Academic Credit
for
Nurse Residency Program Completion
Toolkit*

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Table of Contents

- Components of a syllabus
- Syllabus
- How to write
- Course Approval Pathway description

- Academic-Hospital Partnerships
- Program Syllabi
- Annotated Bibliography

Project Overview

Two Nurse Support Program (NSP) II grants (#16-122 & #18-126) were funded by the Maryland Health Services Cost Review Commission (HSCRC) to explore awarding academic course credits to newly licensed registered nurses (NLRNs) for the completion of a nurse residency program (NRP) in Maryland. The original grant proposed the creation of academic courses for the offering of course credits to NLRNs completing nurse residency programs. Shortly after the project was funded, the author moved to a position at a university in another state, necessitating a change in the principal investigator and team members. The formation of a new grant team and changing views of stakeholders since the proposal was written mandated a change in the proposed grant objectives. After a thorough review of the proposal, the team elected to explore the then current perspectives of Maryland stakeholders from clinical and academic institutions and their preferences for offering academic credits to NLRNs completing Nurse Residency Programs in Maryland.

During the first phase of the two-year project (2015-2017), the project team conducted a comprehensive literature review and contacted national leaders to identify existing academic hospital partnerships offering course credits for NRPs. Only seven partnerships were located from the national search. Of those, only two had published information about their programs.

In June, 2016, the team invited academic and hospital-based nursing leaders and other Maryland stakeholders to an "Information Exchange" to explore and identify their perspectives about the feasibility of offering academic credits to NRPs participants. Information gathered from the exchange revealed that stakeholders preferred credits be

offered to NLRNs for completing requirements of the hospital-based NRP versus offering additional academic courses.

An online survey was developed to better understand the perspectives of nursing program and hospital nursing leaders. The aims were to:

1) examine course content curricular requirements for nurse residency programs;

2) identify strategies for successful formation of academic and hospital partnerships to offer academic credits to newly licensed RNs;

3) describe the extent of variability in the content and delivery of nurse residency programs in Maryland hospitals; and

4) identify which Maryland academic nursing programs and hospitals were interested in pursuing partnerships.

Following the University of Maryland, Baltimore Institutional Review Board designation as exempt, the online survey was emailed to 50 hospital-based nursing leaders and 15 nursing education leaders in Maryland who headed college/university nursing programs offering bachelor and/or graduate degrees. Most of the hospitals (69%) expressed interest in forming academic-hospital partnerships to award credits for the completion of a hospital-based NRP. Unfortunately, perspectives of the nursing education leaders are unknown due to a very low response rate from this group.

A second proposal was written and funded. The purpose of this project was to: 1) identify a common core of criteria for NRPs; and 2) develop a toolkit to guide

Maryland academic nursing programs and hospitals in developing approaches for offering academic credits for NRP completion.

The second project (2017-2018) funded an integrative literature review to examine the fidelity and efficacy of NRPs. Other activities carried over from the first grant included contacting national hospital and academic nurse leaders to identify existing academic-hospital partnerships and analyzing data from the online survey. Results from the survey and literature review and examples from the national search were shared with faculty from local nursing schools who had expressed interest in offering academic credits for NRPs. Components of the Academic Credit for NRPs Toolkit were developed using information shared by the academic and hospital leaders, the literature, and survey results.

The accompanying Toolkit may be used by nurse leaders in academic settings and hospitals for forming partnerships. The Toolkit begins with an overview of NRPs and the Maryland Nurse Residency Collaborative (MNRC) and highlights the state of nurse residency programs in Maryland. Next, information about existing national academic-hospital partnerships offering credits for NRPs (see Appendix A for examples of partnerships) is shared. For academicians, there is a discussion of common NRP curricular content, resources, and program outcomes from the integrative literature review and online survey. Information may be used to guide curricular course content for awarding academic credits. For hospital leaders, a general description of the course development and approval process, components of a syllabus, and example syllabi from nursing programs offering course credits (see Appendix B examples of NRP course syllabi) is shared, which may be used as a guide for partnering with nursing

7

programs. The last appendix (see Appendix C annotated bibliography) contains an

annotated bibliography supporting much of the work in this toolkit. We hope this

information assists your organization in establishing future academic-hospital

partnerships for the awarding of academic credits to NLRNs completing NRPs.

Nurse Residency Programs

Policy set forth by the American Academy of Nursing (Goode, Glassman, Pointe, Krugman, & Peterman, 2018) calls for all newly licensed registered nurses (NLRNs) to complete an accredited nurse residency program (NRP) as a component of their employment. Since the Institute of Medicine's Future of Nursing recommendation for implementing NRPs (IOM, 2011) the groundswell of support by national nursing organizations has been extensive. By 2013, almost 50 percent of nationally surveyed hospitals had implemented an NRP (Barnett, Minnick, & Norman, 2014). With the advent of NRPs, innovative opportunities exist to use these as a vehicle for educational advancement by the awarding of academic credits to NLRNs successfully completing NRPs.

Unlike hospital-based orientation programs that acquaint NLRNs with job responsibilities and hospital practices, NRPs support the NLRNs in professional role transition, integration, and socialization for career growth and advancement (CCNE {Commission on Collegiate Nursing Education}, 2015). Adopting terminology from the Joint Commission, the IOM report (2011) describes NRPs as "planned, comprehensive periods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined (organizational or professional society) standards of practice" (p.120-121). According to CCNE (2015), NRPs are:

> "a series of learning experiences that occur continuously over a minimum of 12 months through a collaborative partnership between a healthcare organization and one or more academic nursing programs. They serve to foster the process of professional role socialization, which involves the acquisition of knowledge, skills,

9

attitudes, values, norms, and roles associated with the practice of a profession. Nurse residency programs involve a two-staged process: role transition and role integration. The transition phase bridges the gap between academia and practice and focuses on skill competency through situated learning and guided practice by a more experienced nurse (preceptor). The role integration phase involves development of competent, autonomous practice, assimilation into the work group, and demonstration of a professional identity by taking on the norms and values of the nursing profession" (p.5).

NRPs facilitate the transition of the NLRNs from advanced beginners to competent professional nurses. NLRNs develop clinical leadership skills; gain effective clinical reasoning skills and performance; incorporate the best available research evidence into practice; practice collaboratively with the interprofessional healthcare team members; and create an individual career plan for life-long commitment to professional nursing (CCNE, 2015).

Maryland Nurse Residency Programs

Prior to the IOM call for NRPs, few programs existed in the State and most were facility-developed. Following the call, the Maryland Action Coalition established a workgroup to explore models to implement NRPs in all acute-care hospitals (Warren, Perkins, & Greene, 2018). A scalable model used by Hawaii was adopted by Maryland. Hawaii partnered with Vizient/American Association Colleges of Nursing (AACN), formerly the University Healthsystem Consortium (UHC)/AACN, implementing their proprietary, evidence-based NRP. Like Hawaii, Maryland entered into a partnership agreement with Vizient/AACN making their NRP available and affordable to interested

acute-care hospitals. In 2018, the goal to implement an evidence-based, standardized NRP in all acute care hospitals was met. Maryland is the first state in the nation to require all NLRNs employed by an acute care hospital to complete the 12-month Vizient/AACN NRP.

The Maryland Organization of Nurse Leaders (MONL) assumed the lead role in implementing this program. In 2013, 15 hospitals joined the Maryland Nurse Residency Collaborative (MNRC). Today, 33 out of the 40 acute care Maryland hospitals are members of the Collaborative Program and use the Vizient/AACN NRP. The remaining seven hospitals use the program, however opted out from joining the Collaborative. The Collaborative Program is led by an executive director. An autonomous functioning Committee, sanctioned by the MONL bylaws, and consisting of nationally recognized nurse leaders provides oversight for the development, implementation, and management of the program. Collaborative Program hospital members meet regularly for information sharing and networking.

Since its inception, more than 5724 NLRNs in Maryland have completed the Vizient/AACN NRP. The NLRN retention rate for hospitals participating in the Collaborative Program has steadily increased from 91% percent in 2013 to 96% for the past two consecutive years. The significant statewide impact NRPs are having on the nursing workforce has not gone unnoticed. To support the continued growth of NRPs, 1.8 million dollars remaining from the Who Will Care grant was donated to the MONL. Grant funds support the expansion of NRPs to all interested Maryland acute care hospitals and the provision of the Vizient/AACN curriculum in an online format to less resourced or smaller or more rural hospitals throughout the state.

Academic Credits for Nurse Residency Programs

As the foundation for career advancement through NRP implementation is laid, NLRNs must also be encouraged to pursue higher learning thereby supporting the IOM recommendation for advancing nursing education at the baccalaureate and graduate levels (IOM, 2011). An innovative method to facilitate this progression is through the formation of academic-hospital partnerships and the awarding of academic course credits to NLRNs completing NRPs. AACN's Vision for Nursing Education Position Statement, (2018) recommends "schools of nursing consider awarding academic credit to graduates who complete accredited transition to practice programs" (p. 10).

The ability for nursing programs to quickly award credits to graduates of Maryland hospital NRPs using the standardized Vizient/AACN NRP program appeared simple; however, it was found to be surprisingly complex. Although all Maryland acute care hospitals use the Vizient/AACN NRP curriculum, implementation of content areas varies widely due to hospital differences in sizes, resources, and type of patient populations. Data from our survey revealed Maryland hospitals varied widely on many parameters including: 1) total class hours; 2) criteria for successful completion; and 3) resources used to implement the programs. However, program variability allows hospitals to individualize the NRP to meet the needs of their nurses and patient population. This variability hinders the ability to develop a single, statewide academic-hospital partnership model for offering academic credits for completion of hospital-based NRPs in Maryland.

Academic Hospital Partnerships

Nationally, very few academic-hospital partnerships exist for the offering of academic credits. A seven-year review of the literature (2010 to 2017) yielded only two academic-hospital partnerships describing the offering of course credits or incentives to NLRNs for participation in NRPs. An additional five partnerships were identified through networking with national nursing leaders and use of an NRP listserv. Like the NRPs, these partnerships vary by target audience, course requirements, type and number of course credits, and deliverables. A table of the existing programs including partnering organizations, program descriptions and outcomes, and program points of contact is found in Appendix A.

Perceived Benefits and Challenges

Data were collected from stakeholders in Maryland to learn more about the perceived benefits and possible challenges associated with the offering of academic credits for NRPs. The information below may be used by organizations to support program implementation and problem solve solutions to potential challenges before they arise.

NLRNs

Consistent with the literature, the participants identified three categories of perceived benefits of offering academic credits to NLRNs completing a hospital-based NRP.

1. *Professional and personal development* including lifelong learning, attainment of leadership skills, and educational, career, and clinical advancement;

2. *Attainment of competency* including skill acquisition, application of learning and evidence-based practices, use of critical thinking skills for decision-making, enhanced communication skills, and increased confidence; and

3. *Professionalization of the RN* including personal and organizational commitment.

Major barriers participants identified as impacting NLRNs interest in programs awarding academic credit included tuition, time, as well as the adverse impact on work life balance.

Nursing Programs

Three categories were derived from nursing program participants' responses concerning benefits of partnering with hospitals and awarding credits for NRPs:

1. *Revenue generating* including increased enrollment, increased alumni, shared resources and adding to their reputation;

2. *Bridging the gap between education and practice* through new academic and practice partnerships, NRPs support transition into practice and hospital initiatives to achieve Magnet and the IOM Future of Nursing recommendations; and

3. *Innovative educational models* opening doors for nontraditional educational approaches; serving as a rich source of data for research and publication.

General concerns of academic leaders focused on:

1. *inadequate enrollment* such as lack of participation by NLRN and small cohort sizes, as well as possible increased tuition costs; and

2. *lack of human and material resources* to manage a new course including administrative costs, marketing and manpower (increased faculty workloads).

Hospitals

Hospital benefits identified by nursing leaders for awarding academic credits to NLRNs for completing NRPs were consistent with the literature. These included:

1. *increased retention of NLRNs* by providing support for career adjustment;

2. *a more highly educated nursing workforce* for the organization and the state; and

3. *enhanced prestige of the organization* thereby increasing recruitment of RN and helping to achieve Magnet and/or other awards of excellence; plus achieve IOM Future of Nursing recommendations for residency and educational advancement

Perceived costs to the hospitals almost exclusively focused on manpower costs. Costs fell into two categories: costs associated with the NLRNs and costs associated with NRP coordination.

1. NLRNs

   a. *Cost concerns for the NLRN* were the need for tuition reimbursement, paying for nonproductive time (NRP classes) and replacement costs (backfilling positions including the potential need for agency RN).

   b. *NRP program costs* for a program coordinator, administrator, and faculty were concerns for successful program management.

2. Additional miscellaneous costs included concerns about hiring schedules of NLRN matching with academic calendars and concerns about experienced RNs acceptance of the program.

State of Maryland (consumers, HSCRC, NSPII, and others)

For the State, participants perceived many benefits for awarding NLRNs academic credits for completing NRPs. Participants viewed the academic-hospital partnership program as a win-win. A more highly educated workforce could positively impact health care issues adversely affecting the State such as an impending nursing shortage, hospital quality and patient safety concerns, and effects of the all-payer hospital rate regulatory system. Benefits for consumers and other stakeholders in the State of Maryland included:

1. a more highly educated nursing workforce resulting in improved patient care outcomes;

2. competent, confident, well-socialized RNs;

3. retention of RNs positively impacting the nursing shortage;

4. academics and practice alignment; and

5. enhanced prestige of the State.

Strategies for Success

Costs and resources are the most frequently cited barriers by nursing programs and hospitals desiring to form partnerships for the offering of academic credits to NLRNs. Strategies suggested by Maryland stakeholders for forming successful

academic and hospital partnerships include financial support to hospitals for offsetting

NRP costs and hospital nursing leadership support promulgating the value of NRPs and

making it a priority. For interested hospitals, the Nurse Support Program I (NSP I) grant

offered by the Maryland Health Services Cost Review Commission may be used to fund

program coordinators and instructors, nurse residents' or other staff salaries that

facilitate resident attendance, and program expenses like educational materials. Other

strategies to facilitate partnerships and the offering of academic credits include the

creation of new academic and hospital roles supporting NRPs and offering newly

licensed RNs tuition assistance for participating in academic courses.

Academic nursing programs will benefit by providing faculty with opportunities to

partner with hospital leaders, thereby enhancing the ability of the faculty to stay current

related to clinical nursing and narrow the chasm between education and practice.

Moreover, faculty will be addressing the tripartite mission of the academe by providing

service to hospital partners. Also, faculty may partner with hospital leaders to develop

and teach units/modules, sharing the teaching workload across practice and education.

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Toolkit

The next sections of this toolkit will provide nursing colleges/universities and hospitals with information to assist them in forming partnerships. NRP curricular content, deliverables, and outcome measures described in the literature are presented. Specific information about the Vizient/AACN NRP, a proprietary program, is not shared. Nursing programs must participate in a sanctioned partnership with a hospital to obtain the program curriculum and hospital outcomes.

For hospitals, common academic practices and requirements for awarding course credits are described and examples of course syllabi are provided for use. Nursing programs/schools' processes for the awarding of academic credits differ, therefore, the materials contained in this toolkit are only meant to serve as a guide. Partnering institutions must develop mutually agreeable processes for the awarding of credits to NLRNs participating in NRPs.

NRP Curricular Content, Outcome Measures, & Deliverables

Curricular Content

An integrative literature review was conducted to gain an understanding of NRP program fidelity and outcomes. This review identified 249 articles (2012 to 2017) and included 20 articles in the final analysis (see Appendix C annotated bibliography). Recommended curricular content for inclusion in an NRP from the literature include: patient-centered care, communication and teamwork, quality improvement/EBP/safety, informatics, clinical reasoning/feedback/reflection and specialty practice knowledge (Spector et al., 2015). Commonalities among programs include the use of a resource

person(s) for mentorship, formal education, and peer support (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Evidence strongly supports the positive influence of preceptors as a resource for NLRNs (Blegen, Spector, Ulrich, Lynn, Barnsteiner, & Silvestre, 2015; D'Ambra & Andrews, 2014; Kramer Maguire, Halfer, Brewer, & Schmalenberg, 2013; Lin, Viscardi, & McHugh, 2014; Ulrich, Krozek, Early, Ashlock, Africa, & Carman, 2010). Three programs are most frequently cited in the literature: Transition to Practice Model (Spector et al., 2015), Vizient/AACN (Goode, et al., 2013), and Versant RN Residency (Ulrich et al., 2010). Table 1 compares each of the models' frameworks and program content.

Not unexpectedly, NRPs curricular content, teaching and learning strategies, outcome measurement instruments, duration, and resources all widely vary (Al-Dossary, Kitsantas, & Maddax, 2014; Anderson, Hair, & Todero, 2012; Barnett et al., 2014; Edwards, Hawker, Carrier, & Rees, 2015; Lin et al., 2014; Rush et al., 2013). Little is known about best practices for NRPs due to the program and outcome variability. As concluded by many of the authors, NRPs must be defined, standardized, consistently measured, and mandated by nursing (Goode et al., 2016; Al-Dossary et al, 2014; Barnett et al., 2014; Lin et al., 2014).

Table 1: NRP Models

Title:	Transition to Practice Model (National Councils State Board of Nursing) (Spector et al., 2015)	Vizient/AACN Nurse Residency Curriculum (Goode et al., 2013)	Versant RN Residency (Ulrich et al., 2010)
Framework:	Quality and Safety Education for Nurses (QSEN) Competencies	AACN Essentials of Baccalaureate Education for Professional Nursing Practice, QSEN, Interprofessional Education Collaborative, Institute for Patient & Family-Centered Care , Benner's Model	Benner's novice-to-expert (Benner, 1984)
Content:	Patient-centered care	Leadership	Core curriculum and specialty curricula
	Communication and teamwork	Patient safety and outcomes	Looping experiences to other areas
	Evidence-based practice	Professional Role	Case studies, structured clinical immersion experiences
	Quality improvement	Evidence-based practice project	Preceptors/mentors/debriefers
	Informatics	Case studies/seminars	
	Safety and clinical reasoning threaded throughout modules	Academic partners	
	Feedback and reflection	Preceptors/facilitators	
	Preceptors		

Results from the Maryland online survey of academic and hospital nursing

leaders identified that the most important content areas for the offering of course credits

were communication, professionalism, clinical practice, leadership skills, application of

evidence-based practice (EBP), and information systems. More than 90% of the

respondents identified topics about communication, professionalism, and clinical

practice as highly important compared to 81% rating application of evidence-based practice (EBP) and information systems as highly important.

In addition to the broader curricular topics, respondents were asked to rate the importance of associated sub-topics for inclusion in the NRP curriculum for obtaining academic credits. Collectively 100% of respondents rated professional development, delegation, quality improvement (QI) and EBP accountability, patient safety, critical thinking, and interprofessional communication as highly important to NRP curriculum and the awarding of course credits.

Outcome Measures

The literature is replete with measures used for assessing organizational and nursing outcomes associated with NRPs. The most frequently reported outcome measure is NLRN 1-year retention rate. Less commonly reported is long-term nurse retention (Cline, Frentz, Fellman, Summers, & Brassil, 2017; Rosenfeld, Glassman, & Capobianco, 2015; Rosenfeld, & Glassman, 2016). In a systematic review by Stephenson and Cosme (2018).15 studies yielded 26 instruments for evaluating NRPs. Eight commonly used NRP outcome measures are listed in Table 2. All listed instruments are open access and use self-reported responses by the NLRNs. The lack of objective data is a shortcoming of these instruments and the reporting of NRP outcome data in the literature. As promulgated by Anderson (2012) there is a need for behavioral competency scales.

Table 2: NRP Instruments

Instrument	Reference	Link
Casey-Fink Graduate Nurse Experience Survey	Fink, R., Krugman, M., Casey, K. & Goode, C. (2008). The graduate nurse experience. *JONA, 38*(7/8), 341-348.	https://www.uchealth.org/professionals/professional-development/casey-fink-surveys/
Job Stress Scale	Hinshaw, A. S. & Atwood, A. R. (1983). Nursing staff stress, turnover and satisfaction: models, measures and management. In: Werley H.H., Fitzpatrick J.J. (eds) *Annual Review of Nursing Research*. Springer: Berlin, Heidelberg, 133-153.	https://link.springer.com/chapter/10.1007/978-3-662-40453-9_6
Organizational Commitment Questionnaire	Mowday, R. T., Steers, R. M., & Porter, L. W. (1979). The measurement of organizational commitment. *Journal of Vocational Behavior, 14*, 224-247.	None located
McClosky/Mueller Job Satisfaction Scale	Mueller, C. W., & McCloskey, J. C. (1990). Nurses' job satisfaction: A proposed measure. *Nursing Research, 39*(2), 113-117.	https://www.ncbi.nlm.nih.gov/pubmed/2315065
Modified Six-Dimension (6-D) Scale of Nursing Performance	Marshalleck, E. F. (1997). The effect of education, job characteristics, and hospital unit structure on nurse performance and job satisfaction (Unpublished doctoral dissertation). Stanford University, Palo Alto, CA.	http://www.midss.org/content/six-dimension-scale-nursing-performance-sdns
Nurse Residency Satisfaction Scale	Setter, R., Walker, M., Connelly, L. M., Peterman, T. (2011). Nurse Residency Graduates' Commitment to Their First Positions *Journal for Nurses in Staff Development, 27*(2), 58-64.	None located
Clinical Decision-making in Nursing Scale	Jenkins, H. M. (1985). A research tool for measuring perceptions of clinical decision making. *Journal of Professional Nursing, 1*(4), 221-229.	https://www.professionalnursing.org/article/S8755-7223(85)80159-9/abstract
Gerber Control Over Nursing Practice Scale	Gerber, R. M, Murdaugh, C.L., Verran, J.A., & Milton, D. A. Control over nursing practice scale: psychometric analysis. Poster session presented at: National Conference on Instrumentation in Nursing: September 1990; Tucson, AZ,	https://onlinelibrary.wiley.com/doi/abs/10.1002/nur.4770180110

NRP Deliverables

NLRNs are expected to complete practice-based competencies, feedback and reflection exercises, and an evidence-based practice or quality improvement project as well as engage in hospital and nursing committees or other activities as part of most NRP programs (Goode et al., 2013; Spector et al., 2015; Ulrich et al., 2010). Evidence-based practice projects including poster presentations of the projects and completion of simulation and clinical competencies were the most frequently cited requirements by Maryland hospital leaders in the online survey (Table 10).

Table 10

Comparison of NRP Requirements for Nurse Residents to Complete

Requirement	Yes	No
Evidence-based practice	15	2
Poster presentation of projects	14	3
Simulation	12	5
Clinical competencies	11	6
Quality Improvement	10	7
Participating in off unit experiences	9	8
Professional oral presentation for co-workers and/or nurse leaders	9	8

N=17

Our survey also asked Maryland hospital respondents about nurse residents' criteria for completion and consequences of not completing the NRP. Although hospitals required nurse residents to complete project and written course work (N=17/17) as well as attend all education sessions (N=16/17) consequences for not meeting these criteria were variable. Nine hospitals terminated the nurse residents, three hospitals provided the residents with poor performance reviews, five reported either no consequences or it was "undetermined" and a few others delayed promotion.

Program curricular content variability exists among hospitals in course completion requirements and consequences for not completing. Although, most hospitals in Maryland are transitioning to the Vizient/AACN NRP, program curricular content and requirements of nurse residents vary. Therefore, colleges/universities will need to meet individually with each hospital to determine if the NRP program meets course requirements for the awarding of academic credits. Several options that may be among those considered are discussed below including an individual Portfolio and an actual course.

Portfolio

A portfolio is a focused collection of scholarly work developed to address specific content. It is one option that colleges/universities may choose to use in determining whether to give credit for completion of a Nurse Residency Program.

The institution considering granting academic credit for completion of a Nurse Residency Program typically could:

1) create a description or outline for what should be included in the portfolio; and

2) determine whether the portfolio submitted meets the criteria the school has set for granting academic credit; and

3) process appropriate paper-work for granting and recording credits earned in the applicant's official record.

The institution may consider a portfolio created by the applicant while participating in the Nurse Residency Program for possible credit. The institution may require additional information or even another portfolio created if the required content is incomplete and not of appropriate quality to be used for consideration of earning academic credit. In this process, it is important for collaboration between the NRP and academic institution to occur to create criteria that are reasonable and also have a fit between the NRP and the requirements of the academic institution.

Course Development

If an academic/institutional partnership chooses to develop a new elective course, to provide academic credit to NLRNs who have completed a nurse residency program, it is important that academic/practice partners work together to create all aspects of the course. Development of course content, format, and how learning will be assessed, is a part of curriculum development. In academic institutions, work on the curriculum, including development or modification, and evaluation of courses is the purview of the faculty, rather than the administration. Alternatively, a nursing program may already have an existing course within its curriculum that relates to relevant content of the NRP. If that is the case, course development may not be needed. This determination could be made by the Curriculum Committee and approved within the nursing program.

The Curriculum Committee is made up of faculty members who are elected to serve to review new courses, review modifications in courses, and to regularly evaluate courses. This latter function is often delegated to a person who serves as an Evaluator for the total nursing program. This is a very important function as there are many aspects of a curriculum that are important in the accreditation of the nursing school/program as well as approval by the State. In most nursing schools or programs, there is at least one Curriculum Committee that is made up of faculty members. If there is more than one level of nursing education (e.g. Bachelors, Masters, Clinical Nurse Leader, and DNP and/or PhD program(s), there may be more than one committee.

As seen below, course developers from the nursing program and hospital would submit their new or revised courses to the Program Curriculum Committee for approval. The next step is approval by the nursing school or program, and in some cases, this is finalized by college or university approval. There may be a plan for recurring review of existing courses with modification(s) made as appropriate.

Pathway to Course Approval

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│      Course Developers          │
│    (Academic and Hospital)      │
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│ Nursing Program Curriculum Committee │
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│ Program/School Approval │──▶│ College/University Approval │
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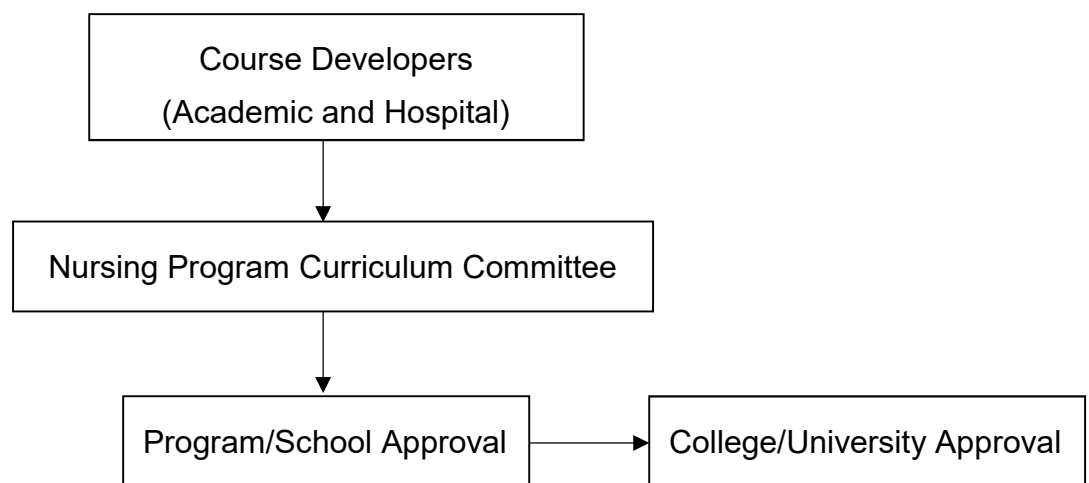
A key thing to keep in mind about course development and/or modification is that it may require someone from the practice site or the NRP to work with faculty on the Curriculum Committee to accomplish needed work to make a course appropriate for seeking the offering of academic credit. Typically, this work culminates in the development of a course syllabus that contains a thorough description of the course.

The syllabus also contains other pieces of information that ultimately becomes a document provided to students registering for and taking a course. The syllabus is described as an overview of essential information about the course and typically is what

students enrolling in the course under consideration receive at the beginning of a quarter or semester.

The syllabus sets forth information about an overview of what the course is about, the learning environment in which the course will take place (e.g. classroom, online, blended), objectives for the course, what resources students need to acquire for the course and a number of other essential information. Though the syllabus is not a legal document in the strictest sense, once the syllabus is approved and shared with students, it is often referred to as a sort of contract between students and teacher. This means that only minor changes can be made during the period the course is offered. The various parts of the syllabus are described below.

Purpose of Syllabus - The syllabus offers a written composite of the various aspects of the course described. This is developed by the faculty member(s) with expertise in the content included in the course

Typical Contents -

Institution/School/Program

Course Number

Course Title

Course Credits

Faculty Information

Office Hours

Course Overview

Pre- or Co-Requisite Courses

Course Objectives

Textbook(s)/Resources Required

Course Requirements

Assignment Due Dates

Course/Faculty Evaluation

Policies

Course Schedule

Assignments and Evaluation Criteria/Rubrics

Alternatively, a nursing program may already have an existing course within its curriculum that relates to relevant content of the NRP. If that is the case, course development may not be needed. This determination could be made by the Curriculum Committee and approved within the nursing program.

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Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: an integrative review. *International Journal of Nursing Studies,50*(3):345-56. doi: 10.1016/j.ijnurstu.2012.06.009. Epub 2012 Jul 12

Spector, N., Blegen, M., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B., … & Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation, 5*(4), 24-38.

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Ulrich, B., Krozek, C., Early, S., Ashlock, C. H., Africa, L. M., & Carman, M. L. (2010). Improving retention, confidence, and competence of new graduate nurses: results from a 10-year longitudinal database. *Nursing Economics, 28*(6), 363-375.

Warren, J. I., Perkins, S., & Green, M. A. (2018). Innovation: Advancing new nurse graduate education through implementation of statewide, standardized nurse residency programs. *Journal of Nursing Regulation, 8*(4), 14-21.

Appendix A

Examples of Academic-Hospital Partnerships

Academic Hospital Partners	Target Audience	Description	Program Outcomes
University of Kentucky College of Nursing & University of Kentucky HealthCare **Contact:** Jan Odom Forren, PhD, RN, CPAN, FAAN Associate Professor Nurse Residency Liaison Co-Editor, The Journal of PeriAnesthesia Nursing University of Kentucky, College of Nursing **Email:** jlforr2@uky.edu Debra Gay Anderson, PhD, PHCNS-BC Associate Dean for Research South Dakota State University	BSN/MS/MSN	Three graduate course credits awarded towards the DNP or PhD program. Enrolled students are provided one year of study to complete the Research Methods in Advanced Practice Nursing course. Students receive an Incomplete for the first semester. Three credits are awarded for completion of requisite in class coursework the second semester. Students attend and complete required class coursework over the 1- year time while participating in the NRP. NRP projects serve as the basis for the class coursework. Projects for course credit are more robust and must meet course requirements. Academic credits are transferable to other nursing programs.*	Program records started in 2007 Since 2007 to 2017, 124 out of 152 students enrolled in and finished the course 45 have subsequently completed the DNP program
Email: debra.g.anderson@sdstate.edu Chizimuzo (Zim) T.C. Okoli, PhD, MPH, RN, CTTS Associate Professor and Director, Tobacco Treatment and Prevention Division, Tobacco Policy Research Program **Email:** ctokol1@uky.edu	ADN	Three undergraduate course credits awarded towards BSN degree. Enrolled students must successfully complete NUR 453: Nursing Practice Capstone for Registered Nurses within 2-years of completion of NRP. Academic credit is awarded for work completed in the NRP program. For example, students complete the required 47 seminar hours and the group quality improvement project. Course credits are not transferable to other programs.*	10 RN-BSN students have obtained credits

University of Kentucky HealthCare Janine Lindgreen, APRN Nurse Residency Coordinator **Email:** Jdlind3@uky.edu			
Penn State College of Nursing & Penn State Hershey Medical Center **Contact:** Pamela A.Meinert, PhD, MSN, RN-BC Penn State Hershey Medical Center **Email:** pmeinert@pennstatehealth.psu.edu	ADN	Three undergraduate course credits awarded to enrolled students for Nursing elective credit towards completion of the BSN degree. Students must complete the institution's regular NRP program including monthly seminar hours, and an evidence-based practice (EBP) project. To earn academic credit, enrolled students must complete additional hours outside of NRP seminars for the EBP project and additional assignments/online discussions created to augment the NRP seminar topics. This meets the university requirement for one academic credit hour equaling 15 learning hours. One course credit awarded for completion of the fall term (August-December) and 2 course credits awarded for completion of the spring term (January-May).	Program stared in July 2011 and ended in 2016. Of the 61 eligible students 35 obtained academic course credits between 2011 and 2016 Program ended in 2016 when the hospital shifted its hiring practices to BSN
Rutgers the State University, School of Nursing & Robert Wood Johnson Barnabas Health **Contact:** Edna Cadmus, PhD, RN, NEA-BC, FAAN Clinical Professor & Specialty Director, Nursing Leadership Program	BSN	RN Leadership Residency Program developed for new graduates to develop leadership skills and obtain three course credits towards a master's or doctorate in nursing practice degree. Three program components: organization orientation, graduate course, and hospital program. Enrolled students complete a hybrid 14	Program started in 2012 to present A total of 87 new graduates have participated in the

Executive Director of the New Jersey Collaborating Center for Nursing (NJCCN) Division of Advanced Nursing Practice **Email:** ednacadm@sn.rutgers.edu **References:** Cadmus, E., Conners, S. D., Zavotsky, K. E., Young, M., & Pagani, C. (2014). Academic practice partnership: Transitions into practice for new nurses, part 1. Nursing Management, 45(9), 10-12. doi: 10.1097/01.NUMA0000453941.77781.e2 Cadmus, E., Conners, S. D., Zavotsky, K. E., Young, M., & Pagani, C. (2014). Academic practice partnership: Transitions into practice for new nurses, part 2. Nursing Management, 45(10), 12-14. doi: 10.1097/01.NUMA.0000453941.77781.e2		week 3-credit graduate course Transitioning from Student to Nurse Leader. Course includes a unit-based quality/safety project.	program (from 2013 to 2018). 2013 – 13 2014 – 16 2015 – 16 2016 – 14 2017 – 16 2018 – 12
Rutgers the State University, School of Nursing & Post-Acute Partners in the State **Contact:** Nancy Bohnarczyk, EdD, RN, CNE Clinical Assistant Professor Nurse Residency Program Director	BSN	Out-of-Hospital Nurse Residency Program developed for new graduates. The partner hires the new graduate and supports the nurse residency program to include time for preceptor training, and the transition into practice program for the new nurse. The University provides the active learning and activities face to	Program started 2016 to present

Email: nancy.bohnarczyk@rutgers.edu **Reference:** Cadmus, E., Salmond, S., Hassler, L., Bohnarczyk, N., Black, K. (2017). Developing a Residency in Post-Acute Care. Indianapolis, IN: Sigma Theta Tau International. ISBN-13: 978-1945157011		face. The University supports two 3-credit graduate courses, Leadership Across the Continuum and Clinical Inquiry for Evidence Based Practice. The graduate courses are funded by the Helene Fuld Grant.	
University of Virginia and the University of Virginia Medical Center **Contact:** Susan Galloway, PhD, RN Director, Nursing Professional Development Services **Email:** SJG8D@hscmail.mcc.virginia.edu	ADN, BSN, MSN	Three undergraduate course credits awarded to enrolled nurse residents for completion of the NRP. Nurse resident enrolls in the nursing degree program using tuition assistance offered by the hospital. Course credits awarded for completion of the Continuing and Professional Studies class. The School of Continuing & Professional Studies (SCPS) Instructor on Record and the NRP Coordinator use a grading rubric to assign the grade which is submitted to the Registrar at the SCPS.	The program started in 2013. Approximately 700 new graduate nurses have completed the ANCC Accredited program.
The University of Alabama Capstone College of Nursing & DCH Regional Medical Center **Contact** Michelle Cheshire EdD, RN RN Mobility Coordinator **Email** mcheshire@ua.edu	ADN	Projects and assignments completed during the residency program may be applied to meet RN-BSN course requirements, referred to as dual-credit assignments. For example, the enrolled student may submit the required evidence-based practice project completed during the residency program to meet partial requirements for the BSN Capstone Project Assignment which is	Program started in 2015. Partnership is in its 3rd year. 28 nurses graduated from both the NRP and the RN-to-BSN program.

		25% of the student's grade in the Leadership and Management course. The resident also is given 20 hours of clinical credit (out of 45 required) in the Leadership and Management course based on completion of the residency program.	Another 12 residents are enrolled in course work towards completion of their BSN.
Reference Cheshire, M, Ford, C., Daidone, Y. (2017). An innovative academic/service parternship to increase BSN-prepared RN's in a rural hospital. Journal of Nursing Administration, 47(7/8), 376-378. doi: 10.1097/NNA.0000000000000498.			
University of New Mexico College of Nursing & University of New Mexico Hospital **Contact:** Jacqueline Mary Wuellner, DNP, MPH, RN, CNE RN to BSN Program Director, Assistant Professor **Email:** jwuellner@salud.unm.ed **Contact:** Donna Winn, MSN, RN Nurse Manager RN Residency Department **Email:** DMWinn@salud.unm.edu	ADN	Three elective course credits awarded to students enrolled in the BSN program. Elective taken in the final 7 weeks of the residency. NRP curriculum approved by faculty for course credits. Students are required to complete all requisite NRP coursework which includes a final portfolio, an EBP project, and graded work.*	Program started in 2016 14 students have been awarded course credits
Notre Dame of Maryland University **Contact:** Carol Kurtz-Stack Adult Student Advisor **Email:** ckurtzstack2@ndm.edu	ADN	Three academic course credits awarded towards BSN with demonstrated completion of the Vizient/American Association of Colleges of Nursing (Vizient/AACN) NRP in the previous five years.	January 2017 to May 2018, 16 RN to BSN students submitted a certificate and received course credits for the nursing leadership course.

Appendix B

Examples of NRP Course Syllabi Offering Academic Credits

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING
SPRING 2018

NUR 453: NURSING PRACTICE CAPSTONE FOR REGISTERED NURSES

A DISTANCE LEARNING COURSE

CREDIT HOURS: 6 credit hours (5 credit seminar, 1 credit practicum)

PREREQUISITES: All other courses in the RN-BSN curriculum or permission of the instructor; current certification in Basic Life Support for Healthcare Providers (CPR and AED) for infant, child and adult, current TB screening, required immunizations, and proof of health insurance.

COURSE DESCRIPTION: Registered nurses should not enroll in NUR 413 Synthesis of Clinical Knowledge for Nursing Practice; registered nurses should enroll in NUR 453. NUR 453 is a capstone graduation course designed for RN students working toward completion of the Bachelor of Science in Nursing degree. The course provides the opportunity to apply principles of patient safety, quality improvement, interprofessional teamwork, informatics, leadership, and evidence-based research to nursing practice in a variety of settings.

STUDENT LEARNING OUTCOMES: After completing this course, the student will be able to

1. Demonstrate clinical reasoning in making independent and collaborative decisions in a complex healthcare system.
2. Distinguish factors that influence patient safety and healthcare quality and apply evidence-based interventions aimed at improving them.
3. Employ oral and written communication and interprofessional collaboration in providing safe, high quality care to improve client health outcomes throughout transitions in care.
4. Demonstrate leadership, responsibility, and accountability in addressing health care issues.
5. Discuss challenges faced in preparing a nursing workforce to care for clients in ambulatory care and other community settings.
6. Evaluate patient care technologies, information systems, and communication devices that support safe and effective care.
7. Design an evidence-based practice presentation for an audience of peers that synthesizes the application of theoretical knowledge and experiential practice.

FACULTY:

Jessica Wilson, Ph.D., APRN
Phone: 859-553-8015

E-mail: JessicaL.Wilson@uky.edu
Office Hours: By appointment

TEACHING LEARNING METHODS:
Web-enhanced modules with PowerPoint and self-directed activities
Case Studies
Discussion Board
Required reading and individual writing
Literature search and analysis
Practicum with preceptor
Individualized learning contract

REQUIRED TEXTS:

Kelly, P., Vottero, B.A., Christie-McAuliffe, C.A. (2014). Introduction to quality and safety education for nurses: Core competencies. New York: Springer Publishing. ISBN 978-0-8261-2183-7.

Nance, J.J. (2008). Why hospitals should fly: The ultimate flight plan to patient safety and quality care. Bozeman: Second River Healthcare press. ISBN 978-0-9743860-6-5.

REQUIRED READINGS:

Other required journal articles, in addition to text information, will be assigned.

CLASS MEETING TIMES:

This course will use an on line learning format. The course will be taught via a web-enhanced format and alternative and experiential learning assignments. **Because no technology is ever completely fail-safe, we ask that students maintain back-up copies of all coursework.**

Course content will be divided into eight modules over the course of the semester. The length of time for each module may vary from 1-2 weeks. In each module students will be assigned reading assignments and activities related to module content, and students will be expected to sequentially complete activities as outlined on the class schedule.

EVALUATION: Evaluation will be based on student achievement of the objectives as demonstrated by performance involving:

Module assignments	50%
Practicum Reflection Papers	20% - Due February 19th & March 9th (each worth 10%)
Evidence-Based Practice Presentation	30% - Due April 16th

Module Assignment Weights:

Module	Points Possible	Overall Weight
1	100	10%
2	75	5%
3	25	5%
4	100	5%
5	75	5%
6	75	5%
7	50	5%
8	50	10%

GRADING SCALE: The official UK College of Nursing Undergraduate scale

$$
\begin{array}{lll}
92\text{-}100 & = & A \\
84\text{-}91 & = & B \\
76\text{-}83 & = & C \\
68\text{-}75 & = & D \\
\leq 67 & = & E
\end{array}
$$

To pass this course:
1. The student must earn a minimum of 76% weighted final course grade;
2. The student must earn a minimum grade of 76% on the final presentation;
3. The student must turn in a log with a minimum of 40 practicum hours signed by agency point of contact.

Mid-term Grade
Mid-term grades will be posted in myUK by the deadline established in the Academic Calendar (http://www.uky.edu/registrar/calendar).

TEACHING/LEARNING METHODS:
NUR 453 will be taught using a combination of methods. Students must be self-directed and demonstrate initiative to be successful in an online course. Reading, reflection and writing will occur independently and course faculty are available for support and feedback. The course content/lectures and assignments will be available on Canvas. Students will utilize the internet to perform literature searches, participate in discussions, use email and connect with faculty and classmates through virtual technology in Canvas. Computer technology will enhance the learning process by allowing collaboration with peers and faculty. The course is interactive and participation will be required. All students are required to meet the computer and technology requirements listed below.

COMPUTER ACCESS EXPECTATIONS:
Students must meet assignment deadlines, but are not required to be online at specific, assigned times. This is an interactive course and we highly recommend accessing the course in Canvas at least three times per week to be fully engaged and successful. If for some reason, you cannot access the site at home due to temporary computer breakdown or other circumstances, it is your responsibility to access the site through other means (e.g., going to local public or school library). This course is heavy in reading and writing/communications requirements; plan time for

interactions and completion of assignments. Technical support is available at: UK Information Technology Center http://www.uky.edu/UKAT/   See the Tech Tips Link

EMAIL REQUIREMENTS:
Students are required to use their university email account to send and receive email. Only emails sent through the UK email system will be opened by faculty. Due to the risk of computer viruses, no unauthorized email accounts will be opened by faculty.
Any email sent to notify faculty of an impending absence from class or clinical, should include a "Request a Delivery Receipt" or "Request a Read Receipt" before hitting the send button. This feature is located in the "options" tab. *Please check your UK email at least **weekly***.

What does online learning mean?
This means that the course materials will be available to you on the web and that you will turn assignments in on the web. This does not mean, however, that the course is not interactive. For example, you may participate in on-line discussions with other class members and faculty as needed using virtual meeting technology available through Canvas. **Because no technology is ever completely fail-safe, we ask that students maintain back-up copies of all coursework.**

Technical Requirements

In order to have a successful educational experience in distance learning courses, there are minimum technology requirements that should be met. The University of Kentucky strongly recommends that each student purchase a personal computer. To review minimum recommendations and guidelines for your computer click on the following web site:
http://www.uky.edu/ukat/hardwareguide

University of Kentucky distance learning students are also encouraged to acquire the following hardware, software, and Internet connection to ensure that all systems used by distance learning courses will function properly.

Hardware
- Headset with a microphone
- Webcam (*Required*)

Software
- The latest version of Java (Available Here)
- The latest version of Adobe Flash (Available Here)
- The latest version of Adobe Acrobat Reader (Available Here)
- Microsoft Office (Available free to students through http://download.uky.edu)

Internet Connection
- 1 MBPS Broadband Connection

To test your Internet connection to see if it is sufficient, run the following speed test found at http://www.uky.edu/DistanceLearning/current/technology/techReqs.html (*Note: testing from campus is unnecessary and will result in abnormally high results*):

Which browsers are supported by Canvas?   (This is updated from time to time)

As of **July 13, 2015,** we support the most recent versions of Flash and popular web browsers:

- **Internet Explorer** 10 and 11
- **Chrome** 42 and 43
- **Safari** 7 and 8
- **Firefox** 38 and 39 (Extended Releases are not supported)
- **Flash** 17 and 18 (for recording or viewing audio/video and uploading files)

To check for Updates on Browsers: https://community.canvaslms.com/docs/DOC-128

Software

Visit https://download.uky.edu/ to learn about software available free of charge or at a reduced rate. If you do not have Microsoft Office 2007 or later then please download Microsoft Office 2007, which is available free to all university students from http://e5.onthehub.com/WebStore/Welcome.aspx?ws=f43536c5-bbb4-dd11-b00d-0030485a6b08&vsro=8&JSEnabled=1
Contact the University of Kentucky Instructional Technology Customer Service Center (257-1300) for download instructions.
It is important to have a basic understanding of how to use the World Wide Web (web) as well as Microsoft Office products (Word, PowerPoint, Excel, and Exchange). If you need assistance, help is available in The Hub, located in the basement of W.T. Young Library. For more information, visit http://www.uky.edu/Libraries/hub. In addition, students should be able to use the internet to access the Medical Center and other UK Libraries, search library data bases, and obtain literature necessary for class work and assignments.

STUDENT SUPPORT

If you have problems with Canvas: Following are the resources available to help you if you are having problems or technical challenges/conflicts when using Canvas. There is 24/7 support through the help tab inside Canvas. If the problems you are having affects completion or submission of an assignment, please email the instructor explaining the problem and the steps you are taking/have taken to correct the problem.

Support from UKAT
UKAT's Academic Technology Group (ATG) offers online tutorials and face-to-face training, as well as technicians who specialize in troubleshooting issues that arise for students.

- UKIT technicians can be reached by calling 859-218-HELP (4357), where the Customer Service Center can troubleshoot many issues immediately. You can also email 218help@uky.edu. Complicated issues will be escalated to the technicians in ATG.
- Web: http://www.uky.edu/UKAT/

If you need one-on-one assistance, ATG can meet with you to discuss your needs and walk you through the steps. Call 257-8195 to request one-on-one time with one of our staff or student team.

Other UK technology support services:

Need help with recording your video assignments or uploading them to Canvas?
The Media Depot is a student digital media space located in the Hub at William T. Young Library. The Media Depot provides; access to recording equipment and space, editing stations with specialized multimedia software, and technical support for students' development of their academic media projects.
http://www.uky.edu/ukat/mediadepot **Phone Number: (859) 323-1105**

INSTRUCTOR COMMUNICATIONS:
Instructors have agreed to try to maintain the following communication standards:
- Faculty will check email at least daily Monday-Friday and respond as soon as possible. If unable to do so, they will post an announcement of their unavailability on Canvas.
- If students have several questions about something or are confused, then they should call a faculty member. If the faculty member is not available, then a voicemail message should be left.
- There is a discussion board set up in Canvas where you may post questions and view answers to other students' questions. Faculty will check this board daily.

LIBRARY RESOURCES:
Distance Learning Library Services
Web: http://libraries.uky.edu/DLLS
Carla Cantagallo, DL Librarian Phone: 859 257-0500, ext. 2171
Long distance phone number (800) 828-0439 (option #6)
Email: carla@.uky.edu

DL Interlibrary Loan Service: http://libraries.uky.edu/page.php?lweb_id=253

DESCRIPTION OF COURSE ACTIVITIES AND ASSIGNMENTS:
This course is a self-directed didactic course with an experiential practicum experience where students develop learning objectives specific to their practicum site/project and based on program outcome objectives. Didactic work will enable students to synthesize concepts and theory that will be applied through written work and practicum experience and students will showcase their outcomes at the end of the semester through oral presentations. The required practicum is a course activity designed to help students integrate classroom learning with actual work experience
emphasizing the practical applications of theory. Students will identify a nurse with education at the bachelor's level or higher who will be their point of contact in the agency of the practicum experience following faculty approval. Faculty will evaluate student performance through written and oral assignments and in collaboration with the point of contact for the practicum.

LEARNING CONTRACT: An individual learning contract will be agreed on between each student and course faculty. This contract will define your specific learning goal and at least three (3) behavioral objectives for the practicum and state how you plan to meet these specific objectives. This is due within 1 week of the start of class but is usually turned in before the class begins. Your agency point of contact should receive a copy of the learning contract.

AGENCY POINT OF CONTACT: Students will identify a nurse who has an earned Bachelor

of Science in Nursing or higher with whom they wish to work. Their choice must be approved by course faculty prior to beginning the practicum experience. In some cases, the course faculty may oversee the student's practicum activities or help the student identify that person. ***Contact information for practicum point of contact should be submitted via email to the lead faculty for your section.***

EVIDENCE-BASED PRACTICE PROJECT: This project will be decided jointly between the student, faculty, and agency point of contact for the practicum experience and is subject to approval by the faculty. It is expected that this project will involve activities befitting the role of the professional RN with practice experience. Therefore, these activities should not be limited to, but may include, bedside care of individual patients. Suggested activities may involve: analysis/revision/preparation of patient teaching materials, documentation materials, etc.; involvement in nursing education programs for staff development; assessing/revising management functions; changing a policy; quality improvement project; pilot research study. The project must incorporate the student learning outcomes for this course. The project will culminate in a presentation which is worth 30% of the course grade.

 REFLECTION PAPERS: Reflection papers should be both informative and reflective -- i.e. what you are doing, what you are reading in the literature, how what you are doing corresponds to what you are reading, and what you are feeling/learning. An acceptable reflection paper will: (1) Describe what you've been learning and doing at the work/practicum site; (2) Report on literature that pertains to your work/practicum experience and/or your project (**a minimum of 3 journal articles should be referenced in each paper**); (3) Include appropriate reference citations in APA style; (4) Include a reference page in APA style; (5) Include an element of reflection; (6) Be relatively free of grammatical errors; and (7) Be written in a style appropriate to the standard of the professional nurse. It is anticipated that each paper will be **2-3** typed, double-spaced pages plus a cover page and a reference page. **It is recommended that the student learning outcomes for the course, listed above, be incorporated or woven into at least one of the papers. For example, something you have learned about interprofessional teamwork or communication specific to the population of clients in your worksite/practicum setting should be addressed in one of the papers. Another example, aspects of the impact of informatics in healthcare should be addressed in the last paper. Papers** *should be submitted via Canvas.*
Due dates for workplace/practicum papers are February 19th and March 9th. Each will be worth 10% of your overall grade in the course. Reflection paper for informatics will be due April 16th and is worth 5% of your overall grade in the course.

FINAL PRESENTATION: The culmination of the course will be a presentation (see guidelines on page 16) relating specifics of the application of theoretical content to the practicum experience. **To pass the course, students must earn 76% on the presentation. Students should submit a draft presentation (minimum of 3 narrated powerpoint slides) to faculty during module 6 (no later than April 2nd) the final presentation no later than April 16th; please submit through Canvas on the discussion board for peer review.** This presentation meets the university requirements for oral communication skill development in all undergraduate students – the Graduate Composition and Communication Requirement (GCCR) mandates.

COURSE EVALUATION: The University policy on faculty performance review requires that faculty obtain student evaluations of teaching for every course every semester. To meet this requirement, the College of Nursing uses web-based surveys on a confidential site for faculty and course evaluation. All students enrolled in this course are required to access the CoursEval website to fill out evaluations or to decline the opportunity within the designated time frame. Students should take this opportunity to provide serious input regarding faculty performance and course evaluation. These evaluations are used by the College of Nursing to improve the curriculum and enhance faculty teaching. Evaluations are completely anonymous. The information is compiled and shared with individual faculty members and appropriate administrators only after final grades are submitted. **To receive announcements about the evaluations, students must activate and use their UK email addresses. Forwarding UK email to an alternate address is <u>not</u> a viable option.**

COURSE POLICIES AND PROFESSIONAL STANDARDS:

<u>**ATTENDANCE**</u>**:**
Defining attendance for distance learning (online) courses. Students are considered to be in attendance in a distance learning course when the individual does any one of the following, as pertaining to distance learning activities for the course and required by the Instructor of Record:
- Participates substantively in online discussions about academic matters,
- Participates in synchronous lecture, recitation, discussion or guest speaker sessions,
- Communicates with the instructor of record,
- Submits and completes required work,
- Participates in required collaborative work with students,
- Completes quizzes or tests,
- Participates in any other activity required by the instructor of record.

Merely logging into a course does not constitute participation. Moreover, a student is considered absent from a distance learning course if they fail to engage in any one of these activities, if required by the Instructor of Record.

Students will be required to complete a minimum of 40 hours of practicum activities for this course. These practicum activities are geared toward providing the nurse opportunities to apply new knowledge and skills developed while working toward BSN completion. They may consist of a variety of experiences including, but not limited to, collaboration in a community agency, conducting pilot research, quality improvement projects, leadership and management-focused experiences, and the role of nurse as educator, clinical research and clinical writing. Students will be evaluated by the assigned faculty in collaboration with the agency point of contact for the practicum.
Students must submit the Certification of Practicum Hours form (which appears in this syllabus) with both preceptor or course faculty and student signatures. This form should be turned in electronically by the last day of class. **Failure to meet the required practicum hours will result in failure in the course. Students may be given an incomplete for subsequent**

completion of practicum hours to avoid failure in the course; please discuss this with your faculty member.

Students must notify their practicum sites and course faculty of their absence due to illness or other acceptable emergencies. Excused absences include those that are necessary for student illness or serious illness or death in the immediate family. The conditions described previously (e.g., notification of practicum contact before the scheduled shift, notification of faculty facilitator of absence and make-up plan within 24 hours of the absence, and acceptable reason for absence) must be met for an absence to be considered excused. **Excused practicum absences must be made up by the end of the course.**

EXCUSED ABSENCES - University Senate Rule 5.2.4.2

A student shall not be penalized for an excused absence. The following are defined as excused absences:

A.   Significant illness of the student or serious illness of a member of the student's household (permanent or campus) or immediate family. The Instructor of Record shall have the right to request appropriate verification.

B.   The death of a member of the student's household (permanent or campus) or immediate family. The Instructor of Record shall have the right to request appropriate verification. For the purpose of this rule, immediately family is defined as spouse or child or parent (guardian) or sibling (all of the previous include steps, halves and in-laws of the same relationship); and grandchild or grandparent

C.   Trips for members of student organizations sponsored by an educational unit, trips for University classes, and trips for participation in intercollegiate athletic events, including club sports registered with the university as well as varsity sports. When feasible, the student must notify the Instructor of Record **prior to** the occurrence of such absences, but in no case shall such notification occur more than one week after the absence. Instructors of Record may request formal notification from appropriate university personnel to document the student's participation in such trips.

D.   Major Religious Holidays. Students are responsible for notifying the Instructor of Record **in writing** of anticipated absences due to their observance of such holidays. Faculty shall give students the opportunity to make up work (typically, exams or assignments) when students notify them that religious observances prevent the students from doing their work at its scheduled time. Faculty should indicate in their syllabus how much advance notice they require from a student requesting an accommodation. Faculty shall use their judgment as to whether the observance in question is important enough to warrant an accommodation, although the presumption should be in favor of a student's request. The Offices of Institutional Diversity, the Dean of Students, and the Ombud are available for consultation. [US: 2/14/11]

E.   Any other circumstances which the Instructor of Record finds reasonable cause for absence. [US: 4/23/90]

Students missing any graded work due to an excused absence bear the responsibility of informing the Instructor of Record about their excused absence within one week following the period of the

excused absence (except where prior notification is required), and of making up the missed work. The Instructor of Record shall give the student an opportunity to make up the work and/or the exams missed due to an excused absence, and shall do so, if feasible, during the semester in which the absence occurred. [US: 11/10/85 and SREC: 11/20/87]

The instructor shall provide the student with an opportunity to make up the graded work (e.g., quiz, exam, homework, etc.) and may not simply calculate the student's grade on the basis of the other course requirements, unless the student agrees in writing. [SREC: 8/20/87;US: 2/8/16]

If an attendance policy is not stated in the course syllabus and attendance is not a criterion for a grade in the course, then the Instructor of Record shall not take any account of a student's excused or unexcused absences from class when assigning a grade. [US: 2/8/16]

If the course syllabus defines either policies that require class attendance or a grade standard that determines a student's grade based in part on class attendance, the following rules apply:

- Excused Absences: If a student has excused absences in excess of one-fifth of the class contact hours for that course (participation activities for an online course as defined in 5.2.4.1.A), the student shall have the right to petition for a "W" as a Permissive Withdrawal (SR 5.1.8.3), or the Instructor of Record may award an "I" for the course if the student declines to petition for a "W" [US: 2/9/87; SREC: 11/20/87: US: 2/8/16].

- Unexcused Absences: The Instructor of Record shall define any course policy relating to unexcused absences in the course syllabus. If a policy is not stated in the course syllabus or the policy does not allow for a penalty to the student, the Instructor of Record shall not penalize the student for any unexcused absences. [US: 2/8/16]

With respect to nonattendance for reason of an employment-related schedule conflict, the student who is a UK employee has exactly the same standing as a student who is working for some other employer. [SREC: 9/17/2012]

DRESS CODE:

While in practicum sites, students should wear professional or business attire that meets the site's dress code requirements. This should be discussed with the agency point of contact prior to beginning the practicum.

BEHAVIORAL STANDARDS:

Nursing students are expected to adhere to the Behavioral Standards in Patient Care, available at http://www.mc.uky.edu/LearningCenter/Manuals/Behavioral-Standards-In-Patient-Care_2.pdf Failure to do so may result in dismissal from the program. (See disciplinary action and appeals procedure in the publication.)

ACADEMIC INTEGRITY: Per university policy, students shall not plagiarize, cheat, or falsify

or misuse academic records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension from the university may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities. Complete information can be found at the following website: http://www.uky.edu/Ombud. A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty. It is important that you review this information as all ideas borrowed from others need to be properly credited.
Part II of *Student Rights and Responsibilities* (available online http://www.uky.edu/StudentAffairs/Code/part2.html) states that all academic work, written or otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about the question of plagiarism involving their own work, they are obliged to consult their instructors on the matter before submission.
When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording or anything else from another source without appropriate acknowledgement of the fact, the students are guilty of plagiarism. Plagiarism includes reproducing someone else's work, whether it be a published article, chapter of a book, a paper from a friend or some file, or something similar to this. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work which a student submits as his/her own, whoever that other person may be.
Students may discuss assignments among themselves or with an instructor or tutor, but when the actual work is done, it must be done by the student, and the student alone. When a student's assignment involves research in outside sources of information, the student must carefully acknowledge exactly what, where and how he/she employed them. If the words of someone else are used, the student must put quotation marks around the passage in question and add an appropriate indication of its origin. Making simple changes while leaving the organization, content and phraseology intact is plagiaristic. However, nothing in these Rules shall apply to those ideas which are so generally and freely circulated as to be a part of the public domain (Section 6.3.1). **Please note:** Any assignment you turn in may be submitted to an electronic database to check for plagiarism.

SUBMISSION OF ASSIGNMENTS: Students are required to complete activities and assignments by the posted due dates and times. Assignments for each module will be due by the deadlines noted in the syllabus. A grade deduction of 10 percent of the assignment grade will be assessed for each full day the assignment is past the deadline. In cases of emergency which will prevent completion by the due date/time, please contact the faculty to request an extension PRIOR to the deadline.

DISCUSSIONS: Threaded discussions are scholarly group discussions conducted on-line through Canvas. Questions will be posted for each discussion group; these questions will relate to course content. These discussions are designed to stimulate thought, interest, and

analysis between and   among participants. The class will be divided into discussion teams and in certain discussions team members may have an assigned role; the teams will be posted on the announcements page prior to the beginning of the discussion. Your presence in the discussion will be monitored and graded. Once closed, discussions will NOT be reopened for late submissions.

Each discussion will start and finish on specific dates and will be clearly defined within the modules. Discussions will span several days so that each student has multiple opportunities to participate in each discussion.   To receive the points available for each discussion, you must *actively participate in the discussion with   substantive postings* which address the questions in the individual assignment guidelines. You can use multiple posts to address the questions. Support your discussion points with literature and add citations if required, and respond to other students' posts. As in a face-to-face discussion, during threaded discussion you may raise questions, ask for clarification, answer questions and comment on the remarks of others. Note that a quick response to another student (e.g. "Yes, I hadn't thought about that") will NOT count toward your postings. Your responses to the original questions and to postings from your fellow classmates should be thoughtful, meaningful, informed, polite, and show openness to others' ideas/opinions.

ACCOMODATIONS DUE TO DISABILITY:
The DRC coordinates campus disability services available to students with disabilities. It is located on the corner of Rose Street and Huguelet Drive in the Multidisciplinary Science Building, Suite 407. You can reach them via phone at (859) 257-2754 and via email at drc@uky.edu. Their web address is http://www.uky.edu/StudentAffairs/DisabilityResourceCenter/."

COURSE OUTLINE:

MODULE 1:   Healthy Work Environments for Nurses
                        Evolving roles of the RN beyond the hospital
                        Issues and trends in ambulatory care and community settings
                        Changes in preparation of the nursing workforce to meet the needs of clients in
                        the Community

MODULE 2:   Quality and safety education for nurses
                        Assessment of organizational culture
                        Competencies for nurses- knowledge, skills, attitudes
                        High-reliability organizations
                        Evidence about interventions to improve quality and safety
                        Tools to evaluate safety and quality

MODULE 3:   Interprofessional Teamwork and Collaboration
                        Patient-centered care
                        Patient outcomes based on interprofessional teamwork
                        Interprofessional teamwork assessment and intervention

MODULE 4:   Transitions in Care- Current and Future trends
                        Improvement in safety and quality during transitions with interprofessional

         teams
         Medical care homes

MODULE 5:   Interprofessional Teams: Ethical dilemmas, Error disclosure

MODULE 6:   Quality performance and quality improvement in nursing and healthcare
         Draft evidence-based practice presentation to be submitted to faculty

MODULE 7:   Informatics in Healthcare
         Patient care technologies
         Information systems
         Communication devices

MODULE 8:   Evidence-Based Practice Presentations

MODULE 1: January 10- January 22
Activities:
- o Read "We need more nurses" an OpEd from the New York Times about Nurse Staffing and Patient Safety
- o Read your choice of a minimum of 3 articles provided on Canvas about healthy working environments
- o Read articles provided on Canvas about nursing roles of the future in community settings
- o Assignments: Complete icebreaker activity on Canvas (Optional but highly recommended- bonus points will be assessed for participation!)
- o Submit individual practicum learning contract with objectives and brief plan for meeting the objectives using template on Canvas- must include practicum site, point of contact with that person's contact information on or before January 22nd at Midnight (25 points) ALL paperwork required by practicum site must be turned in.
- o Participate in Discussion Board on Healthy Work Environments (75 points possible)

       You will be randomly assigned to a discussion group of students in Canvas. After completing the reading assignments above, make your first (original) post to the discussion board by Wednesday, January 17th at midnight (10 points). You will not see anyone else's post until you submit your first one. In your post, you should point out something you learned or something that surprised you from the reading assignment and WITHOUT naming your workplace, compare attributes of your workplace with those of the attributes you read about healthy working environments and discuss any changes that you feel you could champion in your workplace to improve the environment (25 points). Then, prior to Monday, January 22nd at Midnight when the discussion will close, make a meaningful response to a minimum of 3 of your colleagues in the discussion group (40 points for response). A meaningful response means you maintain professionalism, you respect the ideas and opinions of all others in the discussion group, and that you reflect on the ideas presented and provide substantial input or ideas in response, not say "Wow, that's interesting" and leave it at that. Illustrate that you did the assigned reading, by applying information from the readings in the discussion.

MODULE 2: January 22- February 5

ACADEMIC CREDIT TOOLKIT

Activities:
- o Read Chapters 1-4 in Kelly, Vottero, and Christie-McAuliffe including critical thinking, Case studies, and review questions with answers and explore the suggested websites
- o Read in Nance book- author's note, intro, and pages 1-31 and start your own personal journal of notes/ ideas about what you are learning from this book to help with a future assignment
- o Read assigned journal articles available on Canvas

Assignments: <mark>Due February 5th by Midnight</mark>

- o Exploring the Web assignment in Kelly, Vottero, and Christie-McAuliffe on page 159 Complete the web assignment #1, 2, 3 (does not have to be APA) (25 points)
Write 2-3 paragraphs in the same Word document about a particular scenario you have witnessed or participated in at work or in your current practicum where the teamwork exhibited principles you have read about this week and how they resulted in great patient the teamwork could have been better and what you have learned this week that could be implemented to improve the teamwork and patient outcome in the future (25 points).

- o Utilize the nursing process to guide your writing of a 2-3 page reflective paper about either your workplace or the site of your practicum for this course (please do not name the site) in relation to principles of patient safety, quality care, and high reliability organizations that you learned through your reading this week (50 points possible).
    1. Assess safety, quality, high reliability of the organization (10 points)
    2. Based on the assessment, identify (diagnose) 3 areas/attributes that you find to be excellent and 3 areas/attributes that could use some improvement (10 points)
    3. Develop a brief plan as if you were the manager, chief nurse, or CEO of that organization that includes how you would intervene to maintain the positive attributes and how you would intervene to improve the weak/problem areas (10 points).
    4. Provide objective, measurable outcomes that you would use to evaluate if your Implemented plan is working (10 points)
    5. Appropriate use of APA, practically grammatically and typographically error free, Cite sources that back up what you are asserting properly, include cover page, and reference page (10 points).

MODULE 3: February 5-February 19
Activities:
- o Read Chapters 5-6 in Kelly, Vottero, and Christie-McAuliffe including critical thinking, Case studies, and review questions with answers and explore the suggested websites
- o Watch the videos on Canvas for Module 3
- o Read in Nance book pages 33- 79 and continue your own journal/notes about important things you are learning (You will be writing about this later)

Assignments: All due on or before <mark>February 19th at midnight</mark>
- o Complete case study on interprofessional teamwork and collaboration (25 points)

- o Practicum reflection paper due (see previous guidelines in syllabus)   (Worth 50 points; 10% of course grade)

MODULE 4: February 19-February 26
Activities:
- o Review the Transitions in Care information (available on Canvas)
- o Read the journal articles provided on Canvas for this module
- o Read Nance book pages 81-122 and add to your personal journal/notes

Assignments: Due February 26th at midnight
- o Complete Transitions in Care exercises and case study on web (Worth 100 points; 5% of course grade)

MODULE 5: February 26- March 9
Activities:
- o Read the journal articles on Canvas regarding healthcare ethics and error disclosure
- o Watch the video scenario demonstrating healthcare error
- o Read the Nance book pages 123-176 and update your personal journal/notes
- o Obtain a copy of error disclosure policy at your workplace or practicum site

Assignments:

- o Practicum reflection paper due March 9th at *Midnight* (see previous guidelines in syllabus)   (Worth 50 points; 10% of course grade)
- o Participate in Discussion Board on Healthcare ethics and error disclosure (75 points possible)
- o You will be randomly assigned to a discussion group of students in Canvas. After completing the reading assignments above and watching the video, make your first (original) post to the discussion board by Friday, March 2nd at midnight (10 points). In your post, you should describe your thoughts about disclosing errors to patients and their families. If you have ever been involved in a real incident of error disclosure WITHOUT naming your workplace or any identifying patient information, describe what happened. Would you do anything differently based on the information you have learned this week. Is there a particular person/profession on the team who should lead the error disclosure in your opinion? Critique the error disclosure that occurred in the video. Describe important points of an error disclosure policy if you were able to obtain one. (25 points). Then, prior to Friday, March 9th at Midnight when the discussion will close, make a meaningful response to a minimum of 3 of your colleagues in the discussion group (20 points for each response). A meaningful response means you maintain professionalism, you respect the ideas and opinions of all others in the discussion group, and that you reflect on the ideas presented and provide substantial input or ideas in response, not say "Wow, that's interesting" and leave it at that. Illustrate that you did the assigned reading, by applying information from the readings
- o **Please note, I recommend you begin preparing draft powerpoint presentation (minimum 3 slides with narration) for evidence-based practice presentation because draft will be due at end of next module!**

MODULE 6: March 19- April 2
Activities:
- o Read Chapters 7-9 in Kelly, Vottero, and Christie-McAuliffe
- o Read assigned journal articles on Canvas about Quality improvement
- o Read Nance book pages 177-211

Assignments:

- o Participate in Discussion Board on Quality Improvement (75 points possible)
- o You will be randomly assigned to a discussion group of students in Canvas. After completing the reading assignments above, make your first (original) post to the discussion board by Monday, March 26th at midnight (10 points). In your post, you should point out the most important lessons/ideas you learned about creating a culture of patient safety from reading the Nance book. Apply major principles of quality improvement to describe the process you would pursue to effectively make changes that would impact the safety culture and patient outcomes in your workplace and/or practicum site WITHOUT naming the site. There is an expectation for you to be thorough in your discussion and cite references that support your stance on this topic (25 points). Then, prior to Monday, April 2nd at Midnight when the discussion will close, make a meaningful response to a minimum of 3 of your colleagues in the discussion group (20 points for each response). A meaningful response means you maintain professionalism, you respect the ideas and opinions of all others in the discussion group, and that you reflect on the ideas presented and provide substantial input or ideas in response, not say "Wow, that's interesting" and leave it at that. Illustrate that you did the assigned reading, by applying information from the readings.
- o **Submit a draft of your evidence-based practice presentation (minimum of 3 slides that are narrated) for feedback from faculty prior to final presentation submission.**

MODULE 7: April 2- April 16
Activities:
- o Read chapter 10 & 13 in Kelly, Vottero, and Christie-McAuliffe
- o Read assigned journal articles about Informatics in Healthcare available on Canvas

Assignments:
- o Submit Evidence-based practice project final presentation video link- Due April 16th at Midnight (Worth 100 points; 30% of course grade)

- o Write a 2-page double-spaced reflection on informatics in healthcare. Discuss the advantages and disadvantages of the use of technology in healthcare. How does the implementation of new technologies affect your nursing practice? Choose one specific technology in your workplace or practicum site. Review the information you can find about the device from reliable sources on the web and from peer-reviewed literature. (Example would be bar-code medication administration). Discuss the advantages and disadvantages you have noted from working with this technology. Does it improve patient safety or impede it? Use APA format and cite references
(Worth 50 points)

MODULE 8: April 16 – April 23
Activities:
- o Watch the video presentations of your choice of 10 classmates

Assignments: Due April 23rd by midnight

- o Write a 2-page summary of what you learned from watching your peer's presentations. Rank order the presentations by most helpful content provided and creativity/professionalism of presentation and then provide a logically organized analysis of significant pearls you learned about evidence that you can apply to your clinical practice that will improve outcomes. (Worth 50 points, 10% of overall grade).

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING
NUR 453
NUR 453: NURSING PRACTICE CAPSTONE FOR REGISTERED NURSES

GUIDELINES – FINAL PRESENTATION

The final presentation will be a **maximum of 15 minutes – and a minimum of 10 minutes**. This presentation meets the university requirements for oral communication skill development in all undergraduate students – the Graduate Composition and Communication Requirement (GCCR) mandates. Students are required to submit a draft presentation with narration for faculty feedback prior to submitting the final presentation. In the final presentation, faculty must be able to see you and your powerpoint in the video.

The presentation will be pre-recorded and submitted to your course faculty in advance of the last day of class. Your presentation will summarize your practicum experience and your evidence-based project. It should include the following information.

A brief description of your practicum setting and your learning goal (5 points)
Your specific learning objectives and how they were accomplished (5 points)
Compare what you saw/were doing during the practicum experience to what you were reading in the literature (25 points)
Make a statement about best practices on your chosen topic, and if they had been implemented at your practicum site. If not, what changes are needed? (10 points)
A reflection on the personal effect of practicum (20 points)
Audiovisuals (such as PowerPoint) are clear, concise, colorful, professional (10 points)
Video link submitted that illustrates (we can see you) presenting the material (10 points)
Well-organized and planned (10 points)
       Logical progression of ideas
       No more than 15 minutes, no less than 10 minutes
Speaking presence (5points)
- o Do not read your presentation
- o Look at the audience – DO NOT read your notes/slides
- o Smooth transition between slides
- o Few "uh's" or other distracting mannerisms
- o Kept it interesting enough that it would maintain audience engagement

The grade for the presentation will be a percentage calculated by dividing the total points earned by the total points possible (100). **To pass the course, students must earn 76% on the presentation.**

ACADEMIC CREDIT TOOLKIT

UNIVERSITY OF KENTUCKY COLLEGE OF NURSING
NUR 453: NURSING PRACTICE CAPSTONE FOR REGISTERED NURSES

Certification of Practicum Hours

Student Name: _____
                              Please Print

I hereby certify that I have met or exceeded the practicum hours required for this course (40 hours) which is deemed to be satisfied with the acceptance of the required practicum log and written reflections.

_____   _____
              Student Signature   Date

_____   _____
              Agency Nurse Signature   Date

This form should be submitted, with all signatures, to your faculty member by the last day of class.

PRACTICUM HOURS

Date	Time	Brief description of Activities

Hours: _____

UNIVERSITY OF KENTUCKY COLLEGE OF NURSING
NUR 453: NURSING PRACTICE CAPSTONE FOR REGISTERED NURSES

PRACTICUM LETTER

Dear Nurse Practicum Leader:

Thank you in advance for your work with one of our senior RN students. We are delighted that you will be sharing your expertise with one of our students. Can you recall a special person whom you may have regarded as a role model/mentor during your nursing training? In the same sense, your role will be just as meaningful for your student.

The student will work with you a minimum of 40 hours to meet the practicum requirements of the course. This student is a registered nurse – but some of our students are relatively new to the profession. Guided immersion into your role is suggested.

Students are responsible for maintaining time logs. You will be asked to sign confirming the hours spent working with you or at the site under your supervision.

Students are responsible for completing an evidence-based practice project and presenting an oral presentation at the end of the course. Please note that if the student is employed at the agency, these clinical hours must be completed independent of their normally scheduled work time.

Please contact me (Jessica Wilson, Ph.D., APRN, JessicaL.Wilson@uky.edu or (859) 553-8015 if you have any questions or encounter problems.

Sincerely,

Jessica
Jessica Wilson, PhD, APRN
Assistant Professor, Coordinator of the RN-BSN Option
Course Coordinator, NUR 453

![UNM COLLEGE of NURSING]

N429: Topics: UNMH Nurse Residency Program

Syllabus Table of Contents

N429 Topics: UNMH Nurse Residency Program
1 credit hour
To be taken three times over three consecutive terms

Instructor Information

Contact Information

Name:	**Donna M Winn**
E-Mail:	DMWinn@salud.unm.edu
Phone:	505-272-3084
Fax:	505-272-2046
Office No.:	1 South Admin Hallway Rm 1478
Office Hours:	By appointment
Preferred Method of Contact:	Via salud email account
Name:	**Patricia M Moore**
E-Mail:	PMMoore@salud.unm.edu
Phone:	505-272-0104
Fax:	505-272-2046
Office No.:	1 South Admin Hallway Rm 1478
Office Hours:	By appointment
Preferred Method of Contact:	Via salud email account

COURSE COORDINATOR and RN-BSN Program Director	Jacqueline Wuellner, MPH, MSN, RN, CNE jwuellner@salud.unm.edu 505-272-2612

Instructor Response Time

Communication

We routinely check course messages Monday-Friday between 8:00 AM and 5:00 PM. I will respond to you within 24 hours, except on weekends and holidays when it may take until noon the next business day.

Grading

Graded assignments are generally returned within one week of the date due.

Course Information

Course Description

Focus on the development of critical thinking skills and application of leadership skills in provision of high quality, evidence based nursing care, healthcare team coordination, and facilitation of oversight and accountability for care delivery.

Course Objectives

At the successful completion of the residency program, the student will

1. Demonstrate effective clinical judgement and performance decision-making skills in their daily practice.
2. Integrate clinical leadership skills to direct bedside patient point of care.
3. Demonstrate application of evidence-based research in their practice in unit-based performance initiatives.
4. Develop an individual career path, thereby strengthening the commitment to nursing.

This course meets Essentials II, III, IV, VI, VIII and IX of the AACN *Essentials of Baccalaureate Education for Professional Nursing Practice.*

Prerequisites

In order to register for this course the student must be admitted to the College of Nursing RN-BSN Program. Students must also have been offered and accepted a position as a University of New Mexico Hospital nurse resident.

Prerequisites or Corequisites

N301 & N302

Textbooks

Required Textbooks / Resources

There are no required textbooks for this course.

Other Resources

Journal readings, materials and website resources will be assigned by the instructors.

Assessment and Grading

Instructor Expectations

We are committed to helping you successfully complete this course, however, we expect your commitment to this class as well, which includes completing all assigned readings and coming to seminars prepared to be fully engaged.

Evaluation of Student Work

Exams

There are no exams in this course.

Grading Scale

Grades will be assigned based on the following course grading scale:

100-98	A+	97-93	A	92-90	A-
89-87	B+	86-83	B	82-80	B-
79	C+	78-77	C		
76-73	D+	72-70	D	69-67	D-
Below 67	F				

The UNM College of Nursing requires that a student earns a course grade of ≥77% to pass.

Course Format: This course will be meet in-person monthly for a 4-hour seminar. There are three days (once each quarter) that are scheduled as 8 hours days. See course schedule below for details.

Assignments

Work each month is assigned the day of seminar to be turned in the next month. The Independent Study work is due Friday at 5 pm the week prior to seminar. Independent study work turned in after that time frame is considered late. Timeline must be submitted via email prior to seminar as an attachment each month as an individual assignment.

Please update your timeline monthly. The template needs to be filled out each month with the assignment listed. Please use the tables provided to input the information. The reference section should be a compilation of your project literature review.

Evidence-based Project Rubric

BASIC DESIGN ELEMENTS -				
	EXCELLENT	GOOD	FAIR	POOR

PICO statement and Explanation	Clear, concise, gives clear picture of purpose of the paper. Discussion of relevance to nursing. PICO well defined. Conclusions well supported by the findings	Clear language for depiction of paper, purpose, PICO well defined. Conclusions supported in the report	Poorly described purpose and little disclosure of contents of paper. Some elements of PICO poorly operationalized. Conclusion unsupported.	No defined purpose. Elements within paper not discussed leaving reader confused. PICO muddled, elements missing or poorly narrowed. Conclusion unsupported.
Sources	All primary sources. All sources from top four tiers of hierarchy	All primary sources. Majority of sources from top tier of hierarchy	Few secondary sources. Some sources from lower tier of hierarchy.	Few secondary sources. No sources form the top four tiers of hierarchy
Evidence Table/Presentation	Graphical depiction clear and easily legible. Comparison of data logical. Appropriate citations maintained	Layout of source information is neat and legible. Appropriate citation.	Some layout or legibility errors.	No graphical representation of source data.
APA Style	No APA style errors including title page, running head, section titles, references, in-text citations, and abbreviations. All citations match references.	Few (one per page, or less) errors in style. All citations match references.	Two to three style errors per page. Repetition of the same error, even in different ways. All citations match references.	Many style errors in the paper interfering with readability. Citations and references do not match. Errors of this level can be confused with plagiarism.
Grammar and Construction	Clear, and succinct. Pronouns, modifiers, parallel construction, and non-sexist language are appropriate.	Writing is clear and succinct. Minor issues with pronoun agreement, verb tenses. No misspelled words	Writing is generally clear, but unnecessary words are occasionally used. Meaning is sometimes hidden. Paragraph or sentence structure is repetitive.	It is hard to know what the writer is trying to express. Writing is convoluted. Misspelled words, incorrect grammar, and improper punctuation are evident.

Project Rubric: Analysis of Evidence-based Practice Topic

ANALYSIS OF EVIDENCE-BASED PRACTICE TOPIC -				
	EXCELLENT	**GOOD**	**FAIR**	**POOR**
Relevance to practice	Well described. Scenario and application of practice element are compelling.	Relevance to practice and appropriate setting are described.	Practice or role effected by the element of discovery are described, but need for further study is not compelling.	Poorly described, leaving reader to wonder why the writer has bothered to review the data.

Search/inclusion process	Key words, databases, and study selection process and criteria are readily outlined	Key words, databases, and study selection process and criteria are somewhat outlined	Search and selection process somewhat obscured. Some elements missing.	Poor or no description of this process.
Critique of studies	Systematic and complete. Goes from topic to topic rather than study to study.	Systematic, but some elements missing or incomplete. Goes from topic to topic rather than study to study.	Incomplete and somewhat erratic. Follows no prescribed format.	Poor analysis of presented studies.
Synthesis of findings	Aptly summarized. Evaluation of the overall findings and any descriptive statistics provided. Correct assessment given about testing of assumptions.	All pieces are there but not completely supported with examples from the article AND material learned in class about the methods.	Stated but not well supported. Possibly misinterpreted, error in assumptions.	No evaluation of analysis is given OR it is incorrect OR not supported with evidence from the source material.
Recommendations for practice A valid conclusion may also be NO consensus for practice or change.	Enough support is found to change or support continued practice.	Recommendation for practice based on weak data.	Recommendation made by author is not supported by information given in the document.	No recommendation is described.

Project Rubric: Presentation

PRESENTATION -				
	EXCELLENT	**GOOD**	**FAIR**	**POOR**
Content	College-level overview of project with reference to articles' manner of support None of project is read verbatim	Overview of project with no mention of article's manner of support Less than half of the guideline is read verbatim	Overview of project provided through a verbatim reading	Verbatim reading of entire project
Observations	Verbatim reading of guideline	Reports observations in an organized fashion Missing details	Observations reported in a disorganized fashion and incomplete	No observations made
Critical Thought	Compares and contrasts observed practice with EBR citing detailed relevancies to future	Observed practice reiterated separate from the guideline Some observations relevant and some irrelevant to guideline	Observed practice reported with more being irrelevant to guideline Cued to provide relevancy to future	No observations reported

	nursing practice	Some expansion on relevancy to future nursing practice	nursing practice	
Professionalism	Presentation is lecture/discussion type. Used clear speaking tone. Used conceptual language with a scholarly tone	Presentation lecture-type with minimal discussion. Used clear speaking tone most of the time. Used some conceptual mixed with lay language	Presentation lecture-type/no discussion invoked. Speaking tone barely audible. Used common/lay language/jargon	Unable to provide a presentation
Timing	Presentation ran 10 minutes without exceeding time limit covering all objectives well	Presentation ran less than 5 minutes but covered objectives well	Presentation ran less than 5 minutes and failed to cover all objectives OR time is called by the instructor with student failing to complete presentation	Unprepared and unable to present. Uses time to read guidelines. Presentation halted by instructor due to any of the above criteria

Course Expectations & Ground Rules

Course Expectations

Course Expectations:
•   Time required to be successful in this course: 3-5 hours/week
•   Students will communicate with one another in small group projects and discussions as needed.
•   Students will keep informed of course announcements and unexpected changes in schedule.
•   Students will keep instructor informed of class related problems, or problems that may prevent the student from full participation (send an email via Instructor's @salud.unm.edu account when you encounter problems so that the instructor knows you still have intentions of completing the course).
•   Students will follow UNM's Respectful Campus Policy 2240
         http://www.unm.edu/~ubppm/ubppmanual/2240.htm

Instructor Drop and Withdrawal Policy
The instructor may drop a student if a student fails or misses assignments or an exam and does not contact the instructor within one week of the failed/ missed assignment or exam.

Students are responsible for completing all courses in which they are enrolled. Changes in enrollment, drops or withdrawals must be officially processed. A student who does not follow proper withdrawal procedures may be given a failing grade and is responsible for tuition charges associated with the course. Deadlines for course withdrawals are established by the UNM Registrar's Office and may be found at http://registrar.unm.edu/. Any student considering dropping should first consult with the instructor and academic advisor.

Course Schedule will be distributed by the instructors.

Student Success

The CON aims to provide optimal support so that students learn well, maintain physical and emotional health. In keeping with this goal, we encourage all students to use the resources available through the CON Student Success Coordinator.

Special Needs

Qualified students with disabilities needing appropriate academic adjustments should contact the course coordinator by the end of the first day of class to ensure that your needs are met in a timely manner. See the UNM Pathfinder student handbook at http://pathfinder.unm.edu/ and and http://policy.unm.edu/university-policies/2000/2310.html.

The Accessibility Resource Center (Mesa Vista Hall 2021, 277-3506, http://as2.unm.edu/) provides academic support to students who have disabilities. If you think you need alternative accessible formats for undertaking and completing coursework, you should contact this service right away to assure your needs are met in a timely manner. If you need assistance in contacting the Accessibility Resource Center, see Student Advisement at the College of Nursing.

If you have any concerns regarding the functionality of the UNM Learn application in relation to accessibility, please contact the UNM Learn Support office at learn@unm.edu.

Academic Dishonesty

Each student is expected to maintain the highest standards of honesty and integrity in academic and professional matters. For more information, see the following polices in The Pathfinder – UNM Student Handbook: Academic Dishonesty and the Student Code of Conduct.

UNIVERSITY OF KENTUCKY
COLLEGE OF NURSING

NURSING 925/602 SYLLABUS
Fall, 2017/Spring, 2018

COURSE TITLE: NUR 925/602: Research Methods in Advanced Practice Nursing

CREDITS: 3 credit hours

PRE-REQUESITE: Nurse Residency Standing

FACULTY: **Debra Gay Anderson, PhD, PHCNS-BC**
Associate Professor
551 College of Nursing
(859) 257.3410
Cell: (859) 333.4865
danders@uky.edu

OFFICE HOURS: *By appointment*

COURSE DESCRIPTION:
This course provides the knowledge and skills essential for using research to support clinical and organizational decision-making. The strengths and limitations of various research designs and methods are reviewed for their utility in answering clinical questions, evaluating care delivery and patient outcomes, and making clinical decisions.

STUDENT LEARNING OUTCOMES:
1. Analyze the role of research in evidence-based advanced practice nursing.
2. Critically examine clinical nursing problems that may be addressed using the research process.
3. Evaluate research designs and methods used to address clinical nursing problems.
4. Evaluate the use of basic descriptive statistics in research.
5. Analyze research utilization approaches and the applicability of research findings to nursing practice.

TEACHING PHILOSOPHY
I believe that post baccalaureate students are independent, adult learners. Since we do not meet on a weekly basis for this course, I encourage you to stay on track with the schedule of independent modules and readings. It is easy to get behind or to misunderstand concepts that are being taught in the modules. **Please** contact me at any time you need one-on-one communication about the course content. I will be happy to discuss any content or other concerns.

METHODS OF TEACHING:
The distributed learning format includes four in-class meetings, web-enhanced instruction (via

Canvas), and independent learning activities. These learning methods will be used:
- Lecture
- Computer and web work
- Discussion
- Electronic communications
- Small group work
- Library research
- Canvas guided study and discussion
- Self-directed study

Class Meetings:
Attendance is required.

During the **Fall 2017** semester, the course will meet from **3 pm to 4:50 pm** on the following dates:
- **August 23**
- **October 19**

During the **Spring 2018** semester, the course will meet from **3 pm to 4:50 pm** on the following dates:
- **January 18**
- **March 22**

On-line Modules: This course is structured around 6 learning modules, each consisting of readings from the course text, additional articles, and Canvas assignments. Links to the modules are posted on the Canvas course site.

REQUIRED TEXTS:
Polit, D. E & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice (9th edition)*. Philadelphia: Lippincott Williams & Wilkins.

COMMUNICATION
UK E-Mail Accounts: Students are **REQUIRED** to use UK e-mail accounts and should check for mail frequently. ***PLEASE DO NOT SEND SPAM e-MAIL TO COURSE MEMBERS.***

Canvas Course Homepage Announcements: Announcements containing class information will be posted on the NUR 925 Canvas Course Homepage. Please check for announcements frequently.

EVALUATION: **3 Quizzes (20% each)**: 60%
         Literature Review Paper: 20% (15% for paper, 5% for presentation)
         Research Proposal Outline: 20% (15% for outline, 5% for presentation)

Grading Scale*   90 – 100   A
                             80 – 89   B
                             70 – 79   C

69 or below   E

❖ Late assignments, without prior approval of the course faculty, will be penalized 5% per day. Late assignments without prior approval will not be accepted after the 2nd day.

<p style="text-align:center">Fall 2017 & Spring 2018 Course Calendar</p>

Date	Module	Assignment
Aug 23rd- Sep 5th **1st Class Meeting** **August 23rd 3-4:50**	**Introduction to Research Methods in Advanced Practice Nursing**	Polit & Beck Chapter 1 Developing a problem of clinical relevance.
Sept 6th-12th	Module 1: Evidence-Based Nursing	Polit & Beck Chapter 2
Sept 13th- 19th	Module 1: Key Concepts and Steps in Qualitative and Quantitative Research	Polit & Beck Chapter 3
Sept 20th- 26th	Module 2: Identifying problems, questions, and hypotheses	Polit & Beck Chapter 4
Sept 27th-Oct 3rd	Module 3: The Theoretical Framework	Polit & Beck Chapter 6
Oct 4th-Oct 10th	**QUIZ #1—Modules 1-3** **BEGIN: OPEN FROM OCTOBER 4th** **DUE: POST TO CANVAS BY MIDNIGHT ON OCTOBER 10th**	
Oct 11th-17th	Module 4: The Literature Review	Polit & Beck Chapter 5
October 19th **2nd class meeting 3-4:50pm**	**LITERATURE REVIEW PRESENTATION** **-Systematic Literature Search** **-Literature review table/matrix**	**-Develop a problem statement** **-Develop a Literature Search Strategy**
Oct 19th-24th	Problem Statement and Introduction	Develop a one-page problem statement for your Literature Review Assignment
LITERATURE REVIEW PROBLEM STATEMENT AND LITERATURE SEARCH STRATEGY ASSIGNMENT DUE ON OCTOBER 28th POST TO CANVAS BY MIDNIGHT ON OCTOBER 28th		
Oct 25th–31st	Systematic Literature Search	Complete Systematic Literature search on your identified problem and develop a ½ to 1-page methods section
LITERATURE REVIEW METHODS SECTION DUE ON NOVEMBER 4TH POST TO CANVAS BY MIDNIGHT ON NOVEMBER 4TH		
Nov 1st -14th	Literature Review Table Assignment	Extract information from

Date	Module	Assignment
		articles retrieved in your review and place in table
LITERATURE REVIEW TABLE DUE ON NOVEMBER 25th **POST TO CANVAS BY MIDNIGHT ON NOVEMBER 25th**		
Nov 15th -28th	Critique of studies	Critique the studies from your review and write a $1^{1/2}$ to 2 page critique
LITERATURE REVIEW RESULT/SYNTHESIS SECTION DUE ON DECEMBER 2ND **POST TO CANVAS BY MIDNIGHT ON DECEMBER 2ND**		
Nov 29th-Dec 9th	Conclusions and Implications for Nursing Practice	Develop a one- page conclusion based on the critique of your review **(Optional submission for feedback by December 6th)**
FINAL LITERATURE REVIEW PAPER DUE ON DECEMBER 12th **POST TO CANVAS BY MIDNIGHT ON DECEMBER 12th**		
Dec 5th – 9th	Powerpoint Presentation development	Develop a powerpoint presentation (Maximum 6 slides) to present the findings of your literature review.
FINAL LITERATURE REVIEW PRESENTATION DUE ON DECEMBER 9th **POST TO CANVAS BY MIDNIGHT ON DECEMBER 9th**		
WINTER BREAK		
Jan 5th - 9th	Module 5: Qualitative Research Methods: Design, Approaches & Sampling	Polit & Beck Chapters 20 & 21
Jan 10th -16th	Module 5: Qualitative Research Methods: Data Collection	Polit & Beck Chapters 22
Jan 17th -23rd	Module 5: Qualitative Research Methods Data Analysis	Polit & Beck Chapters 23
Jan 24th –Jan 30th	Module 5: Qualitative Research Methods Trustworthiness and Integrity	Polit & Beck Chapters 24
Jan 18th **3rd class meeting 3-4:50pm**	**GUEST PRESENTATION:** **QUALITATIVE RESEARCH PROJECT** **Dr Peggy El-Mallakh**	-Critiquing a qualitative research article
Jan 31st– Feb 3rd	**QUIZ #2—Module 5** **BEGIN: OPEN FROM JANUARY 31st** **DUE: POST TO CANVAS BY MIDNIGHT ON FEBRUARY 3rd**	
Feb 7th –13th	Module 6: Quantitative research methods Planning a nursing study & Quantitative	Polit & Beck Chapters 8 & 9

Date	Module	Assignment
	research design.	
Feb 14th – 20th	Module 6: Quantitative research methods Rigor and validity in quantitative research & and specific types of quantitative research	Polit & Beck Chapts10 & 11
Feb 21st – 27th	Module 6: Quantitative methods Sampling & Data Collection	Polit & Beck Chapters 12 &13
Feb 28th –Mar 3th	Module 6: Quantitative methods Measurement and Data Quality	Polit & Beck Chapters 14
Mar 4th – 9th	Module 6: Quantitative methods Descriptive Statistics & inferential statistics	Polit & Beck Chapters 16 & 17
SPRING BREAK (MAR 10th-17th)		
Mar 22nd 4th class meeting 3-4:50pm	**GUEST PRESENTATION: QUANTITATIVE RESEARCH PROJECT Dr. Zim Okoli**	-Designing a survey instrument or data extraction form using validated questionnaires -Sources of data for Nursing Research -Quantitative research proposal outline
Mar 27th-Apr 2nd	**QUIZ #3—Modules 6 BEGIN: OPEN FROM MARCH 27th DUE: POST TO CANVAS BY MIDNIGHT ON APRIL 7th**	
Apr 3rd -9th	Develop a proposal outline for a nursing study	-Design a research proposal outline based on the problem you identified in your literature review paper
Apr 10th – 16th	Design a survey instrument	Design a survey instrument or data extraction form with no more than 15 items to obtain information about your problem
Apr17th –Apr 26th	Finalize Research Proposal Outline and powerpoint presentation	Complete Proposal Outline & Powerpoint presentation (Maximum 6 slides) to succinctly present your proposal outline
FINAL PROPOSAL OUTLINE ASSIGNMENT DUE ON APRIL 28th POST TO CANVAS BY MIDNIGHT ON APRIL 28th		

Date	Module	Assignment
FINAL PROPOSAL OUTLINE PRESENTATION ASSIGNMENT DUE APRIL 28th **POST TO CANVAS BY MIDNIGHT ON APRIL 28th**		
HAPPY SUMMER HOLIDAYS		

ASSIGNMENTS
- All assignments are due by **12:00 Midnight** on the due dates.

- All assignments must be uploaded to a corresponding Assignment Drop Boxes on Canvas course site. **NO ASSIGNMENTS ARE ACCEPTED THROUGH E-MAIL.**

- All assignments must be turned in on time. Late assignments will have a deduction of 5% per day from the final grade. Late assignments will not be accepted after the 2nd day. Life happens so it is your responsibility to discuss inability to submit assignments on time to your instructor prior to the due date.

I.   QUIZZES

Purpose: To evaluate students' ability to understand research concepts and methods used in published nursing literature using three open book, open note quizzes. Quiz content includes all content from assigned modules as well as some application questions based on research studies.

- Quiz 1 will cover content on Modules 1-3
- Quiz 2 will cover content on Module 5
- Quiz 3 will cover content on Modules 6

- All quiz answers must be placed in the appropriate *Canvas Quiz Assignment Drop Box* by **12:00 midnight** on the quiz due dates (listed in the course calendar).
  - **All quizzes are restricted**. Sharing content of the quizzes with others or using another student's quiz answers will constitute cheating. *The minimum consequence for cheating is failure of the course. Suspension and dismissal are also possibilities.*

Evaluation Criteria: Each quiz is worth **20%** of the total course grade.

II.   LITERATURE REVIEW ASSIGNMENT: 15% OF FINAL GRADE

Purpose: To systematically critique and synthesize existing scientific evidence on a clinical nursing or nursing administration problem or issue and recommend evidence-based nursing practice to address the problem or issue.

Requirements:

- Select a *clinical nursing or administrative* problem.

- Identify *at least **5** published underline primary research articles* (*i.e., primary research means that they are not review articles or meta-analyses*) on the problem you have selected.

- Prepare the step-by-step components and a final literature review paper.

- Each assignment should be written in formal APA style. An abstract is not necessary until the final Literature Review is submitted.

- Your topic *may not* be the same as any sample Reviews posted on Canvas.

A.   Problem Statement and Literature Review Strategy Assignment (Post to Canvas by Midnight on Oct 28th)

This first formal writing assignment will serve two purposes: (a) to introduce your Literature Review topic and (b) to assess your systematic process for the review.

1. Develop a 1 1/2-page (maximum) **Introduction/Problem Statement** for your Integrative Review in APA format that includes the following:
    - Cover page in APA format
    - Introductory statement of the clinical or administrative problem.
    - Description of the problem.
    - Supporting data.
    - Statement of the significance of this problem for advanced practice nurses.
    - Concluding statement of the intent or purpose of the literature review.

2.   In addition develop a 1-page **Literature Review Strategy document** that organizes your literature search. A sample Literature Review Strategy is posted on Canvas and will be discussed in **during Class 2**.

B.   Methods Section: Complete Summary of Research Methods (Post to Canvas by Midnight on Nov 4th)

This assignment will serve the purpose of composing a narrative of the methods employed in conducting your literature review.

Develop a 1-page (maximum) **Methods section** for your Literature Review in APA format that includes the following:
- Key words used for your literature search.
- Database searched
- Exclusion/Inclusion criteria for articles obtained for your review (this includes the date ranges for your search)

- Number of articles initially screened and number of articles included for the review.
- Any specific considerations of how the results will be presented.

C. Table assignment: Extraction of information from retrieved articles (Post to Canvas by midnight on Nov 25th)
- For each study included in your Literature Review, summarize the methodological components below.
- Table should be a maximum of 6 pages (reduce font to 10pt and turn the page to a landscape orientation if desired)

Quantitative Studies
- Complete citation (APA format)
- Research purpose
- Study design
- Independent and dependent variables
- Sample and setting
- Conceptual framework (if applicable)
- Methods and measures
- Key findings

Qualitative Studies
- Complete citation (APA format)
- Research purpose or question
- Study design
- Sample and sampling technique
- Conceptual framework
- Data collection methods
- Data validation procedures (if applicable)
- Data analysis techniques
- Key findings

D. Result/Synthesis assignment: Synthesis of retrieved articles (Post to Canvas by midnight on Dec 2nd)

This assignment will serve the purpose of synthesizing the studies retrieved from your systematic review.
- Summarize the methodological components of the published studies (from your table).
- Critique the studies on the various aspects of the research process.
- Synthesize findings of the studies based.

E. Final Literature Review (Post to Canvas by Midnight on Dec 9th)
- Using the studies you have selected above, the Introduction/Problem Statement, Table, Methods, Results/Critique section, and Conclusions/Implications section. develop a complete, formal Systematic Review Paper.
- The text of the paper (excluding cover page, abstract, tables, and references) should be no more than _15_ double-spaced pages.
- Paper should be grammatically correct and in APA format.
- Paper should include the following components:

Abstract or Short Description of the Integrative Review (2%)
Provide a description of the paper in 1/2 pages or less (350 words maximum).

Introduction/Problem Statement (8%)
Include the final revised Introduction from the assignment above.

Methods section (5%)
Include the final revised Methods section from the assignment above

Results/Critique/Synthesis of relevant research literature (60%)
Include the final revised Results/Synthesis section from the assignment above:
- Include Table (from table assignment) to illustrate the methodological components of the studies included in your literature review.

Conclusions & Implications for Evidence-based Nursing Practice (25%)
- Provide a focused synthesis of the findings. Discuss how the findings of the various studies are similar or different & identify strengths and gaps in the literature. (8%)

- **State whether you can or cannot recommend a change in NURSING PRACTICE based on the literature you have reviewed**. (2 %)
- If the literature warrants a practice change, identify the specific suggested change and cite the sources that support your recommendation(s).
- If the literature does NOT support a practice change, state why. If possible, give suggestions for the type of data needed to support a practice change.

10%

- State how the data from your Literature Review could be disseminated to practicing nurses or how you might use it to change policy (at any level: unit-based to legislative). (5%)

III. LITERATURE REVIEW PRESENTATION (5%) Post to Canvas Midnight December 9th
Prepare and deliver a **voice-over** *PowerPoint* presentation **and/or video** (no longer than **5** minutes) with the following:
- Define the clinical problem selected for your review.
- State why you are interested in the problem.
- Summarize the types of studies retrieved from your review.
- Identify whether the available research literature is sufficient to guide nursing practice related to your topic (i.e., would you recommend a practice change based on your literature review?)
- Identify the most critical finding from your review.

Tips for presentation (if using powerpoint):
- 1 slide per minute (so 5 slides maximum for 5 minute presentation) is usually about right
- Don't overload slides with too much text
- Remember the 6x6x6 Rule (6 Words per bullet, 6 Bullets per slide, 6 Lines per slide)
- Title every slide
- Use the same color scheme all the way through
- The 7 second rule (The audience needs to grasp the message within 7 seconds of the slide appearing)
- Use quality clipart (if it's not good quality it's better to use none at all)
- Visual break (Supplement slide after slide of straight text with some graphics just for a change of view)
- Keep it simple
- Make sure type in graphics is legible
- Fonts (Do not use fonts smaller than 24 points, No more than three fonts to a presentation, avoid overuse of bold, italic and especially all capitals)

IV.   PROPOSAL OUTLINE PROJECT: 15% OF FINAL GRADE

Post to Canvas by midnight on April 28th

Develop an outline for an evidence-based research project according to the following template.

Background and Significance (1-page) 1. Introduction to the population of interest 2. Brief literature review demonstrating the problem	*5%*

Design and Methods (1-2 pages)
 	
1.   Design (1%)
        ie; Randomized control trial; Quasi-experimental; Observational/ Descriptive study; Program/Outcome evaluation; Qualitative
 	
2.   Sample and Setting (4%)
   a. Convenience sample, random sample, purposive sample, quota sampling (could be persons or practices)
   b. How many (i.e., number of) participants will you recruit
   c. Outpatient clinic, hospital setting, research units, etc
   d. Inclusion Criteria and Exclusion criteria
 	
3.   Measures/Instruments (2%)
        Brief description of data collection instrument and include either focus group guide or survey instrument/data extraction instrument
 	
4.   Procedure (2%)
        a. Recruitment or sample selection.
 	
5.   Knowledge Translation Plan (1%)
   a. Into Practice
   b. Developing booklets, pamphlets, learning modules
   c. Presentations or Publications
 	
Note: Points for grammatical issues will be deducted from each section of the paper if applicable.
	10%

Total Possible Points	*15%*

Proposal outline should be no more than **4-pages (not including reference page and data collection/extraction instrument)**.

V.   PROPOSAL OUTLINE PRESENTATION (5%)

Post to Canvas by midnight on April 28th

Prepare and deliver a **voice-over *PowerPoint*** presentation **and/or video** (no longer than **5** minutes) with the following:
* Define the clinical problem selected for proposal outline.

- Describe the approach you will use to address this problem (quantitative design or qualitative design).
- Describe your sample selection and recruitment strategy
- Describe how you will translate the knowledge you gain from your proposed study.

WHAT DOES ONLINE LEARNING MEAN?

This means that the course materials will be available to you on the web and that you will turn assignments in on the web. This does not mean; however, that the course is not interactive. For example, you may participate in online discussions with other class members and faculty as needed using virtual meeting technology available through Canvas. **Because no technology is ever completely fail-safe, we ask that students maintain back-up copies of all coursework.** Characteristics of successful distance learners should be reviewed at http://www.uky.edu/DistanceLearning/current/resources/dlReadiness.html

DISTRIBUTED LEARNING CLASS FORMAT
This course uses a distributed learning format. There will be 4 class meeting; the remainder of the course is taught via a web- enhanced format and independent learning activities. The on-line portion of the course will be facilitated using the Canvas Server. The course will be interactive both in class and on-line. Approximately 1/4 of the course will consist of traditional face-to-face methods and the remainder will consist of interactive learning assignments, electronic technology and experiential work.
This means that some of the course materials are available to you on the web. In-class meetings are scheduled once each month.

Online Class Conduct
Your messages/words/media reflect YOU. Think about your audience and the relevance of your message before hitting the 'submit' button. Take time to make sure your message is correct in its form and content. You can do this by being concise and descriptive. Remember that the people in this class, including the faculty, are someone like you; they deserve and appreciate respect. Reviewing your message by watching it or reading it out loud will help you to ensure that it is appropriate.

Canvas Protocol (LMS)
Online education requires excellent time management and self-motivation. As an online class, this means receiving Canvas notifications ASAP and checking these notifications daily for messages, announcements, or assignment information. Budgeting your time carefully for coursework and reading/studying as if you were attending a class on a campus will help you avoid unforeseen delays and procrastination that will affect your overall performance.

Computer requirements: This web-enhanced course requires the following: (1) a computer with high speed access to the internet (Ethernet, broadband cable or DSL connection) and an internet browser.

Minimum required laptop computer hardware:
- Processor: Dual Core 1.8 Ghz or higher
- RAM: 4 GB minimum (more preferred)
- Hard Drive: 250 GB or larger preferred (minimum 100 GB or larger)
- Wireless card: 802.11n preferred (minimum 802.11 b/g compatible)
- Operating system: Most recent version for your hardware (for example, Mac 0S 10.10+ or

Windows 8+)
- Up-to-date virus software, preferably installed before coming to campus
- Webcam (many laptops come with an integrated webcam and will not require an external device)
- Headphones or headset with microphone
- *Other helpful options:*2 GB or higher USB Flash Drive, external hard drive (for data backup/extra storage), wired or wireless external mouse, video out adapters (dvi/hdmi), and a laptop security cable

Minimum required tablet computer hardware:
- Processor: Dual Core 1.3 Ghz or higher | Apple A5 or higher
- Storage capacity: 32 GB or larger
- Operating system: Most recent version for your hardware (for example, Windows 8.1, Windows RT, iOS 8)

Because tablets have less storage than laptops, tablet users with high-speed Internet connectivity can use UK's virtual desktop and application solution (www.uky.edu/VirtualDEN) to expand the number of applications available to them. See further below in this document about the software this service provides. Also, many tablets have HDMI or USB ports for connecting external monitors, keyboards, mouse, headset, and other devices.

Software
1)Visit https://download.uky.edu/ to learn about software available free of charge or at a reduced rate.(2) An active University of Kentucky e-mail account that is not forwarded to another email address, and (3) Microsoft Office 2007, which is available free to all university students from http://e5.onthehub.com/WebStore/Welcome.aspx?ws=f43536c5-bbb4-dd11-b00d-0030485a6b08&vsro=8&JSEnabled=1
It is important to have a basic understanding of how to use the World Wide Web (web) as well as Microsoft Office products (Word, PowerPoint, Excel, and Exchange). If you need assistance, help is available in The Hub, located in the basement of W.T. Young Library. For more information, visit http://www.uky.edu/Libraries/hub. In addition, students should be able to use the internet to access the Medical Center and other UK Libraries, search library data bases, and obtain literature necessary for class work and assignments.

UK Information Technology Customer Service Center:
Contact the University of Kentucky Instructional Technology Customer Service Center (859-218-HELP) or http://www.uky.edu/UKIT for assistance with technology issues

COMMUNICATION
***Email or Canvas Messaging are the preferred methods of communication**
Students should check UK email account and Canvas Notifications daily and must respond to faculty communication within 2 business days of receipt
*Faculty will respond to student emails within 2 business days of receipt.

UK E-Mail Account
Course faculty may communicate via UK e-mail. Students must use UK e-mail account for email correspondence and check UK e-mail account daily

Library Access
In addition, students should be able to use the internet to access the Medical Center and other UK

Libraries, search library data bases, and obtain literature necessary for class work and assignments. For information on Distance Learning Library Services, please see www.uky.edu/Libraries/DLLS or contact the Distance Learning Librarian via local phone (859) 257-0500 ext 2171; or email dllservice@email.uky.edu. For DL interlibrary loan service please see *http://libraries.uky.edu/page.php?lweb_id=253*
POLICIES:

Submission of Assignments:
- All assignments are due by **12:00 Midnight** on the due dates.

- All assignments must be uploaded to a corresponding <u>Assignment Drop Boxes</u> on Bb course site. **NO ASSIGNMENTS ARE ACCEPTED THROUGH E-MAIL (UNLESS REQUESTED BY INSTRUCTOR)**

- All assignments must be turned in <u>on time</u>. Late assignments will have a deduction of <u>5% per day</u> from the final grade. Late assignments will not be accepted after the 2nd day. Life happens so it is your responsibility to discuss inability to submit assignments on time to your instructor prior to the due date.

Attendance Policy.
In a graduate seminar, each class member's preparation and contribution is vital to the quality of both his/her own individual learning <u>and</u> that of the other class members. Therefore, attendance is required and will be included in the Class Participation Grade. Tardiness and unexcused situations where students arrive in class late or leave early, at the end of class, will also be considered in the computation of the Class Participation Grade. University policies related to excused and unexcused absences are found in the University of Kentucky Student Rights and Responsibilities Guidelines (Please refer to Administrative Resources at *http://www.uky.edu/StudentAffairs/Code/)*. Each of these features (attendance, promptness, preparation, and thoughtful, active discussion) will be considered in computation of the Class Participation Grade. *Remember, by missing even one of the class meetings, you will miss 25% of the class time and will lower your participation grade!*

<u>**Inclement weather**</u>
The University of Kentucky has a detailed policy for decisions to close in inclement weather. The snow policy is described in detail at http://www.uky.edu/PR/News/severe_weather.htm or you can call (859) 257-5684. In general, the University is not closed for severe weather, but the instructor may decide to cancel the class, in which case, he will contact you via e-mail (or cell phone) and let you know before the class begins.

Excused Absences
Students need to notify the professor of absences prior to class when possible. *Senate Rules 5.2.4.2* defines the following as acceptable reasons for excused absences: (a) serious illness, (b) illness or death of family member, (c) University-related trips, (d) major religious holidays, and (e) other circumstances found to fit "reasonable cause for nonattendance" by the professor.

Students anticipating an absence for a major religious holiday are responsible for notifying the instructor in writing of anticipated absences due to their observance of such holidays no later than

the last day in the semester to add a class. Two weeks prior to the absence is reasonable, but should not be given any later. Information regarding major religious holidays may be obtained through the Ombud (859-257-3737, http://www.uky.edu/Ombud/ForStudents_ExcusedAbsences.php.

Students are expected to withdraw from the class if more than 20% of the classes scheduled for the semester are missed (excused) per University policy.

Per *Senate Rule 5.2.4.2*, students missing any graded work due to an excused absence are responsible: for informing the Instructor of Record about their excused absence within one week following the period of the excused absence (except where prior notification is required); and for making up the missed work. The professor must give the student an opportunity to make up the work and/or the exams missed due to an excused absence, and shall do so, if feasible, during the semester in which the absence occurred.

Verification of Absences
Students may be asked to verify their absences in order for them to be considered excused. *Senate Rule 5.2.4.2* states that faculty have the right to request "appropriate verification" when students claim an excused absence because of illness, or death in the family. Appropriate notification of absences due to University-related trips is required prior to the absence when feasible and in no case more than one week after the absence.

Academic Integrity – Doctor of Nursing Practice program
Academic Integrity for Health Professions: Health Professions students are held to higher standards of integrity than the non-health professions student because of the unique and important relationship the health professions have with society. The student majoring in nursing is charged by society and guided by ethical principles and laws to safeguard the health of the public. In nursing the standards are set by The American Nurses Association Code of Ethics. Violation of these standards include but are not limited to lying, cheating, plagiarism, fraud or other act(s) punishable by law or ethical misconduct. Disciplinary action will result at least in failure of the assignment up to and including dismissal from the program.

The College of Nursing ascribes to the University of Kentucky **Health Care Colleges Code of Student Professional Conduct**

Academic Integrity
Per University policy, students shall not plagiarize, cheat, or falsify or misuse academic records. Students are expected to adhere to University policy on cheating and plagiarism in all courses. The minimum penalty for a first offense is a zero on the assignment on which the offense occurred. If the offense is considered severe or the student has other academic offenses on their record, more serious penalties, up to suspension from the University may be imposed.

Plagiarism and cheating are serious breaches of academic conduct. Each student is advised to become familiar with the various forms of academic dishonesty as explained in the Code of Student Rights and Responsibilities. Complete information can be found at the following website: http://www.uky.edu/Ombud. A plea of ignorance is not acceptable as a defense against the charge of academic dishonesty. It is important that you review this information as all ideas borrowed from others need to be properly credited.

Senate Rules 6.3.1 (see http://www.uky.edu/Faculty/Senate/ for the current set of *Senate Rules*) states that all academic work, written or otherwise, submitted by students to their instructors or other academic supervisors, is expected to be the result of their own thought, research, or self-expression. In cases where students feel unsure about a question of plagiarism involving their work, they are obliged to consult their instructors on the matter before submission.

When students submit work purporting to be their own, but which in any way borrows ideas, organization, wording, or content from another source without appropriate acknowledgment of the fact, the students are guilty of plagiarism.

Plagiarism includes reproducing someone else's work (including, but not limited to a published article, a book, a website, computer code, or a paper from a friend) without clear attribution. Plagiarism also includes the practice of employing or allowing another person to alter or revise the work, which a student submits as his/her own, whoever that other person may be. Students may discuss assignments among themselves or with an instructor or tutor, but when the actual work is done, it must be done by the student, and the student alone.

When a student's assignment involves research in outside sources or information, the student must carefully acknowledge exactly what, where and how he/she has employed them. If the words of someone else are used, the student must put quotation marks around the passage in question and add an appropriate indication of its origin. Making simple changes while leaving the organization, content, and phraseology intact is plagiaristic. However, nothing in these Rules shall apply to those ideas, which are so generally and freely circulated as to be a part of the public domain.

Please note: Any assignment you turn in may be submitted to an electronic database to check for plagiarism.

Accommodations due to disability
If you have a documented disability that requires academic accommodations, please see me as soon as possible during scheduled office hours. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (DRC). The DRC coordinates campus disability services available to students with disabilities. It is located on the corner of Rose Street and Huguelet Drive in the Multidisciplinary Science Building, Suite 407. You can reach them via phone at (859) 257-2754 and via email at drc@uky.edu. Their web address is http://www.uky.edu/StudentAffairs/DisabilityResourceCenter/.

Classroom Behavior Policies
a. Cell phones or pagers should be turned off or on vibrate during class. If you are expecting an Emergency, please inform the instructor prior to class. Text messaging during class is **not permitted;** if you have an emergency and need to send someone a message or make a phone call during class, please leave the classroom to do so.

b. Students should not be on the internet or using their laptop for "non-course related reasons" during class. **Laptops are not to be used in class unless we are doing an activity that requires the use of student computers because this can be distracting to other students. Texting or non-course related use of the internet will result in loss of the class discussion points.**

Health Sciences Student Professional Behavior Code
The College of Nursing ascribes to the Health Sciences professional behavior code. Please see the following web site for additional information: www.uky.edu/Regulations/AR/ar083.pdf

Teacher/Course Evaluations
"The University policy on faculty performance review requires that faculty obtain student evaluations of teaching for every course every semester. To meet this requirement, the College of Nursing uses web-based surveys on a confidential site for faculty and course evaluation. All students enrolled in this course are required to access the CoursEval website to fill out evaluations or to decline the opportunity within the designated time frame. Students who don't visit each survey available to them within the designated time will receive an incomplete in the course that will remain until the surveys are accessed. Students should take this opportunity to provide serious input regarding faculty performance and course evaluation. These evaluations are used by the College of Nursing to improve the curriculum and enhance faculty teaching. Evaluations are completely anonymous. The information is compiled and shared with individual faculty members and appropriate administrators only after final grades are submitted. **To receive announcements about the evaluations, students must activate and use their UK email addresses. Forwarding UK email to an alternate address is not a viable option.**"

Identification Badges
All students using Medical Center facilities for any purpose are issued an identification badge. If you lose or misplace the badge, you will be required to replace it at your expense. Without this badge, you will be unable to use Medical Center facilities. Graduating students will not receive final grades or transcripts until return of the ID badge to the Office of Student Services on the final day of classes. The Office of Student Services will assist with the badge process.

Blood Borne Pathogen Policy
Students are reminded to review the Blood Borne Pathogens.   Review the policy at:
http://www.mc.uky.edu/Nursing/academic/application/BloodBorne.htm

Immunization requirements – for courses with clinical components

Licensure
Registered nurse licensure without limitations in the state in which your clinical will take place is prerequisite to a clinical practicum or research. This means you will need a Kentucky R.N. license and a license for any out-of-state clinical.

Appendix C

Academic Credit for Nurse Residency Program

Annotated Bibliography

Al-Dossary, R., Kitsantas, P., & Maddax, P. J. (2014). The impact of residency programs on new nurse graduates' clinical decision-making and leadership skills: A systematic review. *Nurse Education Today*, *34,* 1024-1028. doi: 10.1016/j.nedt.2013.10.006

 The study's aim is to review the literature (1980-2013) on the impact of residency programs on new graduate nurses' clinical decision-making and leadership skills.

Anderson, G., Hair, C., & Todero, C. (2012). Nurse residency programs: An evidence-based review of theory, process and outcomes. *Journal of Professional Nursing, 28*(4), 203-212. doi: 10.1016/j-profnurs.2011.11.020

 The aim of this systematic review is to describe and evaluate the quality of the science, report recommendations and lessons learned about implementing and evaluating nurse residency programs designed to improve new graduate transitioning.

Barnett, J., S., Minnick, A. F., & Norman, L. D. (2014). A description of U.S. post-graduation nurse residency programs. *Nursing Outlook, 62,* 174-184. doi: http://dx.doi.org/10.1016/j.outlook.2013.12.008

 This study describes selected components of U.S. NRPs including "employment terms and organizational facets."

Blegen, M. A., Spector, N., Ulrich, B. T., Lynn, M. R., Barnsteiner, J., & Silvestre, J. (2015). Preceptor support in hospital transition to practice programs. *Journal of Nursing Administration, 45*(12), 642-649. doi: 10.1097/NNA.0000000000000278

 This multistate longitudinal quasi-experimental study investigates the effects of preceptor support on the outcomes of preceptor satisfaction, and competency and retention of NLRNs in NRPs.

Bratt, M. M. & Feizer, H. M. Perceptions of Professional Practice and Work Environment of New Graduates in a Nurse Residency Program. (2011). *Journal of Continuing Education in Nursing, 42*(12), 559-568 10p. doi: 10.3928/00220124-20110516-03

 This longitudinal study (2005-2008) used repeated measures to examine the perceptions of NLRNs in the Wisconsin NRP about their professional practice competence and the work environment.

Cadmus, E., Conners, S. D., Zavotsky, K. E., Young, M., & Pagani, C. (2014). Academic practice partnership: Transitions into practice for new nurses. *Nursing Management, 45*(9), 10-12. doi: 10.1097/01.NUMA0000453941.77781.e2

Cadmus, E., Conners, S. D., Zavotsky, K. E., Young, M., & Pagani, C. (2014). Academic practice partnership: Transitions into practice for new nurses, part 2. *Nursing Management, 45*(10), 12-14. doi: 10.1097/01.NUMA.0000453941.77781.e2

> The objective of this two-part series is to describe implementation and outcomes of an academic practice partnership in New Jersey using a residency model in leadership for post-baccalaureate nurses transitioning into practice.

Chappell, K. B., & Richards, K. C. (2015). New graduate nurses, new graduate nurse transition programs, and clinical leadership skill: a systematic review. *Journal for Nurses in Professional Development, 31*(3), 128. doi: 10.1097/NND.0000000000000159

> This systematic review (2000-2013) examines the relationships between newly licensed RNs and clinical leadership skills and transition programs and clinical leadership skills.

Cheshire, M. H., Ford, C. D. & Daidone, Y. (2017). An innovative academic/service partnership to increase BSN-prepared RNs in a rural hospital. *Journal of Nursing Administration, 47*(7/8), 376-378. doi: 10.1097/NNA.0000000000000498.

> This descriptive article describes a partnership between a rural hospital and the University of Alabama, College of Nursing. The hospital's NRP coordinator worked with the RN-to-BSN Program faculty to create assignments that would meet the outcomes of both programs to facilitate the number of RNs earning the BSN.

Cline, D., Frentz, K., Fellman, B., Summers, B., Brassil, K. (2017). Longitudinal outcomes of an institutionally developed Nurse Residency Program. *Journal of Nursing Administration, 47*(7/8), 384-390. doi: 10.1097/NNA.0000000000000500

> This 10-year study (2005-2014) measures the effectiveness of an internally developed NRP against the Casey-Fink Graduate Nurse Experience Survey and 1, 3 and 5-year retention rates at a cancer care center.

D'Ambra A. M. & Andrews D. R. (2014). Incivility, retention and new graduate nurses: an integrated review of the literature. *Journal of Nursing Management 22*, 735–742. doi: 10.1111/jonm.12060

This integrative literature review (2000-2012) focuses on the concept of incivility in the workplace of new graduate nurses.

Delack, S., Martin, J., McCarthy, A. M., & Sperhac, A. M., (2015). Nurse residency programs and the transition to child health nursing practice. *Journal of Nursing Administration, 45*(6), 345-350. doi: 10.1097/NNA.0000000000000210

The Institute of Pediatric Nurses (IPN) invited leaders to discuss the clinical practice gap between education and practice. The IPN describes the contents, purposes and outcomes of a Pediatric Nurse Residency Program.

Edwards, D, Hawker, C., Carrier, J., & Rees, C. (2015). A systematic review of the effectiveness of strategies and interventions to improve the transition from student to newly qualified nurse. *International Journal of Nursing Studies, 52*(7), 1254-68. doi: 10.1016/j.ijnurstu.2015.03.007. Epub 2015 Mar 20.

This systematic review (2000-2011) examines the effectiveness of support strategies offered to newly qualified RNs to improve transition into practice and to evaluate the impact of those strategies on organizational outcomes.

Goode, C. J, Glassman, K. S, Pointe, P. R., Krugman, M. & Peterman, T. (2018). Requiring a nurse residency for newly licensed registered nurses. *Nursing Outlook, 66*(3), 329-332. doi: 10.1016/j.outlook.2018.04.004

This policy paper (Academy of Nursing) advocates for the completion of an accredited Nurse Residency Programs during the first year of employment as a newly licensed registered nurse. The paper also lays out a plan for the funding of such programs.

Goode, C. J., Lynn, M., R., McElroy, D., Bednash, G. D., & Murray, B (2013). Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *Journal of Nursing Administration, 43*(2), 73-79. doi: 10.1097/NAA.0b013e31827f205c

The aim of the study is to examine outcomes from 10 years of research (2002-2012) on post-baccalaureate nurse residency programs including lessons learned and suggestions for improvement.

Goode, C. J., Reid Ponte, P., & Sullivan Havens, D. (2016). Residency for transition into practice: an essential requirement for new graduates from basic RN programs. *JONA: The Journal of Nursing Administration, 46*(2), 82–86. http://doi.org/10.1097/NNA.0000000000000300

This position paper describes the state of science related to nurse residency programs and offers policy recommendations.

Kramer, M., Maguire, P., Halfer, D., Brewer, B., & Schmalenberg, C. (2013). Impact of residency programs on professional socialization of newly licensed registered nurses. *Western Journal of Nursing Research, 35*(4), 459. doi: 10.1177/0193945911415555

This study evaluates if Nurse Residency Programs promote the professional socialization process of newly licensed RNs.

Letourneau, R. M., & Fater, K. H. (2015). Nurse Residency Programs: An Integrative Review of the Literature. *Nursing Education Perspectives, 36*(2), 96-101. doi: 10.5480/13-1229

This integrative literature review (2006-2013) seeks to explore the NRP literature and outcomes to improve the transition from student nurse to registered nurse.

Lin, P. S., Viscardi, M. K., & McHugh, M, D. (2014). Factors influencing job satisfaction of new graduate nurses participating in nurse residency programs: A systematic review. *The Journal of Continuing Education in Nursing, 45*(10), 439-450. doi: 10.3928/00220124-20140925-15

This systematic review (2006-2013) explores factors influencing job satisfaction of new graduates participating in nurse residency programs.

Rosenfeld, P., Glassman, K., & Capobianco, E. (2015). Evaluating the short- and long-term outcomes of a post-BSN residency program. *Journal of Nursing Administration, 45*(6), 331-338. doi: 10.1097.NNA.0000000000000211

This retrospective study evaluates short-term and long-term outcomes associated with the NRP completers (2005-2012) at NYU Langone Medical Center. This study analyzes those nurses who remained employed at NYULMC at the time of the study. Information may be used to inform future NRP revisions and reconceptualization of education curriculum and programmatic elements.

Rosenfeld, P. & Glassman, K. (2016). The long-term effect of a nurse residency program, 2005-2012. Analysis of former residents. *Journal of Nursing Administration, 46*(6), 336-344. doi: 10.1097.NNA.0000000000000354

This retrospective study analyzes the characteristics of nurses who left the institute with those who remained. This study builds on the previous study examining the effects of NRPs on 8 cohorts of NRP completers (2005-2012) at NYU Langone Medical Center.

Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies, 50*(3), 345-356. doi: 10.1016/j.ijnurstu.2012.06.009. Epub 2012 Jul 12.

This integrative review (2000-2011) explores best practices of formal nurse transition programs to support organizations with future program development.

Spector, N., Blegen, M., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B., Fogg, L., & Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation, 5*(4), 24-38.

This randomized, controlled, multisite study examines quality and safety, stress, competence, job satisfaction and retention in new graduates using an evidence-based Transition to Practice (TTP) program.

Stephenson, J. K. & Cosme, S. (2018). Instruments to evaluate nurse residency programs. *Journal for Nurses in Professional Development. 34* (3), 123-132. doi: 10.1097/NND.0000000000000444

This systematic review (2010-2017) identifies 26 instruments used to describe a variety of outcomes of nurse NRPs. Commonly measured outcomes include competence, patient safety, critical thinking, confidence, job satisfaction, job stress, organizational commitment, leadership and communication skills, and turnover/retention rates.

Ulrich, B., Krozek, C., Early, S., Ashlock, C. H., Africa, L. M., & Carman, M. L. (2010). Improving retention, confidence, and competence of new graduate nurses: results from a 10-year longitudinal database. *Nursing Economics, 28*(6), 363-375.

This longitudinal study (1999-2009) examines predictor and outcome variables of the Versant NRP over a 10-year period.

Van Camp, J. & Chappy, S. (2017). The effectiveness of nurse residency programs on retention: A systematic review. (2017). *AORN Journal, 106*(2), 128-144. doi: org/10.1016/j.aorn.2017.06.003

This systematic review of the literature (2004-2016) examines new graduate Nurse Residency Program residents' perceived satisfaction, and retention rates, and makes recommendations for implementation in perioperative settings.

Warren, J. I., Perkins, S., & Green, M. A. (2018). Innovation: Advancing new nurse graduate education through implementation of statewide, standardized nurse residency programs. *Journal of Nursing Regulation, 8*(4), 14-21.

This article describes the implementation of a state-wide, scientific, and standardized nurse residency program that is scalable and transferable. The benefits to new graduate nurse retention and cost savings are described.