Residency Model

The Vizient/AACN Nurse Residency Program (NRP) is a formal educational program designed to extend the basic nurse education and skills of new graduate nurses. Specifically, it focuses on three components:

(1) Leadership: Managing resources for optimal patient care and collaborating with the interdisciplinary team.  
(2) Patient Safety and Outcomes: Applying foundational knowledge of critical, nurse-sensitive areas related to patient bedside care.  
(3) Professional Role: Enhancing growth and development of the nurse, both professional and personal.

The NRP at BWMC includes clinical education classes, clinical experience, seminars, and progress conferences. It incorporates Baltimore Washington Medical Center’s philosophy, goals, policies, procedures, and role expectations.

Objectives

General objectives include:
1. Integration of the nurse resident into their role responsibilities  
2. Provision of a preceptor/mentor for the nurse resident  
3. Development of safe, competent nursing care

At the conclusion of the Nurse Residency Program, the graduate nurse will:
1. Make the transition from novice to advanced beginner in the clinical environment  
2. Develop effective decision-making skills related to clinical judgment and performance  
3. Strengthen commitment to nursing as a professional career choice  
4. Incorporate research-based evidence linked to practice outcomes into the care provided

Roles and Responsibilities

Resident. The nurse resident has basic nursing knowledge and basic nursing skills. The resident attends all program classes, seminars, and clinical days. In addition, the resident adheres to the objectives and policies of BWMC’s Nurse Residency and Preceptorship Program. (See Nurse Resident Good Faith Agreement.)
Clinical Education and Development (CED)/Clinical Educator. CED provides general orientation, clinical orientation, and nurse residency orientation education. CED also provides ongoing support and acts as resource and coordinator for the resident’s clinical objectives and for the preceptor/nurse resident team. In collaboration with the preceptor and nurse manager, the clinical educator coordinates clinical conferences to evaluate the nurse resident’s clinical progress.

Preceptor. The preceptor acts as mentor and role model, and supports development of the resident’s understanding of the RN role, the unit’s goals, and the hospital’s system of care delivery, philosophy, mission, and vision. The preceptor maintains a professional and confidential relationship with the resident. The preceptor also collaborates with the clinical educator and nurse manager to evaluate progress and address issues.

Manager. The nurse manager maintains a supportive environment for the nurse resident and preceptor partnership. The manager also collaborates with the clinical educator regarding progress of the nurse resident.

Program Components

A. Orientation

The nurse resident will participate in a three week orientation process prior to starting the preceptorship component of the program. This orientation is structured to assist the nurse resident through the transition process from a student nurse to a professional registered nurse. The content included in the orientation includes:

General Hospital Orientation

Clinical Orientation
   Evidence Based Infection Prevention and Control
   Hygia
   Body Mechanics/Safe Lifting
   ACCU-CHEK
   Competencies: ACCU-CHEK, Safe Lifting, Restraints, PPE, Foley Insertion, Bladder Scanner

Nursing Orientation
   Living Legacy Foundation
   Patient Rights, Ethics, Risk Management
   Pharmacy
   EPIC Training
   Enhancing Nursing at the Bedside
   Skin Assessment & Management
Nurse Residency Orientation

Getting Started: Overview of NRP, BWMC Program Specifics, Clinical Unit Orientation, Patient Care Delivery & Delegation

- IV Therapy
- Phlebotomy
- Shadow Day/s
- Stress Management and Self Care
- Safe Lifting Specifics
- Evidence-Based Medication Administration
- Non-Violent Crisis Intervention
- Clinical Day with Assessment Focus
- Clinical Day with Medication Focus

Dysrhythmia Class

B. CED Clinical Experience

The clinical educator will provide the resident with two clinical days: one will emphasize patient assessment and the other will emphasize medication administration. The resident may be provided shadow days with an experienced RN and/or an experienced Patient Care Technician to help acclimate them to the clinical environment. The nurse resident will work according to the schedule developed by the clinical educator.

C. Preceptorship

The nurse resident will be assigned to a preceptor on their unit of hire. The length of the preceptorship is eight weeks for med/surg residents, ten weeks for telemetry and step-down units, and 12-16 weeks for critical care. However, this may vary per unit and manager. The preceptor will provide guidance, support, and education for the nurse resident in the clinical setting. The preceptor will also assist the nurse resident with socialization within the unit and hospital. During this time, the nurse resident will become familiar with clinical skills, medications, documentation, interdisciplinary patient care, physical assessments, delegation, and time management.

The nurse resident will work the preceptor’s schedule and share a portion of the preceptor’s assignment. Whenever possible, a nurse resident will have one preceptor, or a primary and secondary preceptor, who collaborate and work together towards the nurse resident’s clinical goals.

Assignment of preceptors will be determined by the manager and the clinical educator.

During the preceptorship, the unit’s clinical educator will oversee their development and progression toward goals.
Tools for evaluation. (1) Nurse Residency and Preceptorship Department Orientation Guide (DOG) and (2) Competency Assessment Tool (CAT).

Conferences. Conferences will be held bi-weekly between the manager, nurse resident, preceptor, and clinical educator or as deemed necessary by any party to evaluate the nurse resident’s progress. Progress and goals will be recorded on the Nurse Residency and Preceptorship Department Orientation Guide (DOG).

D. Monthly Seminars

Monthly seminars will be held to support the nurse resident’s knowledge base and clinical training. Specifically, the seminars will promote the following components of nursing practice: leadership, patient outcomes, and professional role. This application of curriculum content will be delivered by a clinical expert, clinical educator, or the nurse residency coordinator. Seminars may include a facilitated discussion of one or more relevant case studies.

Tales from the Bedside - Small Group Discussion. Seminars will include a 30-minute facilitated discussion of the residents’ clinical experience. These small group discussions will be led via round table discussion and will provide the nurse resident the opportunity to share concerns, fears, and frustrations, and to ask questions. Discussions will allow the nurse resident to come away with resolutions and resources to issues of concern. This part of the session is confidential and not to be shared outside of the group. The nurse residency coordinator, clinical educator, or clinical expert, or her representative will guide the discussion. Specific rules and guidelines regarding the small group discussion format will be decided upon by the cohort itself.

E. Evidence-Based Practice Project

Each resident will participate in, as a group, an evidence-based practice project. Facilitated time will be provided during monthly seminars for completion of the project. The project should focus on a clinically relevant issue and follow the provided guidelines.

F. Program Data Collection

Data collection is mandatory and is collected at designated times throughout the program for ongoing program evaluation and quality improvement. The schedule is as follows:

<table>
<thead>
<tr>
<th>Type of Survey</th>
<th>When Conducted</th>
<th>Responsible Person/s</th>
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</thead>
<tbody>
<tr>
<td>Residency Demographic Database</td>
<td>Orientation</td>
<td>NRP Coordinator</td>
</tr>
<tr>
<td>Site Survey and annual analysis of program</td>
<td>Once Per year</td>
<td>NRP Coordinator</td>
</tr>
<tr>
<td>Casey-Fink Graduate Nurse Experience Survey</td>
<td>Initial Session, 6, 12, 24 &amp; 36 months</td>
<td>Resident</td>
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<tr>
<td>NRP Progression Survey</td>
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<tr>
<td>Vizient/AACN Post-Residency Progression Survey</td>
<td>24 and 36 months</td>
<td>Resident</td>
</tr>
<tr>
<td>Vizient/AACN Graduate Nurse Residency Program Evaluation</td>
<td>At conclusion of orientation</td>
<td>Resident</td>
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G. The NRP Meeting Place

One to two weeks after orientation, you will receive an email from the Vizient/AACN with your NRP Meeting Place Password. This site is an online resource where you can connect with other Nurse Residents across the country, and find articles and information specifically for new graduate nurses.

H. Graduation

If all requirements of the program are met, the Nurse Resident will participate in a formal graduation ceremony to formally recognize their completion of the NRP program. The ceremony will include presentations of the evidence-based practice projects. Each Nurse Resident will also receive a certificate of completion which can be displayed in their professional portfolios.