

**Toward Academic Credit for Nurse Residency Program Completion: A Three-Phase Project**

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The Institute of Medicine (IOM) Report (2010) called for nurse educators to create innovative programs to promote seamless academic progression. Recent recommendations (2015) on the progress further encourages the expansion of Nurse Residency Programs (NRS) and the continued expectation of enrollment of newly licensed registered nurses (NLRNs) in graduate programs within five years of graduation. An innovative method to encourage NLRNs to advance their education is the awarding of academic credit for the completion of NRPs.

This presentation describes a three-phase project funded by two NSP II grants exploring the idea of awarding academic credit for the completion of a NRP in Maryland. Phase 1 assessed the extent of variability in the content and delivery of the NRPs in Maryland. This phase was successfully completed by partnering with academic and hospital-based stakeholders. In June 2016 an "Information Gathering Session" was held. Attendees included academic and hospital-based leaders. There was a positive response to the idea of awarding academic credit to nurses completing a NRP. This meeting resulted in a collection of themes to be explored via a state-wide survey. In January of 2017, an IRB-approved online survey went to 50 hospital-based nursing leaders and 15 nursing education leaders in Maryland. Data revealed variability in the types of NRP curriculums used in Maryland, total class hours, criteria for successful completion and the resources to implement NRPs. Agreement was found in the curricular content areas that should be included in an NRP: Communication, Professionalism, Clinical Practice, Leadership Skills, Application of EBP, and Information Systems. The survey revealed some interest by a nursing program in providing academic credits for the completion of NRPs.

During Phase 2 an integrative literature review on the fidelity and efficacy of NRPs was completed. The review identified 249 articles and included 20 articles in the analysis. These 20 articles included 9 quantitative studies, 3 integrative literature reviews, 6 systematic reviews, 1 qualitative study, and 1 consensus report. The results of this review include the following findings: NRPs have wide variation in content areas, outcome measurement instruments, duration, and resources. Programs that offer the greatest support include the following concepts: patient-centered care, communication and teamwork, quality improvement/EBP/ safety, informatics, clinical reasoning/feedback/reflection and specialty practice knowledge (Spector, 2015). Recommendations include the standardization of NRP content, delivery and outcome measurements. The completion of a NRP should be required of all NLRNs (Goode, 2016).

Phase 3 will result in the development of an Academic Credit for NRPs Toolkit, a resource for hospital NRP Coordinators and nursing programs interested in forming an academic-practice partnership. Resources for academicians will include a list of the curricular concepts and program outcomes found in

most NRPs in Maryland, existing academic-practice partnerships, and models offering academic credit for NRPs. Tools for hospital-based NRP leaders include a general description of the course-approval process, components of a syllabus, examples of existing courses and an annotated bibliography. The benefits of creating an academic-practice partnership for awarding of academic credit for the completion of NRPs will be described and encouraged.