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Will New Graduate Nurse Residencies Be a Mandate of the Future?

abstract

Nursing professional development (NPD) and continuing education (CE) administrators are constantly prioritizing where they put their energy and resources. With the American Academy of Nursing (AAN) policy brief recommending mandatory nurse residency programs and Maryland taking the lead as an early adopter through collaboration (not mandate), it is important that NPD and CE practitioners and administrators are aware of the current landscape in the area of new graduate RN transition to practice. [*J Contin Educ Nurs.* 2019;50(8):341-344].

The need for a standardized and high-quality new graduate RN (NGRN) residency program for the support of RNs in transition has been well documented in the literature (Goode, Glassman, Ponte, Krugman, & Peterman, 2018; Goode, Ponte, & Havens, 2016; Spector et al., 2015) along with best practices to ensure a successful residency experience (Bratt,

2013; Cochran, 2017). Despite these endorsements, NGRN residency programs have not been widely adopted and many of those that have been implemented have a wide range of variability in content and length. Organizations still exist that have not committed to a designated transition time for NGRNs and the reasons for this are wide and varied. For many, the question of resources and committing to the financial obligation needed to initiate a successful NGRN transition program is a barrier.

Although not all health care organizations have made the commitment, several national organizations have made their intentions of supporting a quality and standardized transition program known. This includes, but is not limited to, the American Organization for Nursing Leadership (formerly known as the American Organization of Nurse Executives), the Institute of Medicine, and the American Academy of Nursing.

THE AMERICAN ACADEMY OF NURSING POLICY BRIEF

The American Academy of Nursing (AAN) is a professional organi-

zation that “serves the public and the nursing profession by advancing health policy, practice and science through organizational excellence and effective nursing leadership” (AAN, n.d., para. 1). In 2018, Goode et al. published a policy brief supported by the AAN that began with “we recommend that a nurse residency for newly licensed registered nurses (RNs) be required for all new graduate RNs as a component of their employment” (p. 329).

The Academy proposed six recommendations (Table 1) to help guide, support, and finance this endeavor.

CALL TO ACTION FOR NURSING PROFESSIONAL DEVELOPMENT PRACTITIONERS

In the article “From Policy Brief to Execution: Residency Programs for New Graduate Nurses,” Trepanier, Yoder-Wise, and Finis (in press) declared a call to action for nursing leadership to support the AAN policy recommendations (Table 2). Their article is the result of a workgroup of 18 nurse leaders that convened in April 2019 as a result of the AAN policy brief with the purpose of discussing “essential steps on how to support, execute and operationalize the recommendations offered by the AAN.” The themes below represent key components that were identified by workgroup participants and address how the authors’ recommendations may affect nursing professional development/continuing education (NPD/CE) practitioners or administrators. The discussion fol-

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Dr. Joan Warren has invited any questions or comments regarding the Maryland Nurse Residency Collaborative to be sent to her at jiwarren@verizon.net.

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TABLE 1
AMERICAN ACADEMY OF NURSING NEW GRADUATE NURSE POLICY RECOMMENDATIONS

1. The Joint Commission, the Centers for Medicare & Medicaid Services, and/or other appropriate regulatory bodies shall require all newly licensed RNs completion of an accredited new graduate nurse residency program (NRP).
2. The Academy will explore federal and state mandates or incentives to achieve the 100% goal.
3. NRPs will be designed, established, and administered in collaboration with an academic school or college of nursing and the hospital, because NRPs are considered postgraduate education after conferring the associate degree in nursing or baccalaureate nursing degree.
4. Hospital employers should use an evidence-based NRP curriculum in a nationally recognized NRP to gain access to the educational materials and evaluation measures.
5. NRPs must be accredited to ensure adherence to education, clinical standards, and accurate evaluation metrics. This essential recommendation assures NRPs are built with similar standards and evaluation methodology.
6. All NRPs will include curricular content on how to incorporate evidence into practice.

TABLE 2
CALL TO ACTION FOR NURSING LEADERSHIP

Nurse leaders could educate themselves on:

- The benefits of a residency program.
- The importance of accreditation.
- The business case for a residency program.

Nurse leaders could network with other nurse leaders who have successfully implemented accredited, evidence-based residency programs.

The profession could assess nurse leaders' perceptions and attitudes toward new graduate RN residency programs.

Residency program directors could continue to demonstrate the return on investment of such programs. A residency program for new graduate RNs is not an expense; it is an investment.

All nurses could support all projects aimed at identifying federal and state sources of funding. We all benefit from a better prepared workforce.

lows the NPD practice model (Harper & Maloney, 2016) that states a critical NPD practitioner role is that of "Partner for Practice Transition." In this role, the NPD practitioner "supports the transition of nurses and other health care team members across learning and practice environments, roles, and professional stages" (Harper & Maloney, 2016, p. 17).

NPD/CE EDUCATION

NPD/CE practitioners have the responsibility to investigate and de-

velop a high level of understanding on topics that most affect their practice. In our rapidly changing and highly complex health care environment, that is not always an easy task. If, and, or when the profession moves to mandate a nurse residency program (NRP) for all new graduate RNs, the topic will move to the forefront for us all!

Currently, there is a disparity between what is offered to new graduate RNs to support their transition to practice experience and what the AAN policy brief thinks we need to

be doing. NPD/CE administrators need to address each recommendation and determine how they will respond to the task. The first step is to educate ourselves about the AAN recommendations. For example, the need to use an evidence-based design when creating a program that is oriented to eventual accreditation is recommended. Being able to operationalize this, and other recommendations, begins with educating ourselves about the topic. To our advantage, an abundance of research along with multiple articles and resources help us self-educate in the development and design of a successful NRP (e.g., American Nurses Credentialing Center, 2015; Hansen, 2018), the importance of accreditation (Church, Cosme, & O'Brien, 2019; Goode, Lynn, McElroy, Bednash, & Murray, 2013), and the business case for an NRP (Garrison & Beverage, 2018; Trepanier, Early, Ulrich, & Cherry, 2012). Also, the Association for Nursing Professional Development supports nurse residencies with articles, webinars, and conference presentations on all aspects of a successful residency program.

Networking and Lessons Learned

The importance of networking and sharing best practices and lessons learned was identified by the workgroup. In response, we could present and share new research findings and outcomes data providing best practices from programs that have successfully implemented and accredited an evidence-based and outcomes-focused residency program. We can also network and learn from each other in multiple venues, such as conferences, academic learning centers and collaborations, nursing specialty organizations, mentoring, blogs, and other websites that provide high-level opportunities to share best practices and discuss current issues.

NPD/CE Practitioner Perceptions and Attitudes

Independent researchers, Doctor of Nursing Practice and PhD learners, and the Association for Nursing Professional Development could assess stakeholders' perceptions and attitudes toward NGRN programs. If nursing does not find the value of these programs, or if they feel the barriers and challenges for implementation are unsurmountable, it needs to be part of the discussion that is brought to the attention of those who are responsible for moving this initiative forward.

Return on Investment and Funding

Understanding and communicating the contributions and value a residency program can have on an organization is critical to ensure future funding and leadership support. Residency program directors who usually work within the realm of NPD need to acquire the knowledge and skills to be able to consistently demonstrate the return on investment for transition programs. Use of a standard and consistent method can calculate and communicate return on investment (Hansen, 2014) while speaking to the financial efficiency of the program.

Finally, program administrators need to be able to identify sources for program funding. This may include grants, as well as federal and state resources. For example, The Centers for Medicare & Medicaid Services provision 413.85 (cost of approved nursing and allied health education activities) offers reimbursement for accredited residency programs. This means accreditation by either the American Nurses Credentialing Center or the Commission on Collegiate Nursing Education. NRP directors and administrators may benefit from engaging with whoever is responsible at their organization to complete

the cost-accounting report that is submitted yearly to The Centers for Medicare & Medicaid Services.

THE MARYLAND NURSE RESIDENCY COLLABORATIVE

While legislation mandating nurse residencies may be slow coming, there are other approaches that can be used to meet this objective. The Maryland Nurse Residency Collaborative is an exemplar for academic–practice partnerships meeting the goal of an NRP for all NGRNs. According to Dr. J. Warren (personal communication, June 20, 2019), in 2011 Maryland established an action coalition to achieve the far-reaching goal of implementing a standardized, evidence-based NRP in all acute care hospitals. The Maryland action coalition was formed by a consortium of hospitals under the auspices of the Maryland Organization of Nurse Leaders, Inc. Maryland is unique in this approach. The Vizient/American Association of Colleges of Nursing program was chosen for its research evidence. Hospitals were invited to participate in the collaborative, with 15 hospitals offering residency programs in late 2013. To encourage hospital enrollment, funds from Maryland's Who Will Care grant were used to support the remaining acute care hospitals with program implementation. As of December 2018, all remaining acute care Maryland hospitals have elected to offer the NRP, thereby making Maryland the first state to offer a 12-month residency program to all NGRNs hired by acute care hospitals. Warren, Perkins, and Greene (2018) recently described the project.

CONCLUSION

Although the need for a nurse residency program is undisputed, the policy brief that supports mandating a NGRN program raises questions and potential challenges for the administrator and decision

makers for nursing. Key questions focus on how to operationalize and finance the policy recommendations and include:

- Are nurse leaders supportive of, and do they find the value in, the policy brief itself?
- If mandated, can all health care organizations provide the finances and resources to implement a practice transition program?
- Do all health care organizations have the opportunity to collaborate with an academic school or college of nursing as recommended by the policy statement?
- If NRPs are not mandated, are there other ways NPD/CE practitioners can collaborate to require transition programs?

Those of us at the forefront of continuing education and professional development need to take the lead as change agents to support NRPs for all NGRNs. Without strong leaders, partners, and innovators, we will simply add this policy brief to the shelves of reports and recommendations that gather dust. This is a critical issue for the future of nursing while improving the work life for health care professionals, resulting in better quality of care and a healthier nation!

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