

Nurse Residency Program: Road to Accreditation with Distinction

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In 2010, the Institute of Medicine released *The Future of Nursing: Leading Change, Advancing Health*, a report with key messages and recommendations for nurses in the changing healthcare landscape. This report urged healthcare organizations to implement nurse residency programs to help support newly graduated nurses (National Academics of Science et al., 2015). With this recommendation, the number of nurse residency programs in the United States has vastly increased since 2010 (Pittman & Herrera, 2013; Sutor & Painter, 2020). Nurse residency programs, or transition-to-practice programs, are for newly graduated nurses. These programs are intended to ease the transition from student nurse to practicing professional. To help enhance a program's credibility, programs may voluntarily earn varying degrees of accreditation status by following set guidelines and criteria. The American Nurses Credentialing Center (ANCC) has a practice transition accreditation program (PTAP) accreditation for nurse residencies and fellowships. This accreditation is an overarching endorsement covering entire programs. Organizations applying for ANCC PTAP can earn varying degrees of accreditation; however, accreditation with distinction is the highest honor awarded (ANCC, 2023b). Programs awarded accreditation with distinction demonstrate "exemplary and innovative practice in the domains of program leadership, quality outcomes, program goals and outcome measures, development and design, and practice-based learning" (ANCC, 2023b, p. 34).

This project examines Hospital Z's nurse residency program, which is currently ANCC PTAP accredited. The program must reapply for accreditation in 2024 and aims to earn accreditation with distinction to acknowledge its commitment to exceeding the established ANCC standards. Historically, one requirement for ANCC PTAP accreditation with distinction has been that at least 50% of the program curriculum met ANCC nursing continuing professional

development (NCPD) criteria for contact hours (ANCC, 2019). However, in 2023, the ANCC revised the ANCC PTAP accreditation with distinction requirements, and starting in 2024, no contact hours are required for the didactic curriculum, but programs must provide evidence that they provide evidence-based content and promote quality improvement (ANCC, 2023b). To meet this specification, Hospital Z intends to revise the didactic component of the residency program.

American Nurses Credentialing Center provides the gold standard guidelines for NCPD activities. ANCC NCPD accredited activities are individual education classes created following specific guidelines where participants receive nursing continuing education contact hours. Hospital Z's nurse residency program's didactic curriculum does not currently meet ANCC NCPD criteria. However, meeting the requirements for ANCC NCPD would confirm that the residency program's didactic classes are evidence-based and promote quality improvement. This project aims to evaluate the program's current state and provide recommendations to make the residency's didactic classes qualify for ANCC NCPD accreditation to help the overall program earn ANCC PTAP accreditation with distinction.

Background

Microsystem Assessment

A clinical microsystem consists of clinicians and other staff working cohesively to care for a specific patient population (Barach & Johnson, 2006). Clinical nurse leaders conduct microsystem assessments to evaluate a system's current state and then provide recommendations or solutions to help improve workflow and outcomes (King & Gerard, 2016). Nelson et al.'s (2007) 5P framework for assessing clinical microsystems was utilized to assess Hospital Z's nurse residency program; purpose, patients, professionals, processes, and patterns were examined.

Purpose. Hospital Z is a non-profit health system in Montana that serves patients in 20 different counties, with the primary health center located in a growing rural community (Hospital Z, n.d.). Hospital Z has recently merged with another extensive hospital system in Montana; however, Hospital Z has yet to experience many practice or workflow changes. The hospital's mission is to "improve health and quality of life by delivering exceptional, compassionate care with an outstanding experience for all" with the following core values: integrity, quality, service, compassion, and unity (Hospital Z, n.d., para. 1).

The nurse residency program at Hospital Z was established in 2014 and runs three residency cohorts annually, with an average of 14 residents per cohort (Hospital Z Nurse Residency Program [HZ NRP], 2023). The program is 12 months long, where students are paired with trained preceptors and partake in a structured three-phase preceptorship. Residents also complete biweekly courses for the first 13-17 weeks, covering various didactic and skills topics. The residency program received initial accreditation through the ANCC PTAP in 2017. The program is up for reaccreditation in 2024 and aims to receive accreditation with distinction. One way the program aims to improve prior to reaccreditation is to standardize the residency education courses, so they qualify for ANCC NCPD contact hours to provide confirmation that the classes are evidence-based and promote quality improvement.

Patients. The "patients" served by the nurse residency program are the newly graduated registered nurses. Nurses accepted to the program must have less than 12 months of experience practicing as a registered nurse (Hospital Z, n.d.). Hospital Z accepts between 6 and 26 nurse residents each session, depending on each clinical unit's availability and the manager's approval. Two hundred seventy-two residents have participated in the program since it originated in 2014

(HZ NRP, 2023). The residency program originally ran two cohorts per year, but in 2020, three residency cohorts started annually in February, July, and October.

Resident demographic information was collected from February 2016 to July 2023. Most incoming nurse residents were bachelor's prepared; 60% of accepted residents had completed a nursing bachelor's program, 39% had an associate degree, and 1% were master's prepared. Only 20% of nurse residents who accepted a residency position were from out of state; 64% were hired locally from within the Flathead Valley, and another 17% were hired from other areas of Montana (HZ NRP, 2023). Completion of the entire 12-month residency program has fluctuated from 67% to 100%. The average retention rate at one year is 88.6%, 72.71% at two years, and only 54.23% at three years. This retention data only reflects nurse residents staying within the Hospital Z system and does not provide information on whether they work on the units they were initially hired (HZ NRP, 2023).

Professionals. Hospital Z employs two full-time nurse residency program coordinators who are bachelor's degree prepared. For ANCC accreditation purposes, the director of the nurse residency program must have a doctorate, so the director of professional development is also the director of the nurse residency program. However, the director has little involvement in the program's day-to-day activities. One residency coordinator focuses on daily operations, scheduling, and planning. The other residency coordinator assists in daily operations but spends most of her time keeping all educational content up-to-date and evidence-based, ensuring the program complies with the ANCC PTAP standards. Residency coordinators work closely with unit managers and talent acquisition for resident interviews, selection, and hiring. Other specialty areas, such as legal counsel, infection prevention, and quality management personnel, provide presentations at the residency program classes.

Processes. Each nurse resident follows a similar path through the residency program. Nurses with less than one year of nursing experience must apply to the nurse residency program's open positions posted three times per year. Upon application, residents apply to the hospital units they are interested in, interview with each, and then rank their preferences. Coupled with interviewer feedback, the residency coordinators and talent acquisition specialists match residents and available unit positions. Once residents accept offers and complete the pre-hire paperwork, they begin the official 12-month residency program. Clinical orientation follows a structured three-phase process. In phase one, residents follow their preceptor and strictly observe. In phase two, the resident leads, and their preceptor shadows them. Finally, the resident has more independence in phase three, but their preceptor is always available and unencumbered. The residents must also attend eight education days, including didactic and skills material. These classes occur biweekly and are the focus of this project. The classes currently are unorganized and unstructured. These classes do not meet the accreditation standards to earn ANCC NCPD contact hours.

Patterns. The knowledge base and longevity of the nursing staff at Hospital Z have decreased in recent years. Over half of the practicing nurses at Hospital Z have less than five years of nursing experience, and most clinical units have less than five qualified nurse preceptors (Hospital Z, 2023). With the decreasing expertise of clinical preceptors, the residency coordinators must enhance their didactic curriculum to help ease the nurse residents' transition to practice.

Problem. Hospital Z's entire nurse residency program is currently ANCC PTAP accredited, but the program must reapply for accreditation in 2024. The residency coordinators aim to earn the highest honor of ANCC PTAP accreditation with distinction and showcase the

program's vast commitment to promoting evidence-based practice, quality improvement, and positive outcomes. The program's current didactic coursework is educational but unorganized, with few outcome measurements. Thus, the current residency program's didactic curriculum does not meet ANCC NCPD requirements for contact hours. Revamping the didactic coursework to meet ANCC NCPD accreditation requirements would help showcase the program's commitment to excellence, evidence-based practice, and quality improvement initiatives. By earning ANCC NCPD accreditation for the individual didactic residency classes, the residency program has a higher chance of obtaining ANCC PTAP accreditation.

Significance

Over 30% of newly graduated nurses leave their first position within one year (NSI Nursing Solutions, 2023). Feelings of anxiety, incompetence, and lack of confidence are reasons nurses leave their current positions (Sanzone et al., 2021). With Hospital Z's decreasing levels of nursing experience, the nurse residency program must reevaluate its curriculum to help promote nurses' transition to practice, competence, and confidence. Without reevaluating the program, Hospital Z risks decreased nurse recruitment into the program and increased nurse turnover due to difficulties transitioning into professional nursing practice. ANCC NCPD accredited activities "promote the highest professional standards for nursing" (ANCC, n.d., para. 1). These educational activities must be created utilizing elements of the education design process, a planning committee with a content expert to ensure quality content, and an appropriate method to evaluate intended outcomes (ANCC, 2023a). Hospital Z must strive to align its nurse residency program curricula with ANCC NCPD standards to ensure the nurse residents' high-quality education and professional development. Without changing the curriculum, Hospital Z's nurse

residency program will not meet the requirements to earn ANCC NCPD contact hours or PTAP accreditation with distinction.

Purpose and Aims

The purpose of this project is to help Hospital Z's nurse residency program meet ANCC PTAP accreditation with distinction criteria by earning ANCC NCPD contact hours for the didactic curriculum classes.

This project will address the following aim: Evaluate the current nurse residency program curriculum and make recommendations to ensure didactic classes qualify for ANCC NCPD contact hours.

Definitions

For this paper, the following definitions will be utilized:

- Accreditation: a voluntary process that demonstrates adherence to a set of criteria established by a nongovernment agency or organization (ANCC, 2023a)
- Clinical nurse leader: a master's prepared nurse specialty created to "address the critical need to improve the quality of patient care outcomes" across the continuum of care (American Association of Colleges of Nursing, n.d., para. 1)
- Nurse contact hour: the ANCC unit of measurement for continuing nursing education; one contact hour is equal to 60 minutes of education (ANCC, 2023a)
- Nursing continuing professional development activities: learning activities intended to promote education and experiential development of nurses to enhance practice, education, administration, research, or theory development with an end goal of improving public health and furthering nurses' professional career goals (ANCC, 2023a).

Chapter Two

In the second chapter of this project, the exploration of literature takes place. This chapter opens with a concise historical overview and description of the Clinical Nurse Leader (CNL) role and competencies associated with this project. The following section delves into the quality improvement framework and practical application of the Donabedian model. The author also explores the literature concerning the outcomes of nurse residency programs and the value of accredited transition-to-practice programs. The chapter concludes by presenting essential principles for planning, executing, and evaluating ANCC NCPD-accredited activities.

Clinical Nurse Leader Competencies

In collaboration with other healthcare organizations, the American Association of Colleges of Nurses (AACN) introduced the CNL role in 2003 (AACN, 2013). This new role was created to help “the ardent call for change being heard in the healthcare system” (AACN, 2013, p. 4). Master’s degree prepared CNLs practice across all healthcare populations, focusing on using established quality improvement strategies to help implement and maintain evidence-based practices and improve patient outcomes (Harris et al., 2022). The AACN facilitated the creation of the competencies required for CNL education and practice. The CNL competencies most closely related to this project are the quality improvement and safety competencies in Essential Three, numbers 2 and 3, which focus on the performance of “a comprehensive microsystem assessment to provide the context for problem identification and action” and the use of “evidence to design and direct system improvements” (AACN, 2023, p. 12).

Quality Improvement Framework

The Donabedian model was the quality improvement framework that guided this project. Avedis Donabedian created this model in 1966 to help evaluate and assess the quality of medical

care (Donabedian, 1966). Donabedian has since authored many articles and books clarifying and explaining his theory. This model has become a common framework for examining health services and quality care. The American Nurses Credentialing Center (ANCC) has adopted the Donabedian model as the basis of its quality improvement framework (ANCC, 2023a). The framework consists of three main components. Structure, process, and outcome measures are evaluated to identify areas for improvement (ACT Academy, n.d.). The Donabedian model describes how these three components have synergistic relationships and are essential for evaluating healthcare quality. Structural measures reflect the organization's attributes, such as operating times, staffing ratios, and infrastructure (ACT Academy, n.d.; ANCC, 2023a). Process measures reflect how a system works. The ANCC evaluates an organization's educational design process at this step (ANCC, 2023a). Outcomes are the results or impact on the target audience. For accreditation purposes, outcomes are defined as the impact on the professional practice of nurses (ANCC, 2023a).

Employing the Donabedian model as the quality improvement framework for this project enables a holistic evaluation of the nurse residency program. It scrutinizes the structure, processes, and outcomes, delving into the program's organizational elements, day-to-day operations, and actual impact on nurses. This comprehensive assessment will guide recommendations to align the program with the ANCC NCPD accreditation requirements.

Literature Review

Search Strategy

Topics searched in the literature were the outcomes of nurse residency programs and the impact of accredited education. The Montana State University Library CatSearch and Cumulative Index to Nursing and Allied Health Literature were the databases searched using the

following key terms: *nurse residency, transition to practice, accreditation, and accredited education*. Inclusion criteria for studies included in this review included full-text peer-reviewed articles published within the last five years and in English. Twelve articles discussing the outcomes of nurse residency programs were included. Literature reviews, integrative reviews, retrospective studies, a quasi-experimental study, and a qualitative study were included. Five articles assessed the value of accreditation of nurse transition to practice programs, including integrative literature reviews and a replication analysis.

Nurse Residency Program Outcomes

Nurse residency programs can help bridge the education gap between student nurses and clinical practice for new graduates (Lee & Sim, 2020). Several studies found that nurse residency programs improve nurses' confidence, competence, readiness for practice and lead to higher job satisfaction when compared to standard orientation (Eckerson, 2018; Han et al., 2021; Koh et al., 2023; Miller et al., 2023; Perron et al., 2020; Rush et al., 2019). Newly graduated nurses have more opportunities to develop foundational nursing skills such as communication, critical thinking, organization, and stress management (Walsh, 2018). Higher rates of new graduate nurse retention at one year have been associated with nurse residency programs. Conflicting data was available regarding retention at two years (Asber, 2019; Cadmus & Roberts, 2022; Eckerson, 2018; Miller et al., 2023; Perron et al., 2020; Rush et al., 2019). This increased retention saves hospital systems money. A New Jersey study of a one-year residency program found that the increased retention rates of nurses saved hospitals over \$9,000,000 (Cadmus & Roberts, 2022). According to the *2023 NSI National Health Care Retention & RN Staffing Report*, the average turnover cost for a single bedside nurse is over \$52,000 (NSI Nursing Solutions, 2023).

No research studies within the last five years evaluated the effects of nurse residency programs over a more extended period than two years. Longitudinal studies are needed to help determine long-term outcomes. Further research is needed to determine the relationship between nurse residency programs and patient outcomes. Research is also needed to determine the best practice structures and outcome measures for nurse residency programs (Chant & Westendorf, 2019).

Practice Transition Accreditation Program Outcomes

American Nurses Credentialing Center's practice transition accreditation program positively affects organizations and residency programs. This accreditation has been found to influence leadership support, stakeholder interest, national and state recognition, credibility, collaboration with other facilities, and funding (Church et al., 2019; White et al., 2021). Accredited residency programs may qualify for higher reimbursement rates from the Centers for Medicare & Medicaid Services (Trepanier et al., 2023; White et al., 2021). ANCC PTAP accreditation was also associated with increased qualified applicants, more organizational quality improvements, and helped achieve Magnet designation (White et al., 2021). Sustainable nurse residency programs have a structured clinical model with didactic components, definitive outcomes, and trained preceptors. Accreditation will help develop and define these aspects (Chant & Westendorf, 2019). ANCC PTAP accredited programs have a statistically significant lower first-year nurse turnover rate when compared to non-ANCC PTAP accredited programs (Trepanier et al., 2023). Overall, earning ANCC PTAP accreditation displays an organization's excellence and commitment to the education and success of its newly graduated nurses (LaVigne & Cosme, 2018).

Historically, one requirement for ANCC PTAP accreditation with distinction has been that at least 50% of the program curriculum met ANCC NCPD criteria for contact hours (ANCC, 2019). However, in 2023, the ANCC revised the ANCC PTAP accreditation with distinction requirements, and starting in 2024, no contact hours are required for the didactic curriculum. The new ANCC PTAP accreditation with distinction requirement is that programs must identify and demonstrate how nurse residents participate and “engage in evidence-based practice, quality improvement, and research projects that result in practice change” (ANCC, 2023b, p. 37). ANCC NCPD-accredited activities are always based on evidence-based literature, promoting quality improvement and a spirit of inquiry in participants. “ANCC-accredited continuing education is the most effective and sustainable strategy to improve professional nursing practice” (ANCC, n.d., para. 1).

No peer-reviewed literature was found comparing the ANCC PTAP accreditation with the ANCC PTAP accreditation with distinction. Further research is needed to determine outcome differences between accreditation and accreditation with distinction. Many included articles that collected data via self-report surveys, which may have introduced bias. Accredited program directors may have been more likely to disclose the positive impacts of ANCC PTAP accreditation because these individuals already value and support the importance of program accreditation (White et al., 2021).

Guidelines for ANCC NCPD Accredited Activities

New graduate nurse transition to practice programs can become ANCC PTAP accredited without ANCC NCPD-accredited continuing education activities; however, these accredited activities can help a residency program earn ANCC PTAP accreditation with distinction. ANCC NCPD-accredited continuing education activities have specific activity planning,

implementation, and evaluation guidelines. However, not all-encompassing, the following are fundamental guidelines the planning committee of an ANCC NCPD activity must follow:

- include a qualified nurse planner and content expert in the planning process.
- perform a gap analysis or learning needs assessment to identify the professional practice gap.
- analyze the educational need to determine why the gap exists.
- develop one or more measurable outcomes.
- create content using only the best available evidence.
- utilize adult learning principles to engage the learners.
- evaluate the extent to which outcomes were achieved after the activity.
- modify outcome measures and activities in response to learner feedback (ANCC, 2023a).

These guidelines help maintain the core values of the ANCC NCPD Accreditation Program: integrity, competence, mentoring, accountability, responsiveness, innovation, and interprofessional (ANCC, 2023a).

Summary

The first chapter of this project examined the microsystem assessment of Hospital Z's nurse residency program. The program is currently ANCC PTAP accredited but must reapply for accreditation in 2024. The residency coordinators hope to earn ANCC's highest honor of accreditation with distinction. This distinction would recognize the residency program's innovation, excellence in quality, and commitment to exceeding the established standards. Revamping the didactic coursework within Hospital Z's nurse residency program to meet ANCC NCPD accredited activity criteria would help the program earn ANCC PTAP accreditation with distinction. The current didactic curricula do not meet ANCC NCPD criteria. This project aims to

evaluate the current nurse residency curricula and make recommendations to help standardize and didactic coursework to help meet ANCC NCPD requirements.

The second chapter of this project explores the Donabedian quality improvement model and literature concerning nurse residency program outcomes and the value of accredited nurse transition to practice programs. Nurse residency programs correlate with increased nurse confidence and competence and decreased nurse turnover (Eckerson, 2018; Miller et al., 2023; Perron et al., 2020; Rush et al., 2019). American Nurses Credentialing Center's practice transition accreditation program has been found to increase nurse residency program recruitment, credibility, recognition, and funding (Church et al., 2019; Trepanier et al., 2023; White et al., 2021). The fundamental guidelines of ANCC NCPD accredited activities are also introduced to give the reader a basic understanding of the criteria.

The next chapter will explore how the Donabedian quality improvement framework could be applied to evaluating Hospital Z's nurse residency program. The program's structure, processes, and outcomes will be scrutinized to identify areas where the didactic curriculum does not meet ANCC NCPD accreditation criteria. Recommended changes will be provided to help the program meet ANCC NCPD criteria.

Chapter Three

This project aims to support Hospital Z's nurse residency program in achieving ANCC PTAP accreditation with distinction by obtaining ANCC NCPD contact hours for the program's didactic curriculum classes. The primary objective is to assess the current curriculum and make necessary recommendations to ensure the didactic classes align with ANCC NCPD contact hour requirements. The upcoming chapter will delve into the application of the Donabedian quality improvement framework for evaluating the nurse residency program at Hospital Z. Through a comprehensive analysis of the program's structure, processes, and outcomes, areas where the didactic curriculum falls short of ANCC NCPD accreditation criteria will be identified. The project will conclude by offering specific recommendations to enhance the program's compliance with ANCC NCPD criteria, facilitating the attainment of PTAP accreditation with distinction.

Educational Initiative Design

This educational initiative will enhance the overall quality of education of Hospital Z's nurse residency program. Hospital Z is a rural community hospital with a new nurse residency program that started in 2014. Newly graduated nurse residents are the target population for this project. Statistics and additional information about the nurse residents can be reviewed in the microsystem assessment in Chapter 1. Additional stakeholders in the project are the director of education, nursing unit managers, other nursing leadership, and staff nurses. The project strives to create a positive ripple effect throughout Hospital Z's nursing ecosystem by fostering improvements in nurse retention, confidence, and competence.

Planning Process Outline

The education design process outlined by the ANCC and the requirements for NCPD and PTAP accreditation with distinction guided this project. Decisions were made through

discussions with the residency program coordinators and the education department's expert in ANCC NCPD accreditation. In the beginning phases of this project, the residency coordinators and I discovered that the ANCC PTAP accreditation requirements had changed for the 2024 accreditation cycle. A description of these changes can be found in Chapter 1.

Hospital Z's nurse residency program's didactic curriculum was assessed through a microsystem assessment. The microsystem assessment was conducted through observations and discussions with the residency coordinators and key stakeholders. An in-depth analysis of the residency program's didactic curriculum using the Donabedian Quality Improvement Framework was also performed. The program's structure, processes, and outcomes were assessed. Brief summaries of the findings in each category are below.

Structure

Hospital Z's nurse residency program is run by two nurse coordinators, and the program accepts three cohorts of students annually. The residency coordinators determine all scheduling, content creation, and ensure current accreditation guidelines are followed. Hospital Z also employs an expert in ANCC NCPD criteria; however, the residency program coordinators have never sought guidance on earning NCPD accreditation for their curriculum.

Processes

Examination of the educational design process utilized by the residency program coordinators highlighted that the ANCC education design process was not being utilized. With the residency coordinators creating the education content, formal needs assessments, gap analyses, or outside stakeholders' input was rarely received. Some presentations did not include appropriate references, or the content was not based on the best available evidence.

Outcomes

The residency program is currently based on six competency areas. These competency statements guide much of the educational content but are not measurable outcome goals. The residency coordinators are in the process of creating and implementing measurable outcomes for the program.

In the spirit of the Donabedian Quality Improvement Framework, I examined the relationships between the structure, processes, and outcomes observed during the assessment of the residency program. These three elements were synergistic, and changes in one area would significantly impact other aspects of the residency program. To meet the requirement for ANCC NCPD criteria for didactic coursework, changes must be made to the processes and outcomes sectors of the residency program. Implementing new processes to perform formal gap analyses and educational needs assessments for the nurse residents would be required. Also, content experts would need to be involved in content creation to ensure the best available evidence is shared with the residents. The residency coordinators with stakeholder input must also create measurable outcome goals for the program. By making changes in the processes and outcomes categories of the residency program, this will also affect the structure. Currently having only two nurses coordinating and facilitating the nurse residency program, has left little time for educational content updates or process changes. To better support the ANCC NCPD requirements, the structure of the program would have to change. An interdisciplinary advisory board could provide the residency coordinators with additional support to contact subject experts and create updated educational content. Overall, the residency program's current structure, processes, and outcomes prohibit the program's curriculum from meeting ANCC NCPD criteria.

Implementation Process

With the help of Hospital Z's education department expert on ANCC NCPD criteria, the following steps have been taken or are currently in process to reach NCPD accreditation for the residency program's didactic curriculum. These steps align with ANCC's education design process, which is required for accredited educational activities.

1. The residency coordinators formed a planning committee to help implement this project.

The planning committee included stakeholders such as the director of education, past nurse residents, content experts, staff nurses, and nursing leadership. Financial relationships for any committee members who may control clinical content were collected and assessed by the ANCC NCPD content expert to ensure no bias would be present. Per ANCC criteria any financial relationships with companies whose "primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients" (ANCC, 2023a, p. 49) within the last 24 months must be mitigated and disclosed to the learners. Mitigation strategies could include peer review of content or attestation from the individual that all content is based on the best available evidence and is free of commercial bias. The formation of a planning committee and collection of all relevant financial relationships of committee members took three weeks.

2. The planning committee determined professional practice gaps and underlying educational needs for the residency program's new content through literature searches, practice guidelines, focus group discussions, and feedback from previous nurse residents. Nonclinical topics such as compassion fatigue, emotional intelligence, and communications skills in difficult situations were identified as areas of educational need. For clinical topics, the planning committee found updated research that needed to be incorporated into the content. The committee also discovered a need for content related to

care of patients with mental health disorders and legal considerations with documentation. Determining gap analyses and educational needs took the planning committee two months.

3. The planning committee is revamping the program's education curriculum to reflect the underlying educational needs identified. New education activities based on the topics identified in the gap analysis and needs assessment are being constructed using evidence-based practice, best available evidence, clinical guidelines, and content experts' experiences. Multiple planning committee members partake in creating new content and updating original content for the residency program to ensure content and references are accurate. In addition to revamping content, the committee plans to incorporate case studies, concept mapping, small group projects, storytelling, and personal reflection into the curriculum to promote active learner engagement. The planning committee has been working on recreating and updating educational content and estimates the total time to complete the new curriculum is about three months.
4. The planning committee is collaborating to identify measurable learning outcomes for the program. Once outcomes are defined, the committee must determine how these outcomes will be evaluated. I recommended the following measurable outcomes:
 - a. By the end of the program, over 75% of nurse residents who complete the new didactic curriculum will demonstrate a 20% increase in competence and confidence, as measured by a validated assessment tool, compared to their scores at the beginning of the program. This outcome could be measured using the Casey Fink Graduate Nurse Experience Survey which is a valid and reliable instrument (Casey & Fink, 2015; Casey et al., 2021).

- b. With the implementation of the new curriculum, nurse resident retention rates at 12 months will increase to 95%. Retention statistics are already tracked by the nurse residency coordinators.
5. Once the didactic curriculum and outcomes have been drafted, the ANCC NCPD expert at Hospital Z can review the planned agendas, content, and outcomes to determine if NCPD criteria have been met. If changes are necessary, the NCPD expert will guide the residency coordinators through these changes.
6. When the didactic curriculum meets ANCC NCPD criteria for contact hours, the residency program coordinators can highlight this achievement in their 2024 application for PTAP accreditation with distinction.

Timeline

The timeline for this project has been flexible. With three cohorts of nurse residents starting annually, the residency coordinators hope to have the entire new didactic curriculum created by the start of a fresh cohort. The whole project was estimated to take six to eight months to complete, and we are currently on track with this timeline. We are about six months into the project and have assembled a planning committee, conducted educational needs assessments, and created and updated the education content. The planning committee has yet to decide on what specific measurable outcomes to pursue, but I estimate that these outcomes could be set within two weeks. Review of the new curriculum by Hospital Z's ANCC NCPD expert should take about one week and any recommendations or changes could be made in an additional two weeks for a total of around seven months for the residency's didactic curriculum to earn ANCC NCPD accreditation. Hospital Z's application for ANCC PTAP accreditation with distinction is not due until the end of 2024 and the decision process can take several months. By early 2025, Hospital

Z's nurse residency program should know whether they have earned ANCC PTAP accreditation with distinction.

Budget

With no ancillary funds available to support this project, the residency coordinators and education department's ANCC NCPD specialist have fit this project into their regularly scheduled hours. During the planning and implementation phase of this project, the residency coordinators each designated approximately 10 hours per week to the project. With an average hourly wage of \$43.00 for each coordinator, this is a total of about \$860.00 per week for planning. After implementation of this project, I estimate that one of the residency coordinators will continue to designate four hours each month to evaluate the implementation of the new program and make small adjustments; this accounts for about \$172.00 per month. This paid time does not come out of a special budget for this project, but each employee's regularly scheduled hours. There are no fees for the program to become ANCC NCPD accredited; however, when the program applies for ANCC PTAP accreditation, a \$4,600 application fee is required (ANCC, 2024). This application fee is already budgeted into the residency's budget as 2024 is the program's designated reaccreditation year.

Tool Used

Throughout the implementation process, the planning committee has used the Plan Do Study Act tool to trial methods of creating educational content and delivery methods to enhance learner participation. The residency coordinators plan to continue using this tool throughout the implementation process of the new didactic curriculum. For example, one new learning module was created where the residents are encouraged to reflect upon their interdisciplinary communication skills and create short skits with another student to demonstrate good or poor

communication skills. If this activity does not procure participation from residents as the planning committee hopes, the activity will be reevaluated, and another tactic will be trialed in the next cohort. The residency coordinators understand that the residency curriculum will always be evolving as new research and patient care guidelines emerge prompting continuous program revisions.

Evaluation and Outcome Measures

The overarching goal for this project is to assist Hospital Z's entire nurse residency program in achieving ANCC PTAP accreditation with distinction by revamping the didactic curriculum to meet ANCC NCPD criteria. The planning committee will follow the guidance of the education department's ANCC NCPD expert to determine when all requirements for the didactic curriculum have been met. Toward the end of 2024, Hospital Z must reapply for their ANCC PTAP accreditation, and this is when the residency coordinators will submit to earn PTAP accreditation with distinction. The ANCC application auditors will then decide if Hospital Z's nurse residency program has achieved PTAP accreditation with distinction.

I recommend assessing nurse resident confidence and competence, and nurse resident retention at one year. Changes in nurse resident confidence and competence could be measured using the Casey Fink Graduate Nurse Experience Survey. This survey was designed to assess several factors associated with the role transition from student to professional nurse. The survey contains a total of 73 questions that are scored in subscales such as role confidence and resilience to create a quantitative value for each category. Residents could complete this survey prior to the start of the program, six months into the program, and upon program completion for result analysis. Another appropriate outcome to assess for the implementation of this project would be to assess the retention rates of new graduates at one year after hire. The residency coordinators

already track the program's retention rates and currently have an 88.6% retention at one year (HZ NRP, 2023). Achievement of these outcomes would demonstrate that the revised residency program curriculum created a safe and comfortable learning environment for residents which promoted confidence, competence, and retention of nurses throughout the 12-month program.

Summary

A microsystem assessment and use of the Donabedian Quality Improvement Framework found that Hospital Z's nurse residency program was not currently meeting ANCC NCPD criteria. The ANCC NCPD expert and nurse residency coordinators have created a planning committee, completed needs assessments, and are revamping the program's education content to meet ANCC NCPD criteria. The residency coordinators hope that by revamping the didactic curriculum to meet ANCC NCPD criteria, the entire program will have a better chance of earning ANCC PTAP accreditation with distinction during the 2024 reaccreditation cycle. Throughout this project, the planning committee has followed the ANCC's education design process to update Hospital Z's nurse residency program.

Chapter Four

Hospital Z's entire nurse residency program is currently ANCC PTAP accredited, but the program must reapply for this accreditation in 2024. This project aimed to help the residency program earn ANCC PTAP accreditation showing a commitment to excellence, evidence-based practice, and quality improvement initiatives by updating the curriculum's didactic curriculum to meet ANCC NCPD criteria. The final chapter will summarize this project, review key literature, and the significance of the proposed change. This chapter will also explore some benefits and challenges of project implementation using the Donabedian Quality Improvement Framework along with implications and recommendations for similar projects in the future.

QI Project Summary

The purpose of this project was to help Hospital Z's nurse residency program meet ANCC PTAP accreditation with distinction criteria by earning ANCC NCPD contact hours for the didactic curriculum classes. My literature review revealed that nurse residency programs improve nurses' confidence, competence, and readiness for practice when compared to standard orientation (Eckerson, 2018; Han et al., 2021; Koh et al., 2023; Miller et al., 2023; Perron et al., 2020; Rush et al., 2019). Although no studies compared the outcomes of ANCC PTAP accredited programs with outcomes of programs with distinction, ANCC PTAP accreditation has been found to influence stakeholder interest, program credibility, funding, and coincide with lower first-year nurse turnover rate when compared to non-ANCC PTAP accredited programs (Church et al., 2019; White et al., 2021; Trepanier et al., 2023; White et al., 2021).

Utilizing the Donabedian Quality Improvement Framework, the current residency program's structure, processes, and outcomes were assessed to identify areas where the program did not currently meet ANCC NCPD criteria. Current program processes did not include formal

gap analyses or educational needs assessments when determining content. Content experts and the best available evidence were not always used for content creation. Also, the program had no measurable outcome goals. Through exploration of the Donabedian Quality Improvement Framework I found that recommending changes in the processes and outcomes categories of the residency program would also require structural changes. In addition to the two residency coordinators, the creation of an advisory board could provide the residency coordinators with additional support for content identification and creation.

Following the direction of myself and the ANCC NCPD expert at Hospital Z, the residency coordinators have created a planning committee, conducted gap analyses and needs assessments, and started creating new content meeting the ANCC NCPD requirements for the residency program. This high-quality education could help ease the difficult transition for nurse residents from student to professional nurse by increasing their confidence and competence. If the overall program earns ANCC PTAP accreditation with distinction, this could have positive effects such as drawing more qualified applicants to the program and the program receiving additional funding.

Discussion

Literature Surprises and Conflict

It was surprising no recent literature was found comparing ANCC PTAP accredited programs to ANCC PTAP programs accredited with distinction. Although the accreditation with distinction is considered the “demonstration of exemplary and innovative practice” (ANCC, 2023b, p. 34), no literature was found demonstrating statistically significant outcomes or differences between these two accreditation levels.

One piece of conflicting information in recent literature was how nurse residency programs affect nurse retention at two years. All articles for this project's literature search showed higher rates of new graduate nurse retention at one year (Asber, 2019; Cadmus & Roberts, 2022; Eckerson, 2018; Miller et al., 2023; Miller et al., 2023; Perron et al., 2020; Rush et al., 2019). Conflicting data was available regarding retention at two years; some studies showed increased retention with the implementation of a nurse residency program, but others showed decreased retention rates (Miller et al., 2023; Perron et al., 2020; Rush et al., 2019). Further research is needed to determine whether nurse residency programs increase retention rates long term.

Donabedian Quality Improvement Framework

The Donabedian model, which guided this project, is based on the principle that structure, process, and outcome measures should be evaluated separately and then analyzed together as each of the three components have synergistic relationships (ACT Academy, n.d.). This framework aligned well with this project. I examined the structure, processes, and outcomes of the current nurse residency program and then evaluated what processes and outcomes changes would have to be made to achieve ANCC NCPD accreditation. After determining required changes, I hypothesized that structural changes, such as creation of an advisory committee, would be necessary to support the new processes and outcomes.

Challenges and Benefits

One challenge faced throughout this project was the repeal of continuing education requirements for nurse licensure renewal in Montana. This decision was made by the Montana Board of Nursing in October 2023 and publicly announced in November 2023. With the nullification of this requirement, some stakeholders originally invested in the project were

skeptical about earning ANCC NCPD accreditation for the didactic curriculum. One planning committee member resigned from the planning committee, but all other members saw the value in ANCC NCPD accreditation and how it could impact the program earning ANCC PTAP accreditation with distinction.

In addition to increased competence, confidence and retention of nurse residents, this project could have other benefits. Once the new education is created, the content could be utilized for other onboarding nurses, even outside the residency program. For example, a nurse new to critical care could participate in some of the critical care classes to enhance their orientation. This project could also influence more newly graduated nurses to apply for the residency program which could help with nursing shortages and potentially promote the addition of another residency coordinator to help with organization and facilitation of the program.

Implications and Recommendations

This project has positive implications for the education of nurse residents at Hospital Z. By meeting the ANCC NCPD standards for the didactic curriculum, the updated residency curriculum will be accurate, based on up-to-date references, and the best available evidence. This increase in the quality of the educational content for the residency program should provide increased confidence and competence of these new nurses. Evidence also suggests that accredited nurse residency programs create lower nurse turnover rates in the first year, which could have positive financial implications for Hospital Z.

A few gaps were identified throughout this project. First, few planning committee members in this project were familiar with ANCC NCPD or ANCC PTAP accreditation requirements. This gap was remedied with some general education. Another gap identified was the stakeholders' little understanding of the residency program's structure and processes. Many

stakeholders believed a residency advisory council was already in place and would help update content. This gap was quickly identified by the residency coordinators, and education was provided on the current residency structure and processes. For future projects like this, starting with an educational meeting about accreditation requirements and the current residency processes and structure would be beneficial, so all planning committee members are aware.

Conclusion

This project contributed to meaningful and substantive change in nursing practice by enhancing the quality of education provided to Hospital Z's nurse residents to improve their confidence and competence. Focusing on my future role as a CNL, this project linked to CNL competencies in quality improvement and safety competencies. CNL competency Essential Three, numbers 2 and 3, focus on the performance of "a comprehensive microsystem assessment to provide the context for problem identification and action" and the use of "evidence to design and direct system improvements" (AACN, 2023, p. 12). Throughout this project, by conducting a comprehensive microsystem assessment, using evidence to drive system improvements, and focusing on education and professional development, I embodied the CNL role by promoting excellence in nursing. Nurse residents are the future of nursing, and we must provide the highest quality education to these individuals.

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