

Evaluation of Maryland Nurse Residency Program Implementation

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Abstract

Problem and Purpose

Literature strongly supports nurse residency programs for newly licensed registered nurses to assist in the transition from student to professional nurse. In 2013, in response to the call for action by the *Future of Nursing* report, the state of Maryland adopted the standardized commercially available Vizient/American Association of Colleges of Nursing (AACN) Nurse Residency Program™ (NRP) for implementation in all acute care hospitals. By 2018, although all hospitals adopted the Vizient/AACN NRP, its implementation of the curriculum appeared to vary widely. The purpose of this project was to examine the variability of NRP implementation by the 34 hospitals belonging to the Maryland Organization of Nurse Leaders, Inc./Maryland Nurse Residency Collaborative (MONL, Inc./MNRC), an organization of hospitals working together to implement the Vizient/AACN NRP statewide.

Method

Interviews in person, by phone, or by video with the hospital NRP coordinator or director of education were conducted over 12 weeks to discuss program implementation. A standardized questionnaire examining program operations, duration, content, impact, and feedback was used to collect the data.

Results

Twenty out of the 34 eligible acute care Maryland hospitals completed interviews. Expectedly, wide variability in program implementation existed. All hospitals delivered content face to face in monthly seminars, monitored attendance, identified consequences for missed classes, required participation in an evidence-based practice (EBP) initiative, and evaluated program success using recommended validated tools. Most programs covered all required curriculum topics. However, the methods for delivering the content varied, and many of the hospitals added content not included in the Vizient/AACN curriculum. Program policies, nurse-resident work obligation contracts, attendance, make-up assignment requirements, session length and frequency, and resident and coordinator feedback also varied. Most notably, the coordinators expressed difficulty understanding, teaching, and supporting residents with the required EBP initiative. Differences in EBP-initiative support influenced their ability to implement expectations of the program effectively.

Conclusion

Collectively, the results of the interviews indicated that the adoption of a standardized program does not mean standardized implementation and outcomes. Rather, allocated resources and leadership drive program implementation and its success. The goal of the MONL, Inc./MNRC is to support the adoption of a standardized core curriculum for NRPs in Maryland while allowing for hospital individualization due to variability in patient populations and policies and procedures. Program fidelity is necessary to ensure equity in resident learning and to achieve the best outcomes. MONL, Inc./MNRC will use these findings to develop an innovative, hybrid-online, and face-to-face, standardized core curriculum for all hospitals to use. The adoption of the standardized online program will reduce variability and provide additional support to NRP coordinators.