

Vizient/AACN Nurse Residency Program™ Training Manual

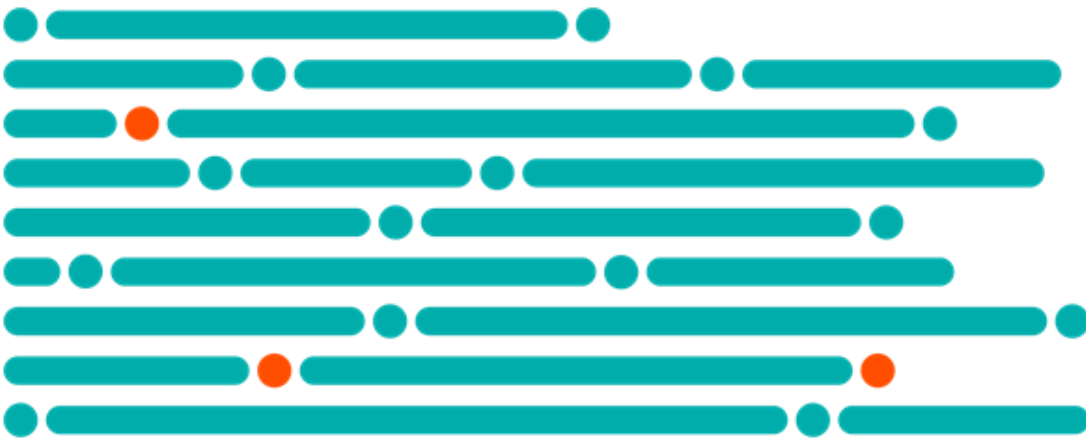


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Welcome

Congratulations! You and your organization have made a commitment to help your new graduate nurses successfully transition to competent professionals. Such support improves retention and creates a stable, expert nursing workforce.

As a Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program™ (NRP) participant, you are part of a community of practice with access to fellow coordinators as well as an impressive array of resources and tools. The community of practice interacts regularly through monthly or bimonthly conference calls, a listserv and an annual meeting. And, the support and advice you receive from your fellow coordinators is invaluable. Use this manual alongside lessons from your training session, the curriculum, the NRP website and your fellow coordinators while you plan, develop and maintain your program.

We hope that you will find this manual useful, and we thank you for your dedication to your new graduate nurses and the nursing profession!

Sincerely,
The NRP team

Program overview

Program development

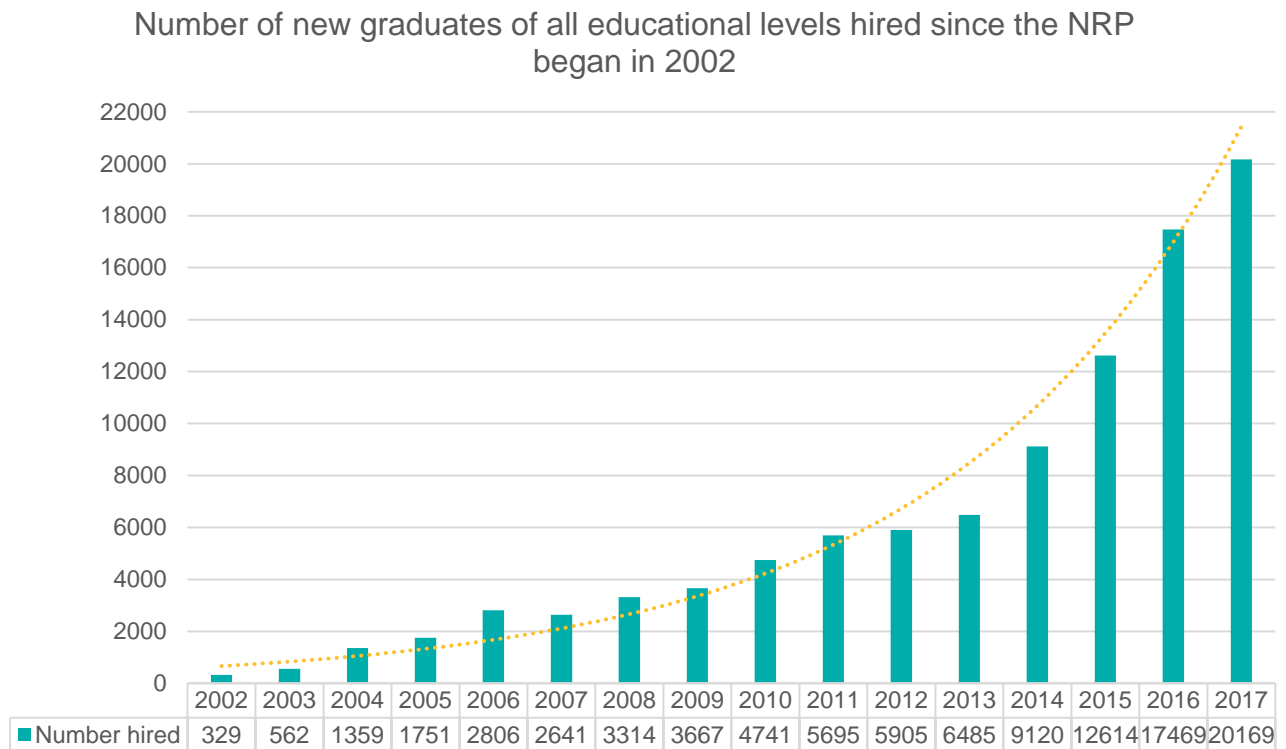
The Vizient/AACN Nurse Residency Program™ can trace its roots back to 1999, when the University HealthSystem Consortium (UHC¹) and the AACN² decided to address the nursing shortage, particularly the lack of baccalaureate-prepared nurses in U.S. academic medical centers.

The NRP was created by a task force comprised of chief nursing officers of six UHC member organizations and the deans of their affiliated schools of nursing. Its goal? To develop a curriculum for a standardized nurse residency program model. These founding members helped set the standard for residency programs nationwide. The Institute of Medicine's 2010 report *The Future of Nursing: Leading Change, Advancing Health*, reinforced the task force's findings, stating that:

State boards of nursing, accrediting bodies, the federal government, and health care organizations should take actions to support nurses' completion of a transition-to-practice program (nurse residency).³

The NRP was initially implemented in six UHC member sites in the summer of 2002. Participation grew steadily and was opened to non-UHC members in 2008. Participants now include academic medical centers, teaching hospitals, specialty hospitals (children's and cancer) and small, medium and large community hospitals (see figure 1). Many participating organizations have published research on different aspects of the program (see the list on the NRP home page). At the conclusion of a 10-year, longitudinal, multisite study of the NRP, outcomes and lessons learned were evaluated; the findings were published in 2013.⁴

Figure 1. Increase in resident hires: 2002-2017



NRP program model

Many factors contribute to the program’s success (see figure 2); key elements are discussed below:

- The program is completed in one year; meetings are held monthly for a minimum of four hours
- The program does not supplant hospital or nursing orientation programs already in place; rather, it is intended to provide support to those programs
- The program’s curriculum focuses on professional practice, and does not repeat what was learned during academic studies
- The program model integrates organizational preceptors and expert resident facilitators in residency experience.
- The program offers support for the development of a professional portfolio or plan.
- There is a requirement for an academic partnership.
- Academic partners participate at level of available resources (minimally, they should participate on the advisory committee).
- Program evaluation and benchmarking are key to improving the NRP and demonstrating its value.

Figure 2. Key elements of the Vizient/AACN NRP

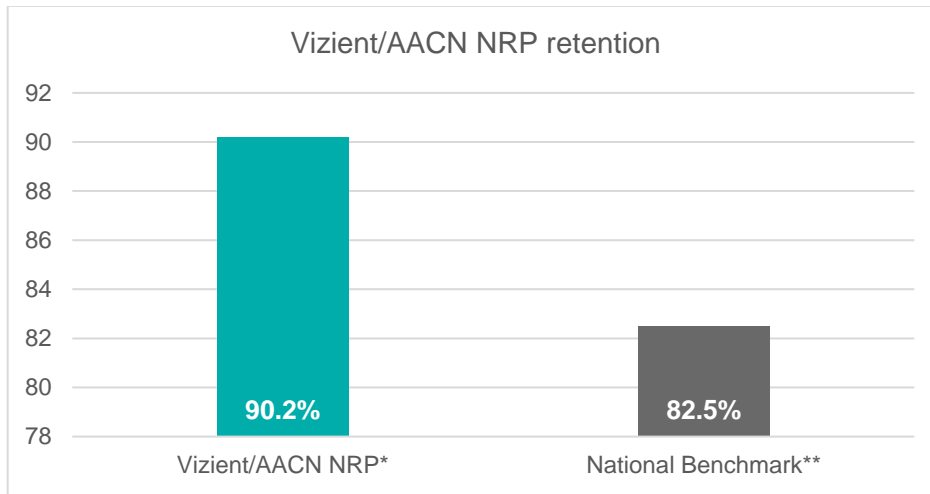


Organizational impact

From 2002 to 2012, hospitals participating in the NRP were part of a multisite, longitudinal study that focused on the ways in which a nurse residency experience impact an organization.⁴ The study found that this experience has a positive effect on many areas, including:

- Retention (see figure 3)
- Commitment
- Confidence
- Skill
- Leadership
- Professionalism
- Perceptions/interprofessional team

Figure 3. Program outcome: increased retention



*Retention data from Vizient/AACN NRP 2018 nurse resident hires

** Source: Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate?. *Policy, Politics, & Nursing Practice*, 15(3-4), 64-71.⁵

Conceptual framework

The program's conceptual framework is taken from Patricia Benner's *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*,⁶ which is based on the Dreyfus model of skill acquisition. The Dreyfus model focuses on five stages of increasing skill:⁷

1. Novice
2. Advanced beginner
3. Competent professional
4. Proficient
5. Expert

The NRP is designed to help transition the new graduate from advanced beginner to competent professional; this transition typically takes one year. Ideally, by the end of the program the graduate nurse will:

- Have transitioned from an advanced beginner to a competent professional in the clinical environment
- Use effective decision-making related to clinical judgment and performance
- Provide clinical nursing leadership at the point of care
- Strengthen his or her commitment to nursing as a professional career choice
- Create an individual development plan for his or her new clinical role
- Provide care using research-based evidence linked to practice outcomes



Program implementation

When beginning the nurse residency program you may have some concerns surrounding the challenges that you may encounter. Take a few minutes to list the challenges. As we go through the training, take note of some of the solutions that can help address these challenges.

Challenges	Solutions

Roles and responsibilities



Many individuals fill a variety of roles to help the program function successfully and ensure that the new graduate's transition to competent professional is a smooth one. In Table 1 below match the roles to the appropriate responsibilities.

Table 1. NRP roles and responsibilities

NRP role:

- NRP coordinator
- Resident facilitator
- Preceptor
- Unit nurse manager
- Content expert
- Academic partner
- HR/recruiter
- CNO
- Resident

NRP Responsibility:

<hr style="width: 80%; margin-left: 0;"/>	<ul style="list-style-type: none"> • May partner with hospital coordinator • Identifies faculty and other resources • Markets program to students and faculty • Serves on advisory board • Attends annual Vizient/AACN meeting
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- Market the program to schools of nursing
 - One page handout to give to potential applicants
 - NRP website
 - Hiring processes/expectations/interviewing
 - Assist with applicant and retention data

-
- Facilitates participation
 - Communicates with the facilitator
 - Helps resolve scheduling issues
 - Assigns preceptors
 - Content expert for resource management
 - Supports evidence-based projects
 - Attends celebrations and project presentations

-
- Guides and coaches
 - Facilitates socialization
 - Communicates evaluation
 - Reinforces NRP content

-
- Coaches/guides/mentors*
 - Facilitates small group discussion*
 - Promotes lifelong learning*
 - Participates in seminar activities
 - Supports evidence-based practice project
 - Provides clinical oversight
 - * Indicates essential components of facilitator role

-
- Plans and manages the program
 - Identifies program faculty and other resources
 - Orients all program faculty and nurse residents
 - Markets the program internally and externally
 - Develops and maintains the program evaluation plan
 - Functions as a liaison with the national components of the program (Vizient/AACN)
 - Attends annual Vizient/AACN meeting
 - Ensures compliance with accreditation standards

-
- Mandatory for new graduate hires
 - Attends all events
 - Is accountable for scheduling
 - Actively participates in evidence-based project
 - Completes all surveys

-
- Is a champion of the program
 - Obtains resources: budget, space, facilitators, manager and resident commitment

-
- Shares expertise
 - May be from outside organization
 - May be from outside nursing
 - May be a faculty partner
 - Uses creative approach

-
- Assists with the organization evaluation plan
 - Evaluates Vizient reports
 - Reviews resident abstracts
 - Assists residents in poster development and preparing presentations

*see answer key on page 53

Advisory board

Executive leadership is critical to your program's success. An advisory board composed of nursing and organization leaders should provide support and strategic direction for all program activities. This committee helps to attain organizational consensus and establish program policies, such as consequences for absenteeism.

Frequent communication and face-to-face meetings with the advisory committee are essential. The committee should meet monthly during the program's early stages; once it is well established, quarterly meetings will suffice.

The worksheet shown below (see figure 4) can be used to build your advisory committee. Identify possible representatives for your advisory board. Review the list with your executive sponsor to ensure your committee's members and size are appropriate.

Figure 4. Suggested advisory board members

Chief nursing officer:

Dean/faculty member:

Nursing leaders (directors, managers):

Physician champion:

Human resources representative (nurse recruiter):

Clinical educators:

Preceptors:

Representative from another discipline (if appropriate):

Clinical experts:

Former residents:

Resident facilitators:

Other:

Create your next advisory board agenda in table 4. Refer to sample advisory board agendas in table 2 and 3 to help you create agenda items that may need to be addressed in the next advisory board meeting.

Table 2. Sample agenda

Time	Agenda items
1:00 - 1:15 p.m.	Introductions and Welcome <ul style="list-style-type: none"> • Icebreaker
1:15 - 1:30 p.m.	Introduction of the nurse residency program
1:30 - 1:50 p.m.	Creation of program goals <ul style="list-style-type: none"> • Institution specific goals • Monitoring identified outcomes
1:50 - 2:00 p.m.	Current state of NRP <ul style="list-style-type: none"> • Preceptor Training • Facilitator Training • Number of new graduates starting in first cohort • Review of curriculum plan
2:00 - 2:10 p.m.	Resources <ul style="list-style-type: none"> • Classroom space • Clinical expert for ethics seminar
2:10 - 3:00 p.m.	Policy creation <ul style="list-style-type: none"> • Attendance • Make up work • Staffing during Nurse Residency Program

Table 3. Sample agenda

Time	Agenda items
1:00 - 1:15 p.m.	Introductions and welcome
1:15 - 1:30 p.m.	Committee purpose and goals
1:30 - 2:00 p.m.	Updates of the NRP program <ul style="list-style-type: none">• Preceptor and facilitator training updates• Cohort structure• Curriculum updates – Stress management and resource management• Hiring practice• Review of policies
2:00 - 2:15 p.m.	Outcomes <ul style="list-style-type: none">• Review of recent survey results• Discussion
2:15 - 2:25 p.m.	Next advisory board agenda items
2:25 - 2:30 p.m.	Closing remarks

Policies

Having appropriate policies in place is a key element in the implementation of a nurse residency program. Take a few minutes to reflect on the current policies in place at your institution and answer the following questions.

List the policies that are already in place at your institution that support the nurse residency program.

What policies will need to be created to ensure a smooth implementation of the nurse residency program?

Table 4. Create your own advisory board agenda

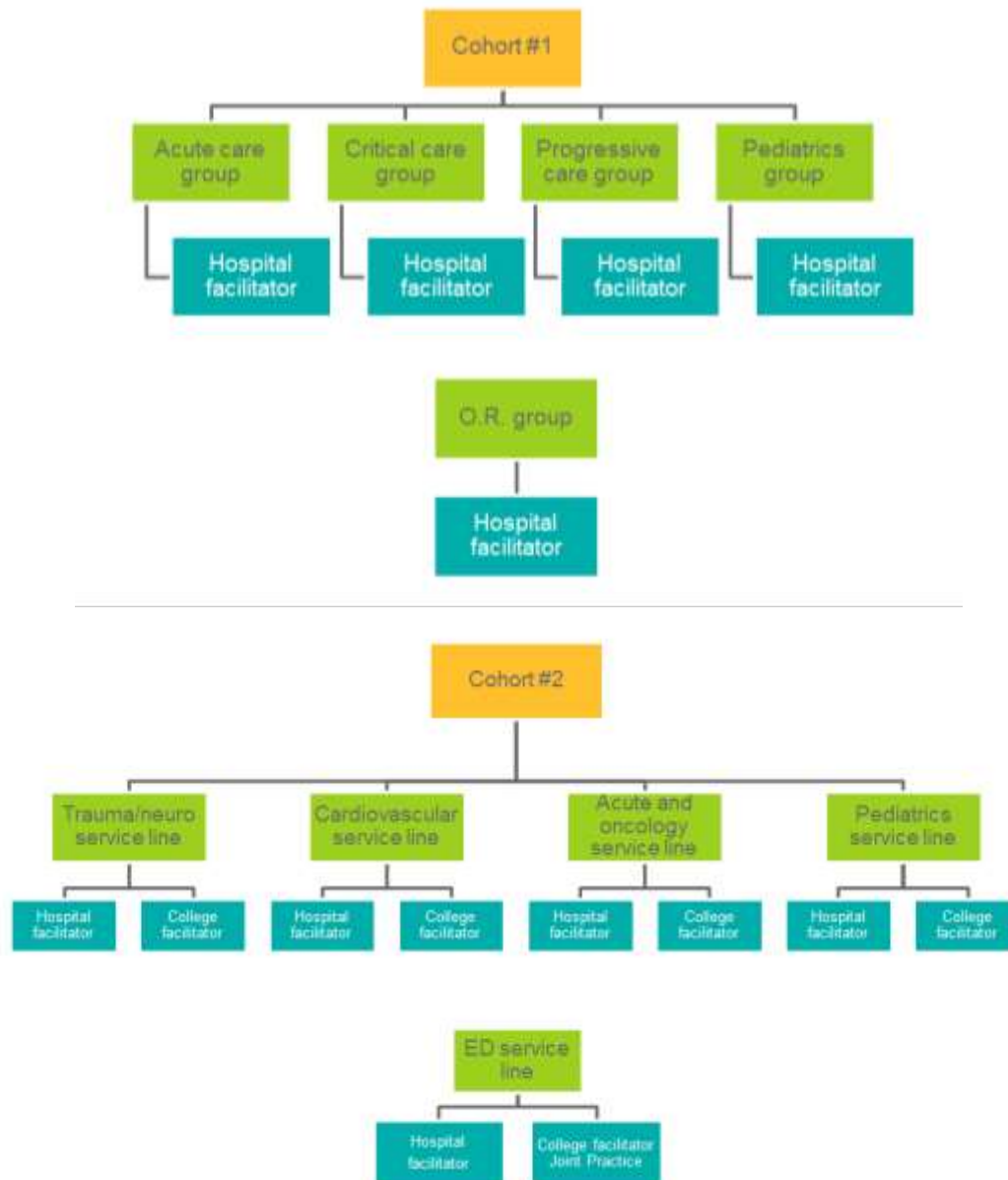
Time	Agenda items

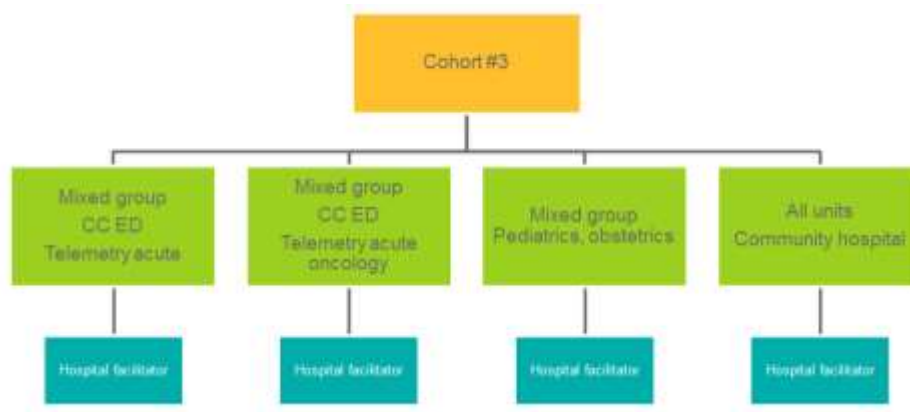
NRP program structure

The group of new graduate hires who begin the year-long residency program together is called a cohort. The program begins with cohort #1.

Each large cohort is then divided into small groups of 6 – 10 residents organized by service lines, like units or mixed units led by one or two resident facilitators. New graduates stay with their assigned group and facilitator for the entire year. Figure 5 illustrates three sample cohort structures.

Figure 5. Sample cohort structures





Program implementation

One of your biggest challenges may be finding and reserving rooms in which to conduct your program's sessions. The scheduling worksheet shown below (see table 5) can be used to plan the schedule for the full year. To maximize attendance and minimize unit disruption, plan the schedule prior to the first seminar session and reserve meeting rooms and computer labs as needed. Once the rooms are reserved, resident facilitators can schedule their participation, and nurse residents can inform their unit leaders about the days they must attend sessions.

Remember to plan your seminar sessions around other events, such as National Nurses Week or annual competency validation days. You may also want to schedule your residency session so that it coincides with a mandatory training session, which will minimize the amount of time that nurse residents are unable to complete the staffing rotation in their units.

Sessions should be scheduled consistently (e.g., the first Wednesday of every month). Consult the advisory committee about your schedule, as the managers may have input about the busiest days in the units. Avoiding those days will improve manager consensus about the program, which is critical to your success.

Be creative when identifying potential meeting spaces! For example, consider holding your sessions in the school of nursing or even the school of medicine.

Table 5. Scheduling worksheet

Events to avoid	
Best days to meet	
Best time of day to meet (consider the shifts of the majority of the residents and the availability of facilitators)	
Possible meeting rooms (consider the rooms' capacity and the availability of audiovisual equipment)	

Curriculum

The program curriculum covers three areas: leadership, quality outcomes and professional role as well as the ambulatory curriculum. In addition, an evidence-based project is completed by all nurse residents at the end of the program. Key elements for the three areas, as well as for the evidence-based project, are listed below. Structuring the seminars to include curriculum, evidence-based practice and clinical reflection time is important. For sample agendas, please refer to table 6, table 7 and table 8.

Leadership

- Patient care delivery, resource management and delegation
- Conflict resolution
- Interprofessional communication
- Patient care coordination

Quality outcomes

- Management of the changing patient condition
- Patient and family education
- Pain management
- Skin integrity and wound management
- Patient falls prevention
- Medication safety
- Infection prevention and control

Professional role

- Ethical decision-making
- End-of-life care
- Cultural competence in the nursing care environment
- Stress management and self-care
- Evidence-based practice
 - Key element of the NRP
 - Residents work independently or in small groups
 - Final project must be evidence-based and include a literature review with a minimum of three sources
 - Nurse residents present their final project at the end of the program
- Professional development

Ambulatory care

- The ambulatory care curriculum prepares the resident to effectively manage patients in a complex, multifaceted specialty that encompasses independent and collaborative practice in a variety of ambulatory settings. The curriculum includes:
 - Nursing expectations for promoting optimal wellness
 - Participating in the management of acute illness
 - Assisting the patient to manage the effects of chronic disease and disability
 - Providing end-of-life care
 - Addressing patient and family teaching needs

Online curriculum organization

The program curriculum is organized online as follows:

Purpose: Provides an overview of the content presented in each section of the curriculum.

Assumptions: Outlines what is expected of residents' knowledge and/or competencies, specific to the topic area, and is provided so as to not duplicate content from their academic studies.

Objectives: Provides an overview of the essential content in each area. The curriculum may vary due to the number of available resources and other factors, but must meet the outlined purpose and objectives.

Curriculum content outline: Covers material under the three major categories: leadership, patient outcomes and professional role. Linked resources are available on the Vizientinc.com website; additional websites are also provided. Certain concepts have been threaded throughout the curriculum to enhance the nurse's ability to provide cognitively skilled care to a diverse patient population. These topics include: clinical reasoning, Quality and Safety education for nurses (QSEN), Interprofessional Education Collaborative expert panel (IPEC), patient- and family-centered care, and genetics and genomics.

Seminar implementation examples: Provides various samples and resources for each content area so that facilitators can develop and implement seminars and workshops specific to the nurse residents' clinical site. Sample activities for discussions, exercises, handouts and case studies can be used to augment the curriculum, and are included under each content area.

References: Provides citations for topic content.

Bibliography: Includes recommended sources of information for coordinators, nurse residents and content experts.

Case studies and simulations: Helps residents apply what they have learned to real-life situations. Case studies and simulations are embedded into each of the curriculum chapters. The case studies and simulations are available to facilitators and residents; the facilitator version incorporates a discussion guide to help the facilitator lead the conversation, while the resident version includes only the details of the case study/simulation and related questions and can be used as a handout.

Table 6. Sample seminar agenda: Seminar 1

Time	Agenda items
08:00 – 08:15	Welcome and ice breaker
08:15-09:00	Introduction to Nurse Residency Program <ul style="list-style-type: none">• Goals• Content• Expectations
09:00-10:15	Stress management <ul style="list-style-type: none">• See chapter for implementation ideas
10:15-10:30	Break
10:30 – 11:00	Complete NRP surveys
11:00- 12:00	Clinical reflection time Establish ground rules

Table 7. Sample Seminar Agenda: Management of the changing patient condition

Time	Agenda items
08:00 – 09:00	Clinical reflection time
09:00 - 10:15	Simulations and debriefings (rotate stations) <ul style="list-style-type: none"> • Respiratory distress • Sepsis management • Full cardiac arrest
10:15-10:30	Break
10:30 – 11:30	Discussion <ul style="list-style-type: none"> • Communication during an emergent situation • Chain of command Family education and support during a code
11:30 – 12:00	Stress management: Coping strategies and self-care after a patient death

Table 8: Sample Seminar Agenda: Patient Safety Day

Time	Agenda items
08:00 - 08:30	Review of nursing sensitive indicators by hospital and unit
08:30 - 09:15	Safety rounds and audits on residents units. Assess the following: <ul style="list-style-type: none"> • Fall prevention measures • HAPI preventions • CAUTI prevention • CLABSI prevention
09:15 - 09:45	Debrief and discussion around findings
09:45 - 10:00	Break
10:00 – 11:00	Patient safety stations <ul style="list-style-type: none"> • Skills practice of central line dressing change • Skills practice in identifying correct interventions for HAPI's • Locating hospital policies, procedures, and clinical practice guidelines Skills practice on identified skill by nurse resident group
11:00 – 12:00	Clinical reflection time

Notes: Curriculum Application ideas

Sample curriculum development worksheet

Curriculum topic: Professional Role: Ethical decision-making

Time: Seminar 10 - 1 hour and 30 minutes

Objectives:

1. Adhere to the ethical principles stated in the ANA Code of Ethics when providing care and making ethical decisions in the clinical setting
2. Use professional literature and practice standards/position papers, institutional policies, procedures, and resources for analyzing and addressing complex ethical dilemmas
3. Develop the ethical competence to make ethical decisions when encountering dilemmas in the clinical setting, and analyze and implement nursing interventions to resolve these dilemmas
4. Use self-care strategies, as well as professional and organizational resources, to promote ethical practice, relieve feelings of distress and promote moral resiliency when conflicts prevent the nurse from providing care that meets their own or the organization's ethical standards

References:

American Nurses Association (nda). Short Definitions of Ethical Principles and Theories Familiar words, what do they mean? Retrieved Nov. 11, 2017 from

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/Resources/Ethics-Definitions.pdf>

American Nurses Association. (2015). Code of ethics for nurses with interpretative statements. Retrieved Nov. 14, 2017, from

<http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-ofEthics-For-Nurses.html>.

Educational content from chapter:

- ANA code of ethics
- Escalation of an ethical dilemma (organizational policies)
- Ethical decision-making model
- Moral distress

Application of knowledge:

- Ethical debate: scenario available in the professional role chapter

Curriculum development worksheet template

Curriculum topic:

Time:

Objectives:

From the curriculum chapter

References:

Found at the end of each chapter

Educational content from chapter:

Coordinators should not cover all of the content in the curriculum chapter, instead select key areas of the curriculum to highlight that will meet curriculum chapter's objectives.

Application of Knowledge:

Reference the seminar implementation examples at the end of each chapter, as well as the case studies and simulations located on the website

Additional Resources:

Additional member resources are added to the website on a monthly basis. These links highlight current national initiatives that relate to the curriculum content and can be used in the development of seminar content. They can be found under the heading "Additional member resources".

Clinical reflection time

Clinical reflection time is an essential aspect of the nurse residency program. This time allows residents to share progress, patient care situations, concerns, fears and frustrations, and to ask questions. The resident facilitator guides the discussion so it becomes a problem-solving session, not just a time to air complaints. Below are 3 clinical reflection time scenarios. As facilitators, review the scenario's and identify strategies to promote a positive environment for clinical reflection time.

Case study 1

It is Thursday morning and you are meeting Cohort 1 at their 4th seminar. You walk into the room and the group appears down. One resident states that she feels that her nurse manager is bullying her and is not being fair. She gives examples of how her nurse manager "refuses" to give her vacation. She also states that the manager is picking on her by talking to her frequently about not placing an alarm on patients who are high risk for falls. Another resident chimes in and states "does anyone hold the nurse managers accountable"? As a facilitator you recognize the group is upset, however recognize that there have been some performance issues with the initial resident. How do you handle this conversation? What are your next steps?

Case study 2

It is your 7th seminar with your nurse residents. As the months have progressed a couple of the residents have become good friends. However, they have been becoming more disruptive during clinical reflection time. Today an ICU nurse resident is discussing how they had to withdraw care from a 20 year old patient. The nurse resident was pretty upset and wanted to discuss how to cope with events like this. The three nurse residents who had become good friends were having a side conversation and giggling throughout the story about withdrawing care. At this time most of the group is discussing how to cope with an event like this, but the three friends continue to ignore and make jokes. They have become so disruptive you decide to say something to them during clinical reflection time. Now they will not speak or take part in the discussion for the remainder of clinical reflection time. What actions do you take now? What actions do you take immediately after clinical reflection time? Is there further follow up needed?

Curriculum application

The curriculum is designed to be adapted to your site. The curriculum topics are to be combined and taught by experts primarily from your facility allowing your nurse residents to become familiar with your interdisciplinary team. The sample seminar schedule can be adapted to meet the needs of your patient population. Following the sample 12 month seminar schedule is a blank template where you can rearrange content as desired.

Table 9. Sample 12 month seminar schedule

Month	Topics	Content expert/ interactive activity
1	Introductions, program expectations and confidentiality; stress management and self-care (professional role); completion of NRP surveys (baseline)	
2	Clinical reflections; patient care coordination and delivery; resource management and delegation; interprofessional communication (leadership)	
3	Clinical reflections; fall prevention (patient outcomes)/infection prevention and control (patient outcomes); introduction to evidence-based project and topic selection (professional role)	
4	Clinical reflections; medication administration and pain management (patient outcomes); evidence-based project - question development and searching the evidence (professional role)	
5	Clinical reflections; management of the changing patient condition (patient outcomes) (consider a simulation for this topic); evidence-based project – critical appraisal of the evidence collected (professional role)	
6	Clinical reflections; patient and family teaching (patient outcomes); evidence-based practice – synthesis of evidence and project plan (professional role); completion of NRP surveys (6 month)	
7	Clinical reflections; conflict resolution (leadership); stress management and self-care (professional role); evidence-based practice – project plan and outcomes assessment (professional role)	
8	Clinical reflections; skin integrity and wound management (patient outcomes); evidence-based project – data collection (professional role)	
9	Clinical reflections; end-of-life care and ethical decision making (professional role); evidence-based project – data collection (professional role)	

10	Clinical reflections; cultural competence in the nursing care environment (professional role); evidence-based project – analysis and dissemination (professional role)	
11	Clinical reflections; professional development (professional role) advancement programs, certifications, education, preceptor class, clinical expert, presentations and committee work; goal setting and evaluation; evidence-based project – analysis and dissemination (professional role)	
12	Presentation of final projects; completion of NRP surveys and program evaluation ****CELEBRATION****	

*this can also occur in seminar 7 depending on the timing of the seminars.

Curriculum application at your organization

Below is a blank template where you can rearrange content as desired. Feel free to use the sample on the previous page a guide.

Table 10. Create your seminar schedule

Month	Topics	Content expert/ interactive activity
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

Evidence-based practice project

The NRP is designed to help residents apply the concepts of evidence-based practice and identify its importance in the delivery of safe, high-quality patient care. The evidence-based practice project, then, is a key element of the NRP.

We believe that the EBP project is an essential component of the curriculum and is essential to the development of a professional nurse. The Institute of Medicine's 2010 report: *The Future of Nursing: Leading Change, Advancing Health*, focuses 2 of their 5 recommendations on quality improvement and evidence-based practice. One recommendation states: "develop the knowledge, skills, and attitudes that create competence in patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics." While the residents may have been exposed to EBP in their nursing programs, the actual process of identifying a problem, planning and implementing a solution is invaluable. Completing an EBP project helps the resident to actually apply EBP learnings as well as learn the quality improvement processes of their organization and perhaps most importantly, establishes a pattern for life-long learning and quality improvement focus.

Projects must demonstrate residents' current knowledge of best patient care practices and use evidence from multiple sources, including nursing and medical research. Topics for the evidence-based practice project can be culled from a variety of sources, including:

- Clinical reflections
- Unit-based councils
- Internal quality or safety initiatives
- Staff meetings
- Nurse manager

Key points

- Introduce the general concepts of the project during the first residency session
- Focus on the big picture and making a difference, but keep it simple
- Allow residents to work independently or form small groups (recommend a maximum of four per group) based on like interests
- Emphasize that projects must be evidence-based and include a literature search/review with a minimum of three sources

Nurse residents will present their projects at one of the following venues:

- Unit-based journal club session
- Staff meeting
- NRP graduation ceremony
- Nurses' week
- Quality fair

Project abstracts may be submitted to Vizient for poster or podium presentation at the annual Vizient conference.

NRP graduation pins and certificates

NRP pins are awarded to nurse residents at graduation or may be used as the residency experience begins to signify their status as nurse residents. NRP certificates are also awarded to nurse residents at graduation. The NRP pins and certificates are included in the program fee; requests for pins and certificates should be sent to nrpinfo@vizientinc.com.



Residency program evaluation

To improve the nurse residency program and continue to demonstrate its value, each site must collect and submit outcomes data. The NRP website hosts the NRP Admin tool, and you must ensure that the organizational and nurse residents' demographics are entered.

It is also your responsibility to ensure that nurse residents complete the survey tools at the designated times to maximize the value of the data analyzed. The following steps will help you get started in successfully evaluating your program.

1. Take your Annual Site Survey [located in the NRP Administration (Admin) Tool]
2. Have your residents complete the demographic form and add your nurse residents into NRP admin tool
3. Know your nurse resident survey timelines. Have them complete their survey's during their seminars
4. Audit survey completion (located in the NRP admin tool)
5. Enter terminations or leaves of absences (located in the NRP admin tool)
6. Analyze your results (NRP dashboard)

During the first year, survey collection times occur during the initial residency session, at six months and at 12 months. In addition to these three data collection times, the NRP now offers post-residency surveys at 24 months and 36 months. The post-residency surveys provide an opportunity to evaluate retention beyond the first year; critical data points include patient safety, professional progression and commitment to your organization.

Table 11 below lists each data collection method, the type of information gathered and survey collection times.

Table 11. Survey collection: method, type and timing

Evaluation	Completed by	Outcomes	Timing
Organization site survey	Coordinator	Organization characteristics, program characteristics and national NRP program engagement	Once each year
Residency demographic form	Coordinator	Demographic characteristics of resident	On hire or prior to start of residency
Resident termination data	Coordinator	Termination date, avoidable vs. unavoidable loss, reason for termination	Ongoing
Casey-Fink Graduate Nurse Experience Survey	Resident	Evaluation of experience (stress, professional satisfaction, organization, prioritization, support, skills and transition)	<ul style="list-style-type: none"> • At initial residency session • At six months • At 12 months • At 24 months • At 36 months
Progression Survey	Resident	Evaluation of progression to competency (autonomy, collaboration, unit engagement, unit leadership, satisfaction and commitment, patient safety, advocacy)	<ul style="list-style-type: none"> • At initial residency session • At six months • At 12 months
End of Program Evaluation Survey	Resident	Evaluation of program, commitment to position, and commitment to nursing	At 12 months
Post-Residency Survey	Resident	Evaluation of progression after residency (measures all areas described above as well as professional progression, education and certification)	<ul style="list-style-type: none"> • At 24 months • At 36 months
Nurse Leadership Survey	Nursing Leadership	Leadership satisfaction with program's impact on the unit and institution, the leadership of the residents, program's contribution of EBP and overall view of the program.	Distributed by Vizient

Administering resident survey's

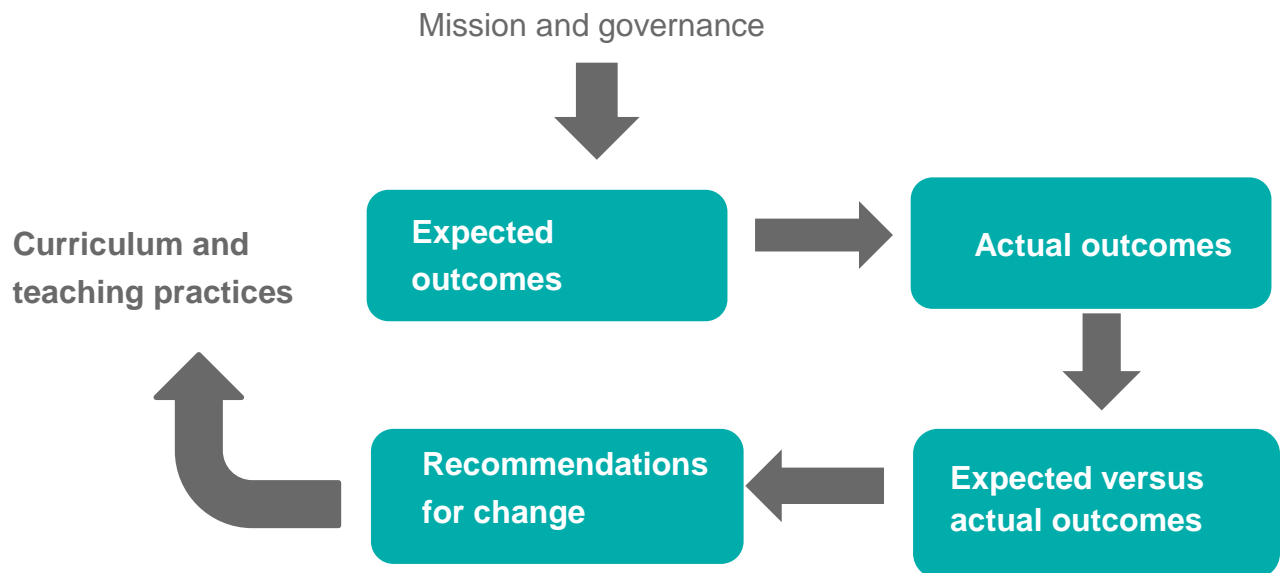
1. Ensure survey dates are open during planned seminar date
2. Provide link for the survey's to the residents <https://nursing.vizientinc.com/nrp-survey/>
Note: This link is not automatically sent to residents. Coordinators need to share the link with residents via PowerPoint, printed materials or via email.
3. Have residents log into survey using resident ID and organization name

*Additional information can be found on page 49

Evaluation plan

Once your data is collected, you will need to have an evaluation plan in place to continually evaluate and improve your outcomes. Figure 6 is a sample process of an evaluation plan

Figure 6. Evaluation plan



Navigating the Vizient NRP website

There are many resources available to coordinators, facilitators, and content experts on the nurse residency program website. Becoming familiar with these resources will support the implementation of the program in your institution. Take a minute to complete the scavenger hunt of the NRP website. Are you able to find all the answers? In the resource section of the training manual a detailed job aide “NRP training guide: Website Navigation” will provide you with continued support as you navigate the website.

Scavenger hunt

Instructions: Locate the following answers by navigating the Vizient NRP website.

1. This chapter of the curriculum has the following topics in it: Ethical decision making, End-of-life care, and Cultural competence in the nursing care environment.
2. Locate the low fidelity simulation on “Conflict with Physician Simulation – Delegation and Communication with Low Fidelity”. In the simulation name the diagnosis of patient 3.
3. What is the last message on the NRP listserv?
4. Which institution is the author of the “Evaluation Plan” in the Evaluation and Reporting section of the website?
5. What is the standardized unit definition for transplant intermediate unit (hint: training guides section)?
6. In which section of the website is the advisory board template located?
7. What is the oldest year of benchmarking and outcomes reports on the NRP website?
8. How many hospitals in Idaho participate in the Vizient/AACN Nurse Residency Program (hint: located under networking)?
9. How many objectives are in the stress management chapter?
10. Name one of the additional member resources in the Roles and Responsibilities section of the website.
11. What is the first question on the Daily Rewind Tool (hint: found under preceptor resources)?

*see answer key on page 54

Accreditation

Currently, two organizations provide accreditation for nurse residency programs: the Commission on Collegiate Nursing Education (CCNE) and the American Nurses Credentialing Center (ANCC). Crosswalks comparing both organizations' standards and the Vizient NRP objectives are available on the Vizient NRP website (www.vizientinc.com).

CCNE (Commission on Collegiate Nursing Education)	ANCC (American Nurses Credentialing Center)
CCNE began accrediting nurse residency programs in 2008. The standards were amended in 2015. Both sets of standards are available on the CCNE website (www.ccneaccreditation.org).	In 2014, ANCC added Nurse Residency Program accreditation to their existing Practice Transition Accreditation Program™. The ANCC standards are available on their website (www.nursecredentialing.org/accreditation/practicetransition).
Benjamin Murray, MPA Director of Accreditation Services Commission on Collegiate Nursing Education One Dupont Circle, NW, Suite 530 Washington DC 20036 (202) 887-6791 x275 www.aacn.nche.edu/ccne-accreditation	Sheri Cosme, DNP, RN-BC Sr. Operations Manager, Accreditation Program Practice Transitions Accreditation Program and Nursing Skills Competency Program American Nurses Credentialing Center 8515 Georgia Avenue, Suite 400 Silver Spring, MD 20910 (301) 628 5377 www.nursecredentialing.org

Record keeping: Essential for evaluation and accreditation

- Seminar agendas with presenters
- Content outlines and handouts
- Resumes of presenters
- Seminar evaluations (including presenter)
- Minutes of summaries of program changes made based on evaluation results
- Evaluation of resident facilitator by nurse residents at the end of each group (12 months)
- Nurse residents will do an online evaluation of the NRP as part of their 12 month online survey

Internal marketing of the program

People often resist any kinds of changes, even those that are well intentioned and have obvious benefits. To help promote the program, you should frequently market its value throughout your organization.

Marketing activities should be carefully planned and timed to reach the right audiences at the right time using the right method. For example, focus on how the NRP reduces turnover and supports the successful transition of new graduate nurses.

Various groups will be required to use different activities and methods to discuss the program (e.g., presentation, handout, email, website). Table 12 below can be used to plan your communication strategy. People process information in different ways, so consider using more than one method for each group.

Table 12. Communications: Method, recipient and timing

Communication	What is the method (presentation, method, handout, flyer, email, website, other)?	Who will receive the information (executives, all employees, nursing staff, educators, faculty)?	How often will the information be presented or updated?
Introduction of the program			
Business case for the residency			
Framework of the program			
Role of the preceptor			
Role of other nursing staff			
Program schedule			
Expectations of residents			
Evidence-based projects			

In addition to marketing the benefits of the program within your organization, you may also want to consider:

- Attending manager meetings
- Adding content to preceptor class
- Having advisory board members promote the program
- Sending a monthly email blast
- Producing a newsletter
- Displaying posters

Branding guidelines

There is no program logo. Use “Vizient/AACN Nurse Residency Program™” on marketing and advertising materials. Your own organization logo can be included.

All articles submitted for publication must be reviewed by Vizient staff to assure proper attribution. No specific participating organizations, other than your own, can be included without their written permission.

All program materials are for your internal use only and may not be shared outside of your organization.

Intellectual Property: Vizient and AACN shall be considered to be the sole and exclusive owners of the NRP, NRP Materials, derivative works and improvements in any medium, and all associated source code, HTML or other code, and documentation relative to the NRP, (collectively, the “Work”), at all stages of creation or completion, throughout the universe in perpetuity and all right, title and interest therein, including all trademarks, trade dress, patents and copyrights and all other ownership and exploitation rights of any kind, nature or description in, to and with respect to the Work that may be secured under the laws now or hereinafter in effect in the United States or any other jurisdiction (the “Rights”). The Rights shall include, but are not limited to, the right to authorize, prohibit and/or control the production, reproduction, broadcast, adaptation, distribution, rental, lending, communication to the public and other exploitation of the Work in any and all languages and media and by any and all means now known, or hereafter devised, and the right to make changes therein and such uses thereof as Vizient and AACN may deem necessary or desirable. Collectively or singularly, the work and the Rights are the Intellectual Property.

NRP Training Guide: Website Navigation

Login to the Vizient Website

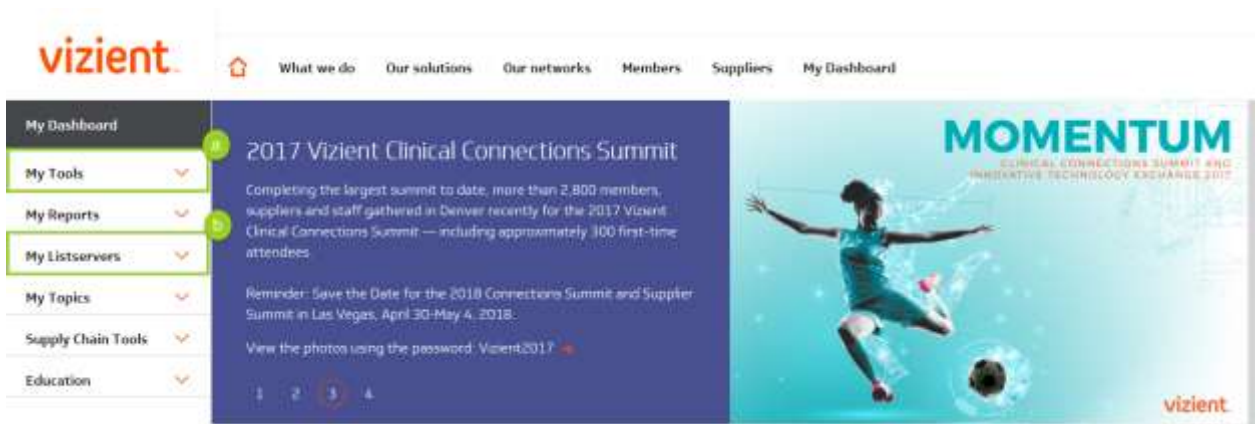
1. Navigate to the Vizient website by visiting <http://www.vizientinc.com>
2. Click **My Dashboard** located at the top center of your screen:



3. Enter your email address and password and click **Submit**.

My Vizient Dashboard

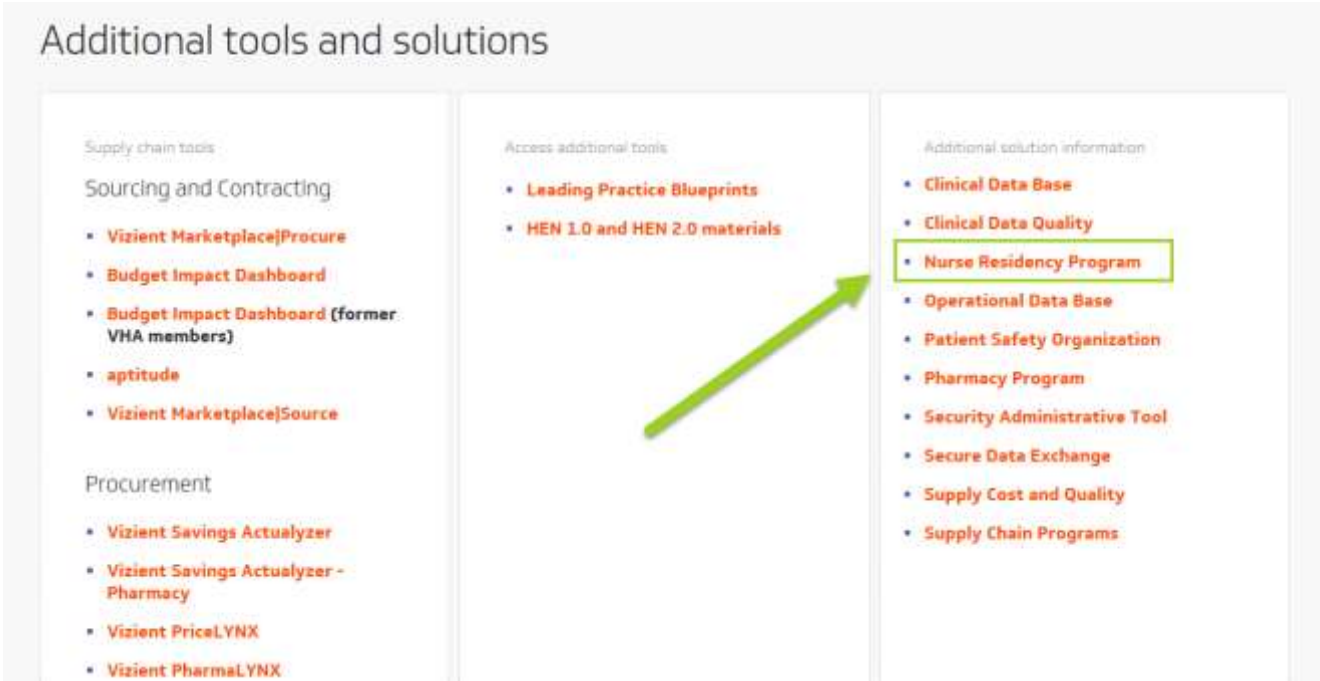
Once you login to your account, you will arrive at your Vizient Dashboard. This dashboard is customized for each individual user depending on what you and your organization participate in:



- a. **My Tools** – this dropdown will allow you to easily access NRP and Vizient tools that you frequently use. Click on this dropdown to find the NRP Admin Tool, NRP Dashboard, Security Admin Tool, and Secure Data Exchange.
- b. **My Listservers** – this dropdown will allow you to easily access the NRP listserver archives.

Navigate to the Nurse Residency Program Page

To locate the NRP home page, login to the Vizient website and scroll down until you locate the **Additional tools and solutions** section. On the right hand side under **Additional solution information**, you will see several bullet points. Click on **Nurse Residency Program**.



Once you access the NRP Home page, we recommend that you save the URL as a “favorite” in each of your browsers so you can easily access all the NRP resources. Please be sure to delete any old NRP favorites as those links will no longer work.

NRP Home Page

<https://www.vizientinc.com/My-Dashboard/My-Tools/Nurse-Residency-Program>

The NRP home page is divided into 7 sections:

1. **Program Implementation** – This section houses resources needed to get your program up and running. Including documents on schedules, roles and responsibilities, evaluation and reporting, curriculum crosswalks and marketing/publication guidelines. You will also find additional member resources (sample documents from other participating hospitals) located on many of these pages.
<https://www.vizientinc.com/My-Dashboard/My-Tools/Nurse-Residency-Program/Nurse-Residency-Program-Implementation>
2. **Curriculum** – The NRP curriculum is broken down into three main chapters (leadership, quality outcomes, and professional role). There is also supplemental material available for ambulatory care. Each curriculum chapter contains a full chapter document, smaller modules, case studies with references for facilitators and residents, and when applicable, additional member resources.
<https://www.vizientinc.com/My-Dashboard/My-Tools/Nurse-Residency-Program/Nurse-Residency-Program-Curriculum>
3. **Tools** – You will be able to easily access the NRP Admin tool, Dashboard and resident surveys in this section. These tools have not changed with the new website.
4. **Outcomes Reports** – Each year we provide members with a benchmarking report and an outcomes report. The most current versions of those reports will be available in this section.
5. **NRP Training Guides** – All training guides will be included in this section of the website. We will continue to add to this as new documents are created.
6. **Networking** – Some of the greatest benefits of the NRP are the networking opportunities. In this section you will be able to access a list of current NRP participating organizations, the NRP listserv archives and a link to the NRP Meeting Place (for residents).
7. **Contact Information** – Please feel free to contact the Nurse Residency team at any time with questions about the program or available resources.

Frequently Requested Resources

<p>Program Overview</p>	<p>Access the NRP home page (see steps above)</p> <p>Click Program Implementation</p> <p>Click Access Resources located under <i>Program Operation Resources</i></p> <p>Click on the document titled NRP Program Overview</p>
<p>Roles and Responsibilities</p>	<p>Access the NRP home page (see steps above)</p> <p>Click Program Implementation</p> <p>Click Access Resources located under <i>Roles and Responsibilities</i></p>
<p>NRP Survey Questions</p>	<p>Access the NRP home page (see steps above)</p> <p>Click Program Implementation</p> <p>Click Access Resources located under <i>Evaluation and Reporting</i></p> <p>Scroll down to the section titled <i>Resident Surveys</i></p>
<p>Preceptor and Faciliator Resources</p>	<p>Access the NRP home page (see steps above)</p> <p>Click Program Implementation</p> <p>Click Roles and Responsibilities</p> <p>Scroll down to the section titled <i>Facilitator or Preceptor</i></p>
<p>Curriculum Crosswalks</p>	<p>Access the NRP home page (see steps above)</p> <p>Click Program Implementation</p> <p>Click Access Resources located under <i>Curriculum Crosswalks</i></p>
<p>EBP Projects</p>	<p>Access the NRP home page (see steps above)</p> <p>Click Curriculum</p> <p>Click Professional Role</p> <p>A portion of the professional role chapter is focused on evidence-based practice and there are a few case studies available as well. Additional materials are being loaded to the website.</p>
<p>Case Studies</p>	<p>Access the NRP home page (see steps above)</p> <p>Click Curriculum</p> <p>Case studies are located in each portion of the curriculum. You will need to access the individual curriculum pages to view the case studies.</p>

If you have any questions about locating documents or resources on our website, please contact us at nrpinfo@vizientinc.com.

NRP Access for Facilitators

As the NRP Coordinator at your organization, you have the ability to determine who can have access to the NRP Curriculum, the NRP Listserver, and the NRP Admin tool and Dashboard.

How to request access

If a staff member would like to receive access to the NRP website, they must first create a login and password:

1. Navigate to the Vizient website: www.vizientinc.com
2. Click on **Login** located in the upper right hand corner of your screen
3. Click on **Request A Login** located under **Vizient Member Dashboard**
4. When prompted to select your alliance, select **UHC**.
5. Enter your organization email address (not your personal Gmail, Yahoo, etc.) and click **Search**
6. Select your organization and click **Next**
7. Complete all required fields in the contact information form and click **Next**
8. Select **Nurse Residency Program** and click **Next**
9. Review your information and if it is correct, click **Submit**

How to grant access

There are two ways you can access the Security Admin Tool to grant your staff access.

The first option is to login to the Vizient website and click on **Security Admin Tool** located under MY TOOLS on the left side of your screen.

The second option is to utilize your emails. Once your staff member has requested access, you will receive an email notifying you of this request. Click on the **clicking here** link found in the email:



Once you have accessed the Security Admin Tool, please complete the following steps to approve access:

1. Review the terms and conditions and if you agree, click **I Agree**.

2. Search for the specific user. We have found that using the full email address works best. It may take a few minutes for your staff member's name to appear in the search results.
3. Select the individual user by clicking the **radial button** next to their login and click **Next**



4. Click on the name of the correct hospital and click on the appropriate role. The role will determine which level of access you would like your staff to receive and click **Next**
 - a. **NRP Content Only** – allows the user to access the website materials including the curriculum and additional resources.
 - b. **NRP Admin** – allows the user to access the curriculum and data in the NRP Admin tool and Dashboard (this will be the same access that you have).

Once you have successfully granted access, your staff will receive an email letting them know that they can now access the Vizient NRP website. If you do not want them to receive an email, uncheck the box labeled **Send an email notification to the user** before you click **Yes**.

You will need to confirm one final time by clicking **Grant Access**.

How to grant access to the NRP Listserver

If you would like staff at your organization to participate in the NRP listserv, please send an email to nrpinfo@vizientinc.com and we will add them.

For additional information on the NRP listserv, please view the **NRP Listserv Quick Reference Guide**.

NRP training guide: initial surveys

For Coordinators: Help your residents access surveys the first time

This guide was created to help coordinators administer surveys to residents during the first seminar. We recommend allowing time for your residents to complete their surveys DURING the seminar meeting. Surveys are mobile-friendly, meaning residents can take them on their mobile devices as long as they can access the internet, but you may want to schedule time in a computer lab if that is available at your hospital.

1. Ensure your residents are entered into the NRP Admin Tool (we recommend you complete this before your first seminar meeting).
2. Ask your residents to navigate to the NRP surveys by visiting: <https://nursing.vizientinc.com/nrp-survey/>

You need to share this URL with residents the first time they take NRP surveys.

3. Residents should then login to take the surveys. They will select **your organization** from the dropdown – organizations are sorted by state and use their **individual RNID to login**. (RNID is the unique identifier that was identified when you entered demographic data into the NRP Admin Tool.)



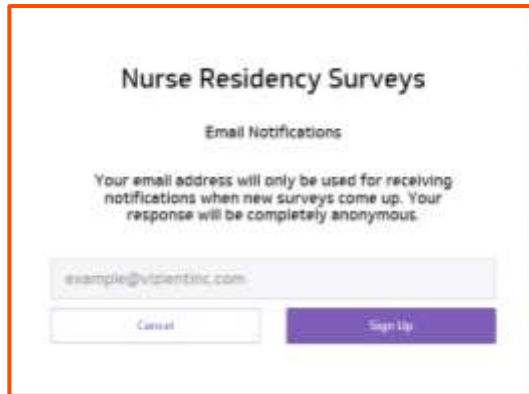
If your resident experiences any issues logging in to complete their surveys, please confirm:

- Resident is selecting the correct organization
- Resident is entering the correct RNID
- Survey is being completed during survey open period (this can be confirmed in the NRP Admin Tool)

If the above items are correct, please feel free to reach out to us at nrpinfo@vizientinc.com. We ask that you remain our main point of contact, please do not ask your residents to contact us directly.

Email notifications

The first time a resident logs in, they will be asked to add their email address to their profile in order to receive email reminders about your survey due dates. Though it is optional, we strongly recommend that you encourage residents to enter their email addresses for this feature.

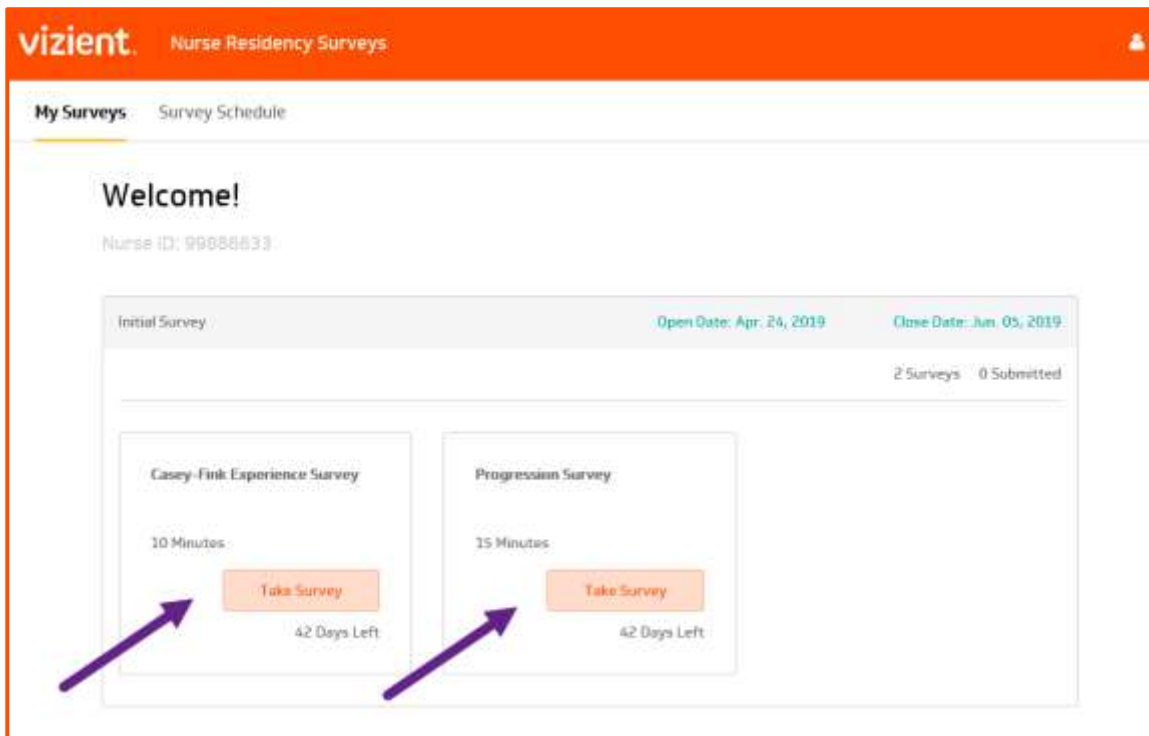


The screenshot shows a form titled "Nurse Residency Surveys" with a sub-heading "Email Notifications". Below the title, a message states: "Your email address will only be used for receiving notifications when new surveys come up. Your response will be completely anonymous." There is a text input field containing the email address "example@vizientinc.com". At the bottom of the form, there are two buttons: a white "Cancel" button and a purple "Sign Up" button.

Completing NRP surveys

Residents will then be taken to the My Surveys page. From here, residents can complete the two required surveys for the initial survey cycle; Casey-Fink Graduate Nurse Experience and Progression Survey.

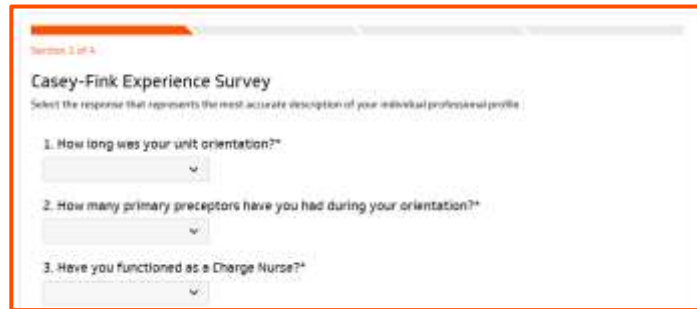
To begin a survey, residents must click the orange TAKE SURVEY button.



The screenshot shows the "My Surveys" page on the vizient website. The page has an orange header with the vizient logo and "Nurse Residency Surveys". Below the header, there are tabs for "My Surveys" and "Survey Schedule". A "Welcome!" message is displayed, followed by the user's "Nurse ID: 99088833". A summary box for the "Initial Survey" shows an "Open Date: Apr. 24, 2019" and a "Close Date: Jun. 05, 2019", with "2 Surveys" and "0 Submitted" listed below. Two survey cards are shown: "Casey-Fink Experience Survey" (10 Minutes, 42 Days Left) and "Progression Survey" (15 Minutes, 42 Days Left). Each card has an orange "Take Survey" button. Two purple arrows point to these buttons.

Each survey is divided into four sections and residents must respond to all required questions before continuing on to the next section. When residents have completed the survey, they will click the purple

FINISH button on the bottom right side of the screen. (NOTE: If residents click on the CANCEL button, survey responses will not be saved.)

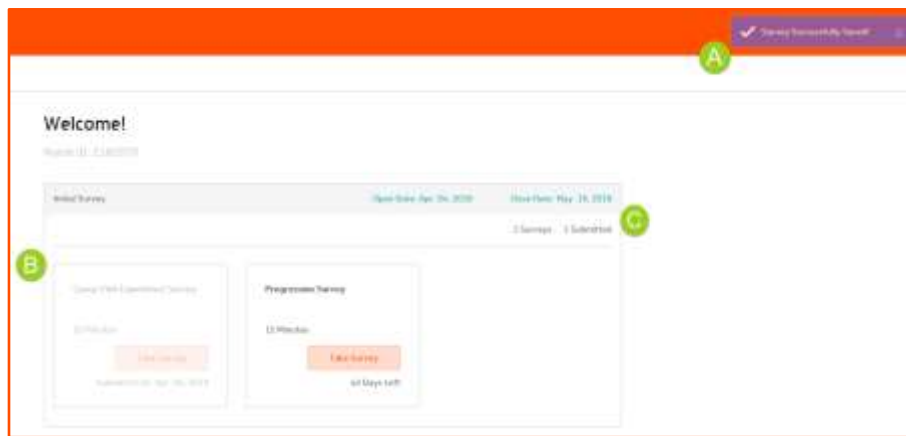


The screenshot shows a survey titled "Casey-Fink Experience Survey" with the instruction "Select the response that represents the most accurate description of your individual professional profile". It contains three questions, each with a dropdown menu:

1. How long was your unit orientation?*
2. How many primary preceptors have you had during your orientation?*
3. Have you functioned as a Charge Nurse?*

Surveys must be completed within 2 hours of opening the browser tab. If residents need to step away before finishing a survey, they should logout and login again when they are able to complete them.

There are several indications that a survey has been successfully completed:



- A. Purple box will appear in the upper right corner of the screen indicating that the survey was successfully saved
- B. Any completed surveys will be faded and residents will not be able to click the orange **Take Survey** button again.
- C. Beneath the open and close dates for the current survey cycle, residents will see a count for the number of submitted surveys.

There are two surveys to be completed in the initial survey cycle; Casey- Fink Experience Survey and Progression Survey.

More detailed information on how to complete NRP surveys is available in our Resident Surveys quick reference guide for residents.

NRP coordinator checklist

- Participate in Vizient training for the Nurse Residency Program
- Obtain necessary log-in ID/password for the NRP website
- Manage access for others within your organization
- Participate in NRP Admin tool and dashboard training
- Meet with your academic partner and use them as a resource to get started
- Meet with human resources staff and nurse recruiters to educate them about the program and its requirements so they can communicate to new graduates how it relates to their employment
- Develop nurse resident information and recruitment materials for distribution
- Share Vizient/AACN Nurse Residency Program marketing and publication guidelines with marketing department
- Establish an advisory committee and a schedule for committee meetings
- Meet with the advisory committee to set attendance policies and plan for hospital-wide communication of the program
- Communicate program information and requirements, including attendance policies, to nurse managers, nursing leadership, as well as school of nursing and other stakeholders
- Create a 12-month schedule for resident cohort seminar sessions
- Identify resident facilitators
- Schedule orientation/training for resident facilitators
- Schedule orientation/training for preceptors
- Secure speakers/faculty for resident seminars
- Design and schedule an orientation session for nurse residents; include the CNO/CNE, school of nursing dean/faculty, nurse managers, and resident facilitators. During the orientation session
 - Obtain signed commitment contracts from residents (optional)
 - Distribute lists with resident contact information to encourage networking and communication
 - Distribute master schedule of resident seminars and other resident activities
- Participate in regularly schedule nurse resident coordinator calls
- Update annual site survey at least once per year
- Enter nurse resident termination data into the NRP Admin tool
- Schedule resident graduation activities and speaker
- Attend the NRP Annual Conference sponsored by Vizient

Answer Key

NRP Roles and Responsibility:

<u>Academic Partner</u>	<ul style="list-style-type: none">• May partner with hospital coordinator• Identifies faculty and other resources• Markets program to students and faculty• Serves on advisory board• Attends annual Vizient/AACN meeting
<u>Human Resources/Recruiting</u>	<ul style="list-style-type: none">• Market the program to schools of nursing• One page handout to give to potential applicants• NRP website• Hiring processes/expectations/interviewing• Assist with applicant and retention data
<u>Unit Manager</u>	<ul style="list-style-type: none">• Facilitates participation• Communicates with the facilitator• Helps resolve scheduling issues• Assigns preceptors• Content expert for resource management• Supports evidence-based projects• Attends celebrations and project presentations
<u>Preceptor</u>	<ul style="list-style-type: none">• Guides and coaches• Facilitates socialization• Communicates evaluation• Reinforces NRP content
<u>Resident Facilitator</u>	<ul style="list-style-type: none">• Coaches/guides/mentors*• Facilitates small group discussion*• Promotes lifelong learning*• Participates in seminar activities• Supports evidence-based practice project• Provides clinical oversight• * Indicates essential components of facilitator role
<u>NRP Coordinator</u>	<ul style="list-style-type: none">• Plans and manages the program• Identifies program faculty and other resources• Orients all program faculty and nurse residents• Markets the program internally and externally• Develops and maintains the program evaluation plan• Functions as a liaison with the national components of the program (Vizient/AACN)• Attends annual Vizient/AACN meeting• Ensures compliance with accreditation standards

<u>Resident</u>	<ul style="list-style-type: none"> • Mandatory for new graduate hires • Attends all events • Is accountable for scheduling • Actively participates in evidence-based project • Completes all surveys
<u>CNO</u>	<ul style="list-style-type: none"> • Is a champion of the program • Obtains resources: budget, space, facilitators, manager and resident commitment
<u>Content Expert</u>	<ul style="list-style-type: none"> • Shares expertise • May be from outside organization • May be from outside nursing • May be a faculty partner • Uses creative approach
<u>Nurse Researcher (optional)</u>	<ul style="list-style-type: none"> • Assists with the organization evaluation plan • Evaluates Vizient reports • Reviews resident abstracts • Assists residents in poster development and preparing presentations

Scavenger Hunt

Instructions: Locate the following answers by navigating the Vizient nurse residency program website.

1. This chapter of the curriculum has the following topics in it: Ethical decision making, End-of-life care, and Cultural competence in the nursing care environment.

To locate: NRP homepage > Curriculum > Professional role curriculum

2. Locate the low fidelity simulation on “Conflict with Physician Simulation – Delegation and Communication with Low Fidelity”. In the simulation name the diagnosis of patient 3.

To locate: NRP homepage > Curriculum > Leadership curriculum > Scroll halfway down the page

3. What is the last message on the NRP listserv?

To locate the NRP Listserv: NRP homepage > My Listservers > Select Nurse Residency Program Listserv

4. Which institution is the author of the “Evaluation Plan” in the Evaluation and Reporting section of the website?

To locate: NRP homepage > Program implementation > evaluation and reporting

5. What is the standardized unit definition for transplant intermediate unit (hint: training guides section)?

To locate: NRP homepage > Training guides > Standardized unit definitions

6. In which section of the website is the advisory board template located?

To locate: NRP homepage> Program implementation > Program operation resources > Advisory board

7. What is the oldest year of benchmarking and outcomes reports on the NRP website?

To locate: NRP homepage > Outcomes report

8. How many hospitals in Idaho participate in the Vizient/AACN Nurse Residency Program (hint: located under networking)?

To locate: NRP homepage > Scroll to the bottom of the page under “Networking” select “NRP Participants by state”

9. How many objectives are in the stress management chapter?

To locate: NRP homepage > Curriculum > Professional Role> Stress management and self-care chapter > bottom of page 1

10. Name one of the additional member resources in the Roles and responsibilities section of the website.

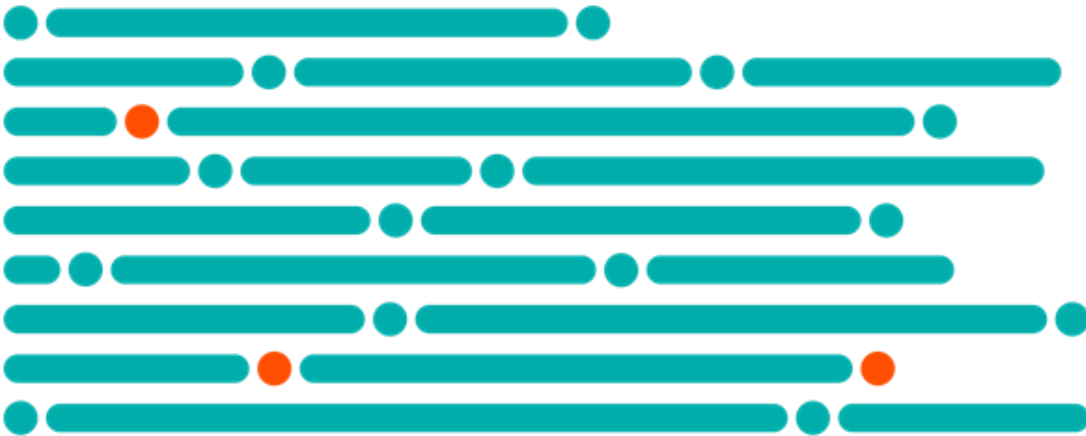
To locate: NRP homepage> Program implementation > Roles and responsibilities

11. What is the first question on the Daily Rewind Tool (hint: found under preceptor resources)?

To locate: NRP homepage > Program implementation > Roles and responsibilities > Preceptor

References

1. University HealthSystem Consortium (UHC) was an alliance of the nation's leading nonprofit academic medical centers. UHC is now part of Vizient.
2. AACN is the national voice for America's baccalaureate- and higher-degree nursing education programs.
3. Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: National Academies Press; 2010.
4. Goode CJ, Lynn MR, McElroy D, Bednash GD, Murray B. Lessons learned from 10 years of research on a post-baccalaureate nurse residency program. *J Nurs Adm*. 2013;43(2):73-79.
5. Kovner, C. T., Brewer, C. S., Fatehi, F., & Jun, J. (2014). What does nurse turnover rate mean and what is the rate?. *Policy, Politics, & Nursing Practice*, 15(3-4), 64-71.
6. Benner PE. *From Novice to Expert: Excellence and Power in Clinical Nursing Practice*. Menlo Park, CA: Addison-Wesley Publishing Company, Nursing Division; 1984.
7. Eraut M. *Developing Professional Knowledge and Competence*, London, England: Taylor & Francis; 1994:124. Quoted by: Cheetham G, Chivers G. *Professions, Competence and Informal Learning*. Cheltenham, England: Edward Elgar Publishing; 2005:337.



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