained.

Program Assumptions

TNRP Assumptions

Taskforce members designed this Toolkit with the following assumptions:

- *All new nurses entering the workforce during the COVID-19 crisis will have less clinical experience than their pre-COVID -19 counterparts.*
- *New nurse's loss of clinical experiences is varied, resulting in different learning needs.*
- *All new nurses must be assessed, coached, and competence evaluated before assuming a patient assignment.*

Background

New-to-practice nurses graduating during the pandemic are more likely to fail the NCLEX and resign within their first year of hire. Nurses also report higher stress levels and lower unit engagement (Vizient/AACN Nurse Residency Program, 2021; Appendix B-Infographic). In a national survey, new nurses graduating during COVID-19 expressed the need for encouragement, support, and patience. They felt unprepared, overwhelmed, unsafe, and lacked confidence in their abilities. These new nurses wanted clinical experiences, like in school, with preceptors to coach them through the patients' overall management and hands-on practice (Smith et al., 2021).

In the context of the COVID-19 pandemic, the preceptor's role in facilitating learning, evaluating practice, socializing, and retaining new nurses is critical (ONL, 2020). However, preceptors are in short supply, presenting enormous challenges to hospitals. Preceptors are already required for students, new-to-practice nurses, and experienced nurses new to or transferring within the organization. COVID-19 requires even more from preceptors as they support large numbers of nurses redeployed to new units within the organization or across health care systems. Preparing for professional practice and retaining new nurses with less hands-on clinical experience poses a unique conundrum for hospital leaders.

Between October and November 2020, faculty at Maryland nursing school programs were interviewed, using semi-structured questions, to identify the impact of the COVID-19 pandemic on pre-licensure nursing education across the state (Althea Umar-Miller, DNP student leadership project). Faculty reported transferring more than 55% of traditional nursing student clinical experiences to simulation or virtual clinical platforms. For specialties like behavioral health, women's

health (labor/delivery), and pediatrics, some nursing school programs converted up to 100% of the clinical hours to alternative teaching methods. Faculty cited new nurses had limited ability to demonstrate or experience skills and competencies in fundamentals, communication, lines, tubes, and drains, medication administration, wound care, point of care testing, nursing leadership, and professionalism skills. Appendix C contains a complete listing of the competencies and psychomotor skills.

The MONL, Inc./MNRC formed a hospital-academic task force to design a time-limited program to prepare and support the new nurses graduating with limited clinical opportunities. The TNRP is modeled after several Maryland hospital programs developed explicitly for these graduates (Anne Arundel Medical Center, Shady Grove Medical Center, and CalvertHealth Medical Center). The TNRP curriculum incorporates data from the environmental scan, the collective knowledge and materials from the Maryland hospital programs, the task force members' expertise, and other national leaders/programs' information. Hands-on training is the foundation of the TNRP.

The TNRP uses a cohort model and hands-on experiences to help the new nurses with skills acquisition in fundamentals, communication, and assessment. New nurses start the program immediately following hospital orientation, and it lasts for upwards of 4-weeks. A nurse experienced in clinical education leads a cohort of 4-6 new nurses in this hands-on training, like nursing school program clinical rotations. New nurses are assessed at the time of hire, then provided opportunities to hone their clinical skills under the experienced nurse's tutelage. They do not receive a patient assignment while enrolled in the TNRP. The goal is to have the new nurse's competencies and skills in fundamentals, communication, and assessment equal to their pre-COVID-19 counterparts by program completion.

We anticipate this program will retain new nurses and increase their competence and confidence before assuming patient assignments. Anecdotally, preceptors report new nurses completing these programs are better prepared and require less remedial training on skills acquisition. Instead of focusing on skills, preceptors can integrate knowledge/theories into practice, support reflective thinking and decision-making. Of interest, rather than increasing orientation timeframes with the addition of the TNRP, hospital leaders reported these remained the same or decreased. Furthermore, the programs have resulted in more efficient and effective orientations, reduced preceptor workloads, and enhanced new nurses' and preceptors' satisfaction.

Program Implementation

Intended Audience

- Inclusion: All new-to-practice professional nurses (nurse graduates and registered nurses) enrolled in a pre-licensure nursing program during the COVID-19 pandemic.
- Exclusion: The TNRP is NOT for LPNs, CNAs, or health care workers.

Goal

Increase new-to-practice nurses' competence level (not necessarily confidence) equal to their pre-COVID-19 pandemic counterparts.

Objectives

By the conclusion of the program, the participant will be able to:

- Demonstrate competence in fundamental nursing skills.
- Demonstrate competence in basic communication skills.
- Demonstrate competence in assessment skills.

Structure

- *Personnel requirements:*
 - Nursing professional development (NPD) practitioners/preceptors/registered nurse (RN) coaches/ or nursing faculty members to assess and coach a cohort of new nurses as each demonstrates basic skills and competencies.
 - FTE requirement is dependent on the number of new nurse hires.
 - Recommend approximately 4-6 new nurses assigned to an NRP practitioner or other.
- *Learning environment*
 - Learning takes place in-person, using hands-on patient experiences or high/low fidelity simulation.
- *Approach*
 - This program takes place after the completion of hospital and nursing classroom orientation and before preceptor-led unit-based orientation.
 - The program uses a cohort model to train new nurses.
 - The program's focus is hands-on experiences covering the fundamentals, communication, and assessment skills identified in the curriculum.

- The NRP practitioner or other leads the cohort of 4-6 new nurses in this clinical rotation.
 - New nurses do not receive a patient assignment while enrolled in the program.
 - The new nurses complete a competency self-assessment, reviewed by the NPD practitioner or other, before demonstrating the skills and competencies identified in the curriculum.
 - Under the NPD practitioner's supervision or other, multiple learning opportunities are provided for the new nurse to repeatedly perform the skills/competencies to gain proficiency and competence.
- *Length*
 - We propose two models:
 - 2-weeks/10-days of 8-hour shifts for a total of 80 hours
 - 12-days/4-weeks of 12-hour shifts for a total of 144 hours (other training experiences, like phlebotomy, can be incorporated into the extended timeframe)
- *Scheduling*
 - The organization determines the schedule of learning activities and clinical days.
 - The person in charge of the program works collaboratively with nursing leadership to schedule residents.
 - Sample 2-week (8-hour shifts) and 4-weeks (12-hour shifts) schedules can be found in Appendix D.
- *Resources*

We recognize the program places a new financial burden on Maryland hospitals. The approximate cost per cohort of 5 new nurses to 1 NPD practitioner or other senior nurse for the 2-week 80-hour program is estimated at \$3,600 (1 NPD at \$45/hr X 80 hours= \$3,600), and the 4-week, 144-hour program is \$6,480. For a midsize hospital hiring 100 new nurses annually, 20 cohorts are required. Total program costs range from \$72,000 (80-hour program) to \$129,600 (144-hour program), excluding any associated backfill costs. Below are suggestions to help finance and staff the TNRP.

 - Funding may be obtained through the Nurse Support Program (NSP) I grant. Request a program revision from the Health Services Cost Review Commission (HSCRC).

- Establish a partnership with a local school of nursing to engage faculty in completing their community service obligations by assisting with the TNRP.
- Mills, M. E. NSP II grant. University of Maryland School of Nursing and 18 Maryland hospitals. Prepare hospital-based staff nurses as preceptors/clinical faculty. Warren/Mills will provide names of RNs completing the program upon request.
- NSP II Cohen Scholars (formerly Hal and Jo Cohen GNF)

Curriculum

- Go to Appendix E to view the curricular content, including goal, learning objectives, content, and suggested resources.

Pre/Post Assessment

- New-to-practice nurses graduating during the pandemic will enter the workforce with less clinical experience than in the past. The variability in student clinical experiences makes it difficult to predict their abilities and learning needs when entering the workforce.
- The new nurse will complete a self-assessment at the time of hire using the pre/post skills assessment form (Appendix F).
- The assessment form consists of a list of high priority skills grouped into three overarching categories: fundamentals, communication, and assessment.
- Hospital and academic leaders identified minimal skills and competencies new nurses require at the time of hire.
- The list is not exhaustive nor meant to replace clinical orientation or the NRP.
- The NPD practitioner or other evaluates the new nurse and signs the skill when competency is demonstrated.
- The NRP practitioner or other completes the post-assessment and hands off the document to the unit-based preceptor.

Evaluation

- Program Evaluation
 - Appendix G is the Program Evaluation new nurses complete at the end of the TNRP. Information will guide future program development.
- Organization Measurable Outcomes
 - Metrics (Appendix H) to evaluate program and cost-effectiveness are as follows: new nurse retention, FTEs, and orientation length.

References

ONL/Organization of Nurse Leaders (Massachusetts, Rhode Island, New Hampshire, Connecticut, & Vermont) & NLN/Massachusetts/Rhode Island League for Nursing. (2020). Supporting new nurse transition into practice during the COVID-19 pandemic [PDF file].

https://onl.memberclicks.net/assets/docs/NewNurseGroupSupport/New_Nurse_Transition_Report_COVID-19_Pandemic.pdf

Smith, S., Buckner, M., Jessee, M., Horst, T., Robbins, V., Robishaw, B., & Siepman, K. (2021, January 22). *The impact of COVID-19 on new graduate nurses & their transition to practice*. Online Webinar, Vanderbilt University Medical Center, Nashville, TN.

Vizient/AACN Nurse Residency Program (2021, January). *Effects of Covid-19 on newly licensed registered nurses*. https://www.vizientinc.com/-/media/documents/sitecorepublishingdocuments/public/disasterresources/nrpinfographic_covid19effect.pdf

Appendix A: SBAR

Implementation of the Transition to Nurse Residency Program

Situation

- New nurses graduating during the COVID-19 pandemic are entering hospitals with less clinical experience and highly variable learning, social and emotional needs (ONL & NLN, 2020).

Background

- In March 2020, the COVID-19 pandemic disrupted traditional prelicensure nursing education. The pandemic's strain on the health care system, coupled with nursing student safety concerns, caused hospital and academic leaders to make the difficult decision to halt clinical experiences.
- Disruption of the traditional on-site clinical experiences forced nursing school faculty to find alternate theory-based teaching strategies like virtual clinical and simulation to educate students.
- The disruption further widened the pre-existing education-practice gap.

Assessment

- A statewide Maryland task force of hospital and academic leaders convened to develop an innovative solution to support and retain new-to-practice nurses entering the workforce during the pandemic.
- An environmental scan of nursing school programs to identify the impact of COVID-19 on pre-licensure education found:
 - more than 55% of traditional nursing student clinical experiences were transferred to simulation or virtual clinical platforms.
 - the most adversely affected clinical experiences were behavioral health, women's health (labor/delivery), and pediatrics. Nursing school programs converted up to 100% of the clinical hours to alternative teaching methods for these specialties.
 - new nurses may require help in successfully performing skills and competencies in the following categories: fundamentals, communication, lines, tubes, and drains, medication administration, wound care, point of care testing, nursing leadership, and professionalism skills (Addendum A-Toolkit Comprehensive List).

Recommendation

- Implement a Transition to Nurse Residency Program (TNRP) for new-to-practice nurses graduating during the COVID-19 pandemic to assess and develop specific skills and competencies that pre-licensure nursing students could not demonstrate or experience due to the reduction or cancelation of in-person clinical education.
 - The TNRP is a time-limited, 80 to 160-hour onboarding program for new-to-practice nurses who experienced the loss of traditional on-site clinical nursing education during their prelicensure program due to the COVID-19 pandemic.
 - The TNRP does not duplicate nor replace the 12-month Vizient/AACN Nurse Residency Program.
 - TNRP Toolkit is available to guide implementation and evaluate learner and organizational outcomes.
- Anticipated results include improved new-to-practice nurse competence, confidence, productivity, job satisfaction, socialization, and retention.
- Over the long term, the TNRP may reduce onboarding time and costs and improve quality of care, patient safety, and patient satisfaction.

Appendix B: Effects of COVID-19 on Newly Licensed Registered Nurses

Effects of COVID-19 on newly licensed registered nurses

Comparative assessment and resources for guiding change

vizient.

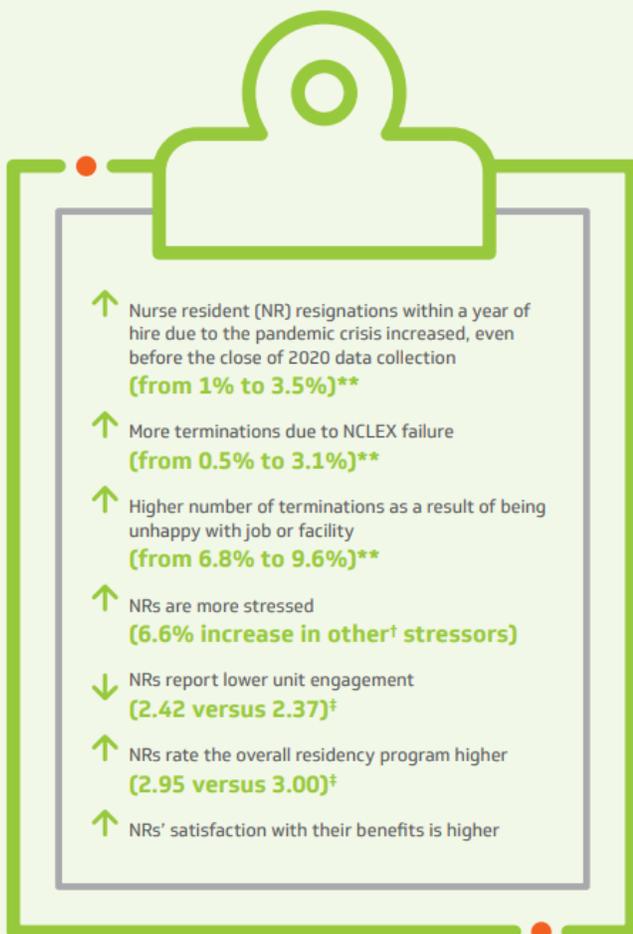
Background

While the full effects of the COVID-19 pandemic on the nursing workforce remain to be seen, we know newly licensed registered nurses are a particularly vulnerable portion of the nursing workforce.

Newly licensed registered nurses (NLRNs) have experienced significant changes in their preparation for the professional setting; including reduced clinical hours and shifting to virtual education and events. Even in normal circumstances, the first year of practice for a NLRN can be challenging and results in a high level of turnover.

This is evident in a rate of about 17.5% of new nurses leaving their first job within one year of starting their jobs.¹ The full impact of the pandemic on NLRNs remains to be seen; however, data from Vizient/AACN Nurse Residency Program™ participants sheds some light on their experiences.

Key findings – 2019 compared to 2020*



Observations and next steps

- Examine data at your organization level and leverage national benchmark data from Vizient/AACN program to assess differences in job satisfaction and stress among NRs beginning their career during the pandemic.
- Share data, findings and observations with nursing leadership.
- Continue to have NR program seminars. Support and connection are critical for NRs. Emphasize curriculum content areas to respond to resident needs. (e.g., stress management, interprofessional communication)
- Support NRs and promote engagement and satisfaction in their careers.
- Engage NRs at the unit level to address decreasing engagement. (e.g., committees, listening sessions, huddles) and monitor engagement.

¹ Kovner C, Brewer C, Fatehi F, Jun J. What does nurse turnover mean and what is the rate?. Policy Polit Nurs Pract. epub abstract. August 25, 2014. Accessed Nov. 16, 2020. <https://pubmed.ncbi.nlm.nih.gov/25156041/>

* All numbers are statistically significant at a P < 0.05. Data reflect registered nurses in 2019 compared to 2020 at the 12-month period.

** Percent of total terminations

¹ Other is an option in addition to: finances, childcare, student loans, living situation or personal relationship

[‡] Based on a Likert scale, 1-4

NCLEX = National Council Licensure Examination

Appendix C: Environmental Scan Data

Category	Communication	Lines, Tubes, and Drains	Medication Administration	Nursing Fundamentals	Wound Care	Point of Care Testing	Nursing Leadership & Professionalism	Misc.
Skills	<p>Patient education and professional communication with other nurses and providers</p> <p>Giving shift report</p> <p>Reporting patient status changes to provider</p> <p>All forms of communication: nurse-to-nurse, nurse-to-provider, nurse-to-patient. Students need help conducting patient interview (asking questions in a non-offensive way; engaging in patient education); Documentation in patient electronic medical record</p> <p>Therapeutic communication; most students have less direct contact with their</p>	<p>Initiating peripheral venous access</p> <p>Cleaning IV hubs</p> <p>Management of PCA pump</p> <p>Hanging an IV bag</p> <p>"IV skills are the biggest concern." IV push medications, IV piggy-back</p> <p>Foley catheter insertion/ catheterizing female and male urinary bladder</p> <p>NG tube insertion and removal</p> <p>Suctioning of NG tube and oropharyngeal airway</p> <p>NG tube irrigation and tube feeding</p>	<p>Medication administration (oral)</p> <p>Alaris pump management</p> <p>IV medication administration</p> <p>IM administration</p> <p>SubQ administration</p> <p>Intradermal medication administration</p> <p>Blood transfusions</p> <p>IV medication push</p> <p>Nebulizer treatments</p> <p>Administering medication via gastric tube</p> <p>Preparing and hanging new IV solution</p>	<p>Vital signs (there is no way to confirm accuracy of pulse or blood pressure measurements during virtual skills check-off)</p> <p>Safety (assessing fall risk, side rails, assisting with ambulation)</p> <p>Sterile technique</p> <p>Conducting a physical assessment- because students only learn the 50-point physical assessment, students want to conduct a 1-hour assessment, not aware that a full head to toe is not necessary</p>	<p>Sterile dressing change</p> <p>Suctioning tracheostomy open system</p> <p>Providing tracheostomy care</p> <p>Changing the dressing and flushing central venous assess devices</p> <p>Ostomy dressing change</p> <p>Assessment of ostomy site</p>	<p>Obtaining a capillary blood sample for glucose testing</p> <p>Use of glucometer</p>	<p>Time-management and organizational skills</p> <p>Professional conduct in the hospital: dress, professional interactions, speaking voice, not wearing perfume and fragrance, not having visible panty lines</p> <p>Clinical reasoning</p> <p>Prioritizing patient problem list</p>	<p>Increase comfort (students freeze in patient's room)</p> <p>Increase confidence in abilities as a nurse (students are more anxious)</p> <p>Students need practice</p> <p>Psychomotor skills are the primary concern; the term "psychomotor skills" was mentioned during 100% of interviews</p> <p>End of life care</p> <p>OR/PACU Nursing</p> <p>All AGPs</p>

	<p>patients so general communication and patient care interaction has been affected. Very little contact with family</p> <p>Documenting in patient electronic medical record</p> <p>(1 interviewee) Not concerned with development of soft skills due to ability to practice therapeutic communication.</p> <p>(1 interviewee) "this is the generation that struggles with communication," and they are being given less opportunity to engage with patients</p>	<p>Tube feeding and Kangaroo pump</p> <p>Care of chest drainage system</p> <p>Management of all types of drains</p>	<p>Administering medication via saline lock</p> <p>Withdrawing medication from a vial</p> <p>Mixing insulin</p> <p>Administering MDI with a spacer</p> <p>Administering DPI</p> <p>Oxygen administration</p>	<p>for every patient.</p> <p>Bedside Shift Assessment</p> <p>Comprehensive head to toe assessment (chest assessment, abdominal assessment, head and neck assessment)</p> <p>Postmortem care</p> <p>Use of AED</p> <p>Making a hospital bed; safe patient ambulation</p>				
--	--	---	--	---	--	--	--	--

Appendix D: Sample Schedules

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

Day/Time	Outcomes/ Objective	Content Outline	Required Resources	Evaluation Method
Day 1 2 hours	Demonstrates the role of a professional nurse	Welcome/Ice breaker Program overview & expectations <ul style="list-style-type: none"> • Time & attendance • Professional appearance & attire • Awareness/location of organization policies/protocols and access • Chain of command • Phone use & etiquette Learning needs assessment	Classroom Policies Organizational chart Time Keeping Needs Assessment	Observation Accesses policies/protocols for practice Uses chain of command Complete and discuss pre-assessment
6 hours	Demonstrate competence in fundamental nursing skills and patient/family/health care provider communication	Hand hygiene Patient hygiene <ul style="list-style-type: none"> • Make the bed (with/without patient) • Bath • Mouth care • Toilet • Foley care • Ambulate/transfer patients Communicate with patients/families <ul style="list-style-type: none"> • Introduce self • Patient identification/ identifiers • Verbal/nonverbal behaviors 	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

<p>Day 2 8 hours</p>	<p>Demonstrate competence in fundamental nursing skills and basic patient/ family/health care provider communication</p>	<p>Vital signs</p> <p>Isolation precautions</p> <ul style="list-style-type: none"> • Don and doff PPE • Handling soiled equipment • Handling specimens <p>Continue patient hygiene-AM care/ambulation</p> <p>Patient/family/health care providers communication</p>	<p>Policies-vital sign protocols, isolation precautions, equipment maintenance</p> <p>PPE</p> <p>Assign to a nursing unit(s) with patients on isolation precautions to demonstrate care</p>	<p>Demonstration/return demonstration PPE</p> <p>Observation</p>
<p>Day 3 4 hours</p>	<p>Demonstrate competence in assessment and basic communication skills patient/family/ health care providers</p>	<p>Room Set-up & Use</p> <ul style="list-style-type: none"> • O2 • Suction • Bed Alarm • IV Pump • Other <p>Situational awareness</p> <ul style="list-style-type: none"> • Safety/room environment <p>Physical Assessment</p> <ul style="list-style-type: none"> • Systems assessment (head-to-toe) • Skin assessment • Wound care • Falls risk • PIV site care-discontinue PIV • Sharps safety <p>Recognize when to seek help</p> <p>Patient/family/healthcare provider communication</p>	<p>Policies-skin/wound care, falls prevention, CAUTI, intravenous line protocols, others-nurse-sensitive indicator data,</p> <p>Rooms requiring set up for patient admissions</p> <p>Multiple nursing units with varying patient conditions for assessments</p>	<p>Demonstration/return demonstration</p> <p>Observation</p>

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 <ul style="list-style-type: none"> • Education • Plan of care • Basic end of life • Basic communication with an escalating patient/family • Document communication Demonstrate communication with staff <ul style="list-style-type: none"> • Shift report (handoff) • Transfer of care • Document communication Communicate with other disciplines <ul style="list-style-type: none"> • Report patient condition to provider • Call provider – SBAR • Document communication Delegate to others	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	Continue to assess patients with varying conditions Provide patient education <ul style="list-style-type: none"> • 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/assessment 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 <ul style="list-style-type: none"> • Topical medication Application • Oral medications • IM/SubQ injections • IV medications • Antibiotics (time/lab tests) • NG/PEG Tube • Insulin - point of care tests/glucometer • Sharps safety 	Medication administration policies-high risk medications, heparin, insulin, antibiotics Medical-surgical nursing units	Observation-adherence to policy Documentation 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	Simulation debriefing Observation Return demonstration

			Role-playing with peers	
6 hours	Demonstrate competence in fundamentals, communication, and assessment skills	<p>Perform all aspects of care for 1-2 patients-not as primary</p> <p>Delegate to others</p> <p>Communicate with all members of the health care team and in the EMR</p>	Care for patients with multiple comorbidities	Observation
1 hour	Demonstrate competence in assessment and communication skills	<p>Round with other disciplines to learn the role, for example</p> <ul style="list-style-type: none"> • code blue/ rapid response team • Respiratory therapy • Wound ostomy nurse • Clinical pharmacist • Dietician 	<p>Share time with other disciplines</p> <p>Goals/objectives/ expectations for learning</p>	<p>Observation</p> <p>Achieve learning outcomes</p>
Day 8 6 - 7 hours	Demonstrate competence in fundamentals, communication, and assessment skills	<p>Perform all aspects of care for 2-3 patients-not as primary</p> <p>Delegate responsibilities</p> <p>Communicate with all members of the health care team and document in the EMR</p> <p>Recognize changing patient condition</p> <p>Seek assistance</p>	Care for patients with multiple comorbidities	Observation
1- 2 hours	Demonstrate competence in communication skills	<p>Share time on units in the same service line/department. For example,</p> <ul style="list-style-type: none"> • new nurses working on the mother-baby unit visit labor 	<p>Assign nurses to units/departments for share time</p> <p>Goals/objectives/</p>	<p>Observation</p> <p>Achieve learning outcomes</p>

		& delivery and the neonatal ICU <ul style="list-style-type: none"> • new nurses in medical-surgical visit ED and critical care units, operative services, imaging services, etc. 	expectations for learning	
Day 9 6 -7 hours	Demonstrate competence in fundamentals, communication, and assessment skills	Perform all aspects of care for 2-3 patients-not as primary Delegate responsibilities Communicate with all members of the health care team and document in the EMR Recognize changing patient condition Seek assistance	Care for patients with multiple comorbidities	Observation
1-2 hours	Demonstrate competence in assessment and communication skills	Share time on another nursing unit or round with other disciplines	Share time with other disciplines Goals/objectives/expectations for learning	Observation Achieve learning outcomes
Day 10 8 hours	Demonstrate competence in fundamentals, communication, and assessment skills	Perform all aspects of care for 3 patients-not as primary Complete post-assessment	Post assessment	Review pre and post-assessment; identify strengths and areas for continued growth

**Transition to Nurse Residency Program
Example Schedule (12 hr days/4 weeks)**

Day/Time	Outcomes/ Objective	Content Outline	Required Resources	Evaluation Method
Day 1 2 hours	Demonstrate the role of a professional nurse	Welcome/Ice breaker Program overview & expectations <ul style="list-style-type: none"> • Time & attendance • Professional appearance & attire • Awareness/location of organization policies/protocols and access • Chain of command • Phone use & etiquette Learning needs assessment	Classroom Policies Organizational chart Time Keeping Needs Assessment	Observation Accesses policies/protocols for practice Uses chain of command Complete and discuss pre-assessment
8 hours	Demonstrate competence in fundamental nursing skills and patient/family/health care provider communication	Hand hygiene Patient hygiene <ul style="list-style-type: none"> • Make the bed (with/without patient) • Bath • Mouth care • Toilet • Foley care • Ambulate/transfer patients Communicate with patients/families <ul style="list-style-type: none"> • Introduce self • Patient identification/ identifiers • Verbal/nonverbal behaviors 	Policies-hand hygiene, patient safety, HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Assign to a nursing unit(s) to demonstrate care	Demonstration/return demonstration Observation
2 hours	Demonstrate competence in communication	Share time with CNA/patient care technician/receptionist to learn the role	Assign to others for share time Goals/objectives/	Observation Achieve learning outcomes

			expectations for learning	
Day 2 12 hours	Demonstrate competence in fundamental nursing skills and basic patient/ family/health care provider communication	<p>Vital signs</p> <p>Isolation precautions</p> <ul style="list-style-type: none"> • Don and doff PPE • Handling soiled equipment • Handling specimens <p>Continue patient hygiene-AM care/ambulation</p> <p>Patient/family/health care providers communication</p>	<p>Policies-vital sign protocols, isolation precautions, equipment maintenance</p> <p>PPE</p> <p>Assign to a nursing unit(s) with patients on isolation precautions to demonstrate care</p>	<p>Demonstration/return demonstration PPE</p> <p>Observation</p>
Day 3 8 hours	Demonstrate competence in assessment and basic communication skills patient/family/ health care providers	<p>Room Set-up & Use</p> <ul style="list-style-type: none"> • O2 • Suction • Bed Alarm • IV Pump • Other <p>Situational awareness</p> <ul style="list-style-type: none"> • Safety/room environment <p>Physical Assessment</p> <ul style="list-style-type: none"> • Systems assessment (head-to-toe) • Skin assessment • Wound care • Falls risk • PIV site care-discontinue PIV • Sharps safety <p>Recognize when to seek help</p>	<p>Policies-skin/wound care, falls prevention, CAUTI, intravenous line protocols, others-nurse-sensitive indicator data,</p> <p>Room requiring set up for patient admissions</p> <p>Multiple nursing units with varying patient conditions for assessments</p>	<p>Demonstration/return demonstration</p> <p>Observation</p>

		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 <ul style="list-style-type: none"> • Education • Plan of care • Basic end of life • Basic communication with an escalating patient/family • Document communication Demonstrate communication with staff <ul style="list-style-type: none"> • Shift report (handoff) • Transfer of care • Document communication Communicate with other disciplines <ul style="list-style-type: none"> • Report patient condition to provider • Call provider – SBAR • Document communication Delegate to others	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
4 hours	Demonstrate competence in communication skills	Share time on units in the same service line/department. For example, <ul style="list-style-type: none"> • new nurses working on the mother-baby unit visit labor & delivery and the neonatal ICU • new nurses in medical-surgical visit ED and critical 	Assign nurses to units/departments for share time Goals/objectives/expectations for learning	Observation Achieve learning outcomes

		care units, operative services, imaging services, etc.		
Day 5 10 hours	Demonstrate competence in assessment, patient education, and communication skills	Continue to assess patients with varying conditions Provide patient education <ul style="list-style-type: none"> • 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
2 hours	Demonstrate competence in communication skills	Document patient education Document patient admissions & discharges	IT computer lab	Enter patient admission/discharge/assessment data into the EMR playground Enter patient education Develop a plan of care Compare with RN documentation
Day 6 6 hours	Demonstrate competence in assessment skills	Function as a medication nurse <ul style="list-style-type: none"> • Topical Medication Application • Oral Medications • IM/SubQ Injections • IV Medications • Antibiotics (time/lab tests) • NG/PEG Tube • Insulin - point of care tests/glucometer • Sharps safety 	Medication administration policies- high risk medications, heparin, insulin, antibiotics Medical-surgical nursing units	Observation-adherence to policy Documentation
6 hours	Demonstrate competence in assessment,	Continue patient hygiene, safety and isolation procedures, assessment, goal setting and	Rotate new nurses b/w patient care &	Observation

	delegation, and communication skills	education, room set up and admissions, patient discharge Delegate to others Give shift and transfer of care reports (handoff)	medication administration duties Provide opportunities to demonstrate giving shift and transfer of care reports	
Day 7 2 hours	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 Round with code blue/rapid response team	Simulation debriefing Observation Return demonstration
8 hours	Demonstrate competence in fundamentals, communication, and assessment skills	Perform all aspects of care for 1-2 patients-not as primary Care for patients with multiple comorbidities Delegate to others Communicate with all members of the health care team and in the EMR	Assign to a patient with multiple comorbidities	Observation
2 hour	Demonstrate competence in assessment and communication skills	Round with other disciplines to learn the role, for example <ul style="list-style-type: none"> • Respiratory therapy • Wound ostomy nurse • Clinical pharmacist • Dietician 	Assign share time with other disciplines Goals/objectives/expectations for learning	Observation Achieve learning objectives
Day 8 8 hours	Demonstrate competence in assessment skills	Venipuncture & Intravenous Training Course	Classroom Simulation	Achieve learning objectives Successfully pass exam

			Venipuncture and IV supplies	
4 hours	Demonstrate competence in assessment skills	Rounding on patient units inserting IVs and drawing blood	Assign to RN who has completed training or phlebotomist	Demonstrate skills
Day 9 10 hours	Demonstrate competence in fundamentals, communication, and assessment skills	Perform all aspects of care for 2-3 patients-not as primary Delegate responsibilities Communicate with all members of the health care team and document in the EMR Recognize changing patient condition Seek assistance	Care for patients with multiple comorbidities	Observation
2 hours	Demonstrate competence in assessment and communication skills	Round with other disciplines to learn the role, for example <ul style="list-style-type: none"> • Respiratory therapy • Wound ostomy nurse • Clinical pharmacist • Dietician • Phlebotomist 	Share time with other disciplines	Observation Obtain competence in venipuncture and IV therapy
Day 10 12 hours	Demonstrate competence in fundamentals, communication, and assessment skills	Perform all aspects of care for 2-3 patients-not as primary Communicate with all members of the health care team and document in the EMR Recognize changing patient condition Seek out opportunities to complete the phlebotomy training Seek assistance	Policy review-review pertinent policies for the patient population	Observation Able to locate and interpret policies for the patient population

Day 11	Demonstrate competence in fundamentals, communication, and assessment skills	<p>Perform all aspects of care for 2-3 patients-not as primary</p> <p>Communicate with all members of the health care team and document in the EMR</p> <p>Recognize changing patient condition</p> <p>Seek out opportunities to complete the phlebotomy training</p> <p>Seek assistance</p>	Medication Review-review pertinent medications for the patient population	<p>Observation</p> <p>Follows protocol for high-risk medications</p>
Day 12	Demonstrate competence in fundamentals, communication, and assessment skills	Complete post-assessment	Assign to preceptor	Review pre and post-assessment; identify strengths and areas for continued growth

Appendix E: Curriculum

Program: Transition to Nurse Resident Program (TNRP)		Updated: 01/19/2021
Goal: Increase new-to-practice nurses' competence level (not necessarily confidence) equal to their pre-COVID-19 pandemic counterparts.		
<p>The target learners consist of new-to-practice nurses entering Maryland hospital-based Nurse Residency Programs during the finite time of the COVID-19 pandemic. New nurses are entering with varying clinical experience, social and emotional needs due to the pandemic's impact (ONL & NLN, 2020). COVID-19 necessitated nursing schools to find alternate theory-based teaching strategies like virtual clinical and simulation to educate students in place of traditional on-site clinical experiences. The purpose of this curriculum is to develop specific skills and competencies that pre-licensure nursing students could not demonstrate and/or experience due to the reduction and/or cancelation of in-person clinical education in response to the pandemic.</p> <p>The TNRP is a time-limited onboarding program to support new-to-practice nurses during the COVID-19 pandemic. Learning should take place in-person, using hands-on patient experiences or high/low fidelity simulation. Content is understood to be taught in the academic setting and return demonstrated in the practice setting. The content outlined by the learning objectives is demonstrated at a novice level to reinforce hands-on experiences disrupted during the pandemic.</p> <p>Context (learner group, learner characteristics, style, developmental level, learning theory):</p> <p>Participants are adult learners with a wide range of expertise, experience, and backgrounds. They uptake information using all four of Fleming and Mill's learning styles (Visual, Aural, Read/Write, and Kinesthetic) (Bastable, 2014). Further, the learners' development level ranges from young adulthood to middle-aged adulthood at the cognitive stage of formal operations (Bastable, 2014, p. 171). Cognitive learning theory drives this learning experience. Acquisition of knowledge and new skills requires a change in the learner's cognition (Bastable, 2014). Cognitive learning theory is active, directed by the learner, and "involves perceiving the information, interpreting it based on what is already known, and then reorganizing the information into new insights or understanding" (Bastable, 2014, p. 73). These principles help the learner to process this level of information.</p>		
Outcomes/ Objectives	Content Outline	Resources
By the conclusion of the program, the participant will be able to:		Included below is a sampling of resources to help support program implementation. Please note these are only suggestions, use is optional, and not all listed are free.

<p>I. Demonstrate competence in fundamental nursing skills.</p>	<ul style="list-style-type: none"> A. Isolation Precautions <ul style="list-style-type: none"> a. Handling Soiled Equipment b. Don and Doff PPE B. Hand Hygiene C. Vital Signs D. Point of Care Tests <ul style="list-style-type: none"> a. Glucometer E. Handling Specimens F. Sharps Safety G. Patient Hygiene <ul style="list-style-type: none"> a. Make Bed (with/without patient) b. Bath c. Toilet d. Foley Care H. Ambulate/Transfer Patients <ul style="list-style-type: none"> a. Foley Care 	<p>Electronic resources:</p> <ul style="list-style-type: none"> A. Online Cardionics- cost (aprox. \$4,000) B. Respiratory Case studies and lung sounds- some free access <p>Internal resources: (Clinical Rotation with multiple disciplines: Phlebotomy, Physical Therapy/ Shadow Time: Patient Care Tech)</p> <p>External resources: (Mosby's Text, Perry & Potter Text, Lippincott)</p>
<p>II. Demonstrate competence in communication skills.</p>	<ul style="list-style-type: none"> A. Communicate with Patients <ul style="list-style-type: none"> a. Introduce Self b. Patient Identification/ Identifiers c. Verbal/Nonverbal Behaviors B. Patient Education <ul style="list-style-type: none"> a. Initiate and Update Plan of Care b. Set Goals with Patient C. Communicate with Family <ul style="list-style-type: none"> a. Communication of Plan of Care b. Basic End of Life D. Communicate with Staff <ul style="list-style-type: none"> a. Shift Report (Handoff) b. Transfer of Care c. Delegation E. Communicate with Other Disciplines <ul style="list-style-type: none"> a. Report Patient Condition to Provider b. Call Provider - SBAR F. Phone use & etiquette G. Documentation in EMR <ul style="list-style-type: none"> a. Accurate Data Entry (i.e., intake and output) b. Professional Writing 	<ul style="list-style-type: none"> A. End of Life MCSRC simulation B. Staff Communication video C. ELNEC Curriculum Content D. TeamSTEPPS Communication Tools E. Internal resources (Clinical Rotation with multiple disciplines: Phlebotomy, Physical Therapy/ Shadow Time: Patient Care Tech, Unit Secretary) F. External resources (Taylor, Mosby's Text, Perry & Potter, Lippincott, TeamSTEPPS Webinars active learning exercise for students. TeamSTEPPS: Handoff in Inpatient Surgical Teams https://www.youtube.com/watch?v=Cbvtk-sITyc) <p>Examples:</p> <p>Lynn, P. (2019). Skill checklists for Taylor's clinical nursing skills: A nursing process approach (5th ed.). Philadelphia: Lippincott Williams & Wilkins.</p> <p>Lynn, P. (2019). Taylor's clinical nursing skills: A nursing process approach (5th ed.). Philadelphia: Lippincott Williams & Wilkins.</p>

	<p>H. Basic Communication with an Escalating Patient/Family</p>	
<p>III. Demonstrate competence in assessment skills.</p>	<p>A. Situational Awareness</p> <ul style="list-style-type: none"> a. Safety/Room Environment b. Recognize an Escalating Patient/ Family c. Recognize When to Seek Help <p>B. Room Set-up & Use</p> <ul style="list-style-type: none"> a. O2 b. Suction c. Bed Alarm d. IV Pump e. Other <p>C. Recognize Changing Patient Condition</p> <p>D. Physical Assessment</p> <ul style="list-style-type: none"> a. Systems Assessment (head-to-toe) b. Skin Assessment <ul style="list-style-type: none"> i. Wound Care c. Falls Risk d. PIV Site Care <ul style="list-style-type: none"> i. Discontinue PIV ii. Sharps Safety <p>E. Medication Administration</p> <ul style="list-style-type: none"> a. Topical Medication Application b. Oral Medications (P.O.) c. IM and SubQ Injections d. IV Medications e. Antibiotic Administration (IV/PO) <ul style="list-style-type: none"> i. On Time ii. Lab Protocols f. NG/PEG Tube Medications g. Insulin Administration <p>F. Policy / Protocols</p> <ul style="list-style-type: none"> a. Awareness/Location of Organization Policies and Access b. Professional Appearance and Attire c. Chain of Command 	<p>A. Patient Assessment Simulation KSBN</p> <p>B. External resources (Mosby's Text, Perry & Potter Text, Lippincott)</p> <p>C. Internal resources (Clinical Rotation with multiple disciplines: WOC RNs, Code/RRT RNs)</p>

References

Bastable, S. B. (2014). *Nurse as educator: Principles of teaching and learning for nursing practice*. Jones & Bartlett Learning.

ONL/Organization of Nurse Leaders (Massachusetts, Rhode Island, New Hampshire, Connecticut, & Vermont) & NLN/Massachusetts/Rhode Island League for Nursing. (2020). *Supporting new nurse transition into practice during the COVID-19 pandemic* [PDF file]. https://onl.memberclicks.net/assets/docs/NewNurseGroupSupport/New_Nurse_Transition_Report_COVID-19_Pandemic.pdf

Appendix F: Pre/Post Assessment

Resident Self-assessment

The skills assessment helps to individualize and guide your competency development as a new-to-practice professional nurse. Read each item, rate your level of independence performing each skill using the rating scale below (0 = no experience; 3 = competent in performing the skill), and write-in the number that best reflects your ability.

Preceptor/Coach/Nursing Professional Development Practitioner/Faculty

Review and discuss the ratings for each of the skills with the nurse resident. Using preferably hands-on patient experiences or high/low fidelity simulation, observe and coach the nurse resident to perform each skill. Rate and initial each skill indicating level of competence. At the end of the TNRP, rate any remaining skills and complete the feedback section. Review ratings and feedback with the resident.

0 = No experience

1 = Limited experience

2 = Performed skill; still needs guidance

3 = Competent in performing the skill

N.A. = Not applicable

Fundamental Skills	Pre-Orientation Assessment (Resident Self-Assessment)		Post-Orientation Assessment (Coach/Preceptor Assessment)	Coach / Preceptor Feedback
Isolation Precautions				
• Handling Soiled Equipment				
• Don and Doff PPE				
Hand Hygiene				
Vital Signs				
Point of Care Tests				
• Glucometer				
Handling Specimens				
Sharps Safety				
Patient Hygiene				
• Make Bed (with/without patient)				
• Bath				
• Toilet				
• Foley Care				
Ambulate/Transfer Patients				
• Foley Care				
Communication Skills	Pre-Orientation Assessment (Resident Self-Assessment)		Post-Orientation Assessment (Coach/Preceptor Assessment)	Coach / Preceptor Feedback
Communicate with Patients				
• Introduce Self				
• Patient Identification/ Identifiers				
• Verbal/Nonverbal Behaviors				
Patient Education				
• Initiate and Update Plan of Care				
• Set Goals with Patient				
Communicate with Family				
• Communication of Plan of Care				
• Basic End of Life				
Communicate with Staff				

<ul style="list-style-type: none"> • Shift Report (Handoff) 			
<ul style="list-style-type: none"> • Transfer of Care 			
<ul style="list-style-type: none"> • Delegation 			
Communicate with Other Disciplines			
<ul style="list-style-type: none"> • Report Patient Condition to Provider 			
<ul style="list-style-type: none"> • Call Provider - SBAR 			
Phone use & etiquette			
Documentation in EMR			
<ul style="list-style-type: none"> • Accurate Data Entry (i.e., intake and output) 			
<ul style="list-style-type: none"> • Professional Writing 			
Basic Communication with an Escalating Patient/Family			
Assessment Skills	Pre-Orientation Assessment (Resident Self-Assessment)	Post-Orientation Assessment (Coach/Preceptor Assessment)	Coach / Preceptor Feedback
Situational Awareness			
<ul style="list-style-type: none"> • Safety/Room Environment 			
<ul style="list-style-type: none"> • Recognize an Escalating Patient/ Family 			
<ul style="list-style-type: none"> • Recognize When to Seek Help 			
Room Set-up & Use			
<ul style="list-style-type: none"> • O2 			
<ul style="list-style-type: none"> • Suction 			
<ul style="list-style-type: none"> • Bed Alarm 			
<ul style="list-style-type: none"> • IV Pump 			
<ul style="list-style-type: none"> • Other 			
Recognize Changing Patient Condition			
Physical Assessment			
Systems Assessment (head-to-toe)			
Skin Assessment			
<ul style="list-style-type: none"> • Wound Care 			
Falls Risk			
PIV Site Care			
<ul style="list-style-type: none"> • Discontinue PIV 			
<ul style="list-style-type: none"> • Sharps Safety 			
Medication Administration			
<ul style="list-style-type: none"> • Topical Medication Application 			
<ul style="list-style-type: none"> • Oral Medications (P.O.) 			
<ul style="list-style-type: none"> • I.M. and SubQ Injections 			
<ul style="list-style-type: none"> • IV Medications 			
<ul style="list-style-type: none"> • Antibiotic Administration (IV/PO) <ul style="list-style-type: none"> ○ On Time ○ Lab Protocols 			
<ul style="list-style-type: none"> • NG/PEG Tube Medications 			
<ul style="list-style-type: none"> • Insulin Administration 			
Policy / Protocols			
Awareness/Location of Organization Policies and Access			
Professional Appearance and Attire			
Chain of Command			

Appendix G: Program Evaluation

Transition to Nurse Residency Program

Participant's name (optional) _____

We appreciate your help in evaluating the Transition to Nurse Residency Program. Please indicate your level of agreement for each of the statements below by circling the appropriate number, using a scale of 1 = strongly disagree or poor to 4 = strongly agree or excellent.

Learning Objectives

I believe this program helped me to:	Strongly Disagree			Strongly Agree
Demonstrate competence in fundamental nursing skills.	1	2	3	4
Demonstrate competence in communication skills.	1	2	3	4
Demonstrate competence in assessment skills.	1	2	3	4

Please list additional nursing skills for inclusion in the curriculum.

Competence

I believe this program helped me gain competence with the following categories:	Strongly Disagree			Strongly Agree
Patient safety	1	2	3	4
Patient Care	1	2	3	4
Patient Assessment	1	2	3	4
Psychomotor skills	1	2	3	4
Communication	1	2	3	4
Self-confidence	1	2	3	4
Assertiveness	1	2	3	4
Independence	1	2	3	4

Please add any additional comments to assist us in understanding your responses.

Program	Strongly Disagree			Strongly Agree
The program length was appropriate for learning the content.	1	2	3	4
Overall, I would rate the program.	Poor 1	2	3	Excellent 4

Please add any additional information you would like to share.

Appendix H: Measurable Outcomes

Transition to Nurse Residency Program (TNRP) Metrics

Description	Numerator (if applicable)	Denominator (if applicable)
Total Attrition Rate	Number of residents in TNRP cohort who voluntarily and involuntarily left the organization	Total number of residents who started in the TNRP cohort
Voluntary Attrition Rate	Number of residents in TNRP cohort who voluntarily left the organization	Total number of residents who started in the TNRP cohort
Involuntary Attrition Rate	Number of residents in TNRP cohort asked by the organization to leave	Total number of residents who started in the TNRP cohort
Total attrition of residents with an Associates Degree, BSN, and MS degree	Number of residents in TNRP cohort by nursing degree (AD, BSN, MS) who voluntarily left the organization	Total number of residents who started in the TNRP cohort
Voluntary Attrition Rate	Number of residents in TRNP cohort, by degree, who voluntarily left the organization	Total number of residents who started in the TNRP cohort
Involuntary Attrition Rate	Number of residents in TNRP cohort, by degree, asked by the organization to leave	Total number of residents who started in the TNRP cohort
FTEs used to support the TNRP program * use midpoint wages for each job position, multiply by number of hours worked, and sum totals to calculate manpower costs	Total number of FTEs used to support the program	FTE is a measure of hours worked by one employee on a full-time basis (equivalent to 2,080 hours per year). It converts hours worked by multiple part-time employees into a standard unit of measure. Calculate the total number of hours all staff worked and divide by 2080
	Total number of hours worked by nursing professional development practitioners	Total hours of NPP/2080
	Number of hours worked by academic faculty	Total hours worked by faculty/2080
	Number of hours worked by others (specify other) and if different job roles/salaries calculate each separately)	Total hours worked by other roles/2080

Orientation/onboarding *anecdotal reports suggest TNRP residents successfully complete orientation in fewer hours compared to residents not completing the TNRP	Number of hours worked by TNRP cohort resident to successfully complete orientation and function independently	Budgeted number of hours for nurse residents orientation-for example 432 hours (12 weeks/12 hour shifts) medical surgical unit or 864 hours/24 weeks critical care
--	--	--