

**ENA**<sup>®</sup>



**EMERGENCY NURSE  
RESIDENCY PROGRAM**

ENA Emergency  
Nurse Residency  
Program<sup>™</sup>  
Implementation  
Reference Manual  
Synopsis

Emergency Nurses Association

**ENA**<sup>®</sup>  
EMERGENCY NURSES  
ASSOCIATION

Committed  
to **Care**<sup>™</sup>



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## Introduction

Welcome to ENA's Emergency Nurse Residency Program™ (ENRP™)! ENRP is focused on building decision-making skills, improving clinical judgement, reducing burnout, and assisting in sociocultural acclimation to the emergency department. The program has been designed based on current evidence to help transition new nurses or transition-to-practice nurses to emergency department nurses. This document is a synopsis of the full version, which is available after obtaining the program. There are many specific details of the program that have intentionally been omitted from the synopsis and are only available in the full version of this document, which is available to access after obtaining this program. The synopsis is meant to provide a brief summary of the full version.

This is a planned, comprehensive program through which residents will demonstrate the knowledge, skills, and attitudes that meet the standards of practice defined by the Emergency Nurses Association, a professional association. It encompasses aspects of organizational orientation, practice-based experiences, and supplemental activities to promote nursing professional development.

It is well known that onboarding new-to-practice nurses through a structured program leads to increased competency, reduction of error, reduced self-reported stress, increased job satisfaction, and improved retention (Asber, 2019; Eckerson, 2018; Rush, et al., 2019; Shatto & Lutz, 2017; Van Camp & Chappy, 2017). Retaining new nurses is important to helping decrease turnover, vacancies, and organizational cost (Ackerson & Stikes, 2018). Structured nurse residency programs can help increase retention of new graduate nurses when implemented correctly (Sutor & Painter, 2020; Van Camp & Chappy 2017).

Residency programs also help new nurses transitioning to practice improve their critical thinking, communication, and problem-solving skills before they begin practicing independently. All of this helps to empower nurses to trust their clinical abilities and improve patient outcomes. Residency programs serve as a buffer between school or different practice areas and independent practice, helping increase confidence and competence. They also help to reduce new nurse turnover. The overall goal is to assist with the transition to practice, building clinical judgement and decision-making skills to foster safe care of patients in the emergency setting.

To maintain quality and optimal program outcomes, ENA highly recommends this program be implemented in accordance with a consistent, structured implementation plan as outlined in this document.

## Technical Requirements

Before starting this program, verify with your organization/hospital's information technology department that this program can be implemented within the technical parameters of your hospital. ENRP currently uses Prezi Present. To present the didactic material online you will need a Windows or Mac computer that meets the minimum system requirements and a stable internet connection. Technical requirements needed to successfully implement this program are listed as follows.

Minimum requirements for running Prezi Present include the following:

- **Windows**

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- Operating system: Windows 7 SP1 (64-bit) or later with updated drivers and DirectX 9 or higher
  - Processor: Intel Core i3 2.00 GHz or AMD equivalent
  - Memory: Minimum of 4 GB RAM
  - Graphics: NVIDIA GeForce 405/AMD Radeon 5000 or higher with 512 MB memory (or comparable)
- **Mac**
    - Operating system: OS X 10.11 or higher
    - Model year: 2011 or newer
    - Processor: Intel Core i3 or better
    - Memory: Minimum of 4 GB RAM
    - Graphics: Intel HD Graphics 4000 (or comparable)
    - Additional notes: On older machines (non-Intel Iris integrated graphics) a dedicated graphics card is required.
  - **Supported browsers**

Prezi Present presentations can currently be viewed on a Windows or Mac computer using the latest version (with hardware acceleration enabled\*) of the following browsers:

    - Chrome
    - Firefox 64- bit
    - Edge
    - Safari

## Program Overview

ENA ENRP is a 16-18-week, full-time program for the new graduate or experienced nurse new to the ED setting. The program can accommodate a maximum of six (6) nurse residents for every dedicated educator in a 16-18-week cohort. Using a blended and collaborative approach, the program includes didactic learning experiences along with one-on-one dedicated time with a nurse educator and a clinical preceptor.

## Coaching Sessions

Integrated in the program are coaching sessions which is discussed in more detail in the full version of this document. Coaching sessions facilitated by designated coaches discussing various topics. These coaching sessions are to be scheduled by the educator and the coach.

## Clinical Judgement Tool

ENRP uses a validated, evidence-based clinical judgment rubric, is a tool that offers a common language for residents, nurse educators, and preceptors and serves as a trajectory for students' clinical judgment development. Using this tool also enables the resident to participate in the evaluation of their progress.

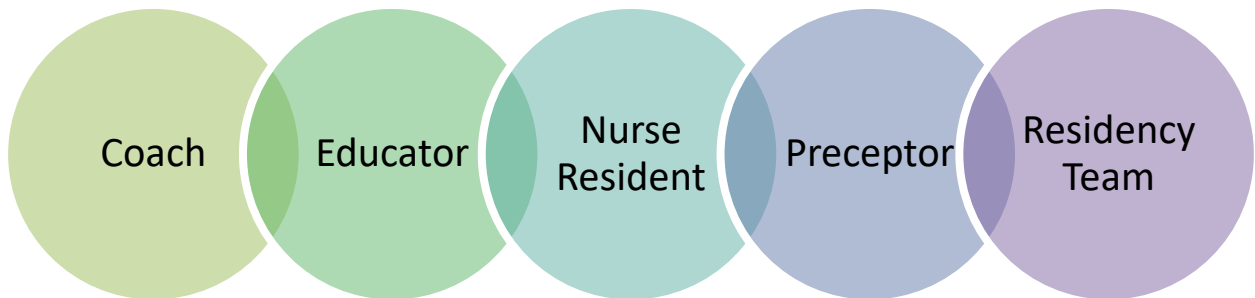
## Program Support

Critical to achieving lasting success for any program is a strong foundation built on organizational support and committed leadership. Nurse residency programs can be successful with the proper support and resources. A program coordinator or dedicated resource is essential

to maintaining momentum and consistency. For the purposes of this program, ENA has designated the term “program director” for the lead nurse educator responsible for leading and coordinating all aspects of the ENA ENRP at their organization/hospital.

Healthy work environments are crucial to any ED focusing on retention. Healthy work environments include supporting effective communication, promoting professionalism, and nurturing a learning environment (Dakin, 2019). Other organizational factors, such as access to growth opportunities, resources, and peer support, are additional factors that help bring about a healthy work environment. Healthy work environments affect far more than the success of nurse residency programs. All nurses are influenced by a healthy work environment, which plays a role in the successful transition of new nurses into practice (Dakin, 2019).

Figure 1 presents a visual representation of the cross-over and influence of each role in the program. While each role has its own responsibilities, all share the mutual goal of promoting growth, developing skills, and helping to mold a healthy sociocultural environment in the ED.



**FIGURE 1** Role cross-over and influence.

### Program Implementation

All ENA ENRPs will receive prior onboarding in order to conduct a residency training program. For optimal outcomes, onboarding should take place at least 30 days prior to the program start date to ensure program directors, instructors, preceptors, coaches, and residents have access to program material (online modules and other program material) at least 7 days prior to the start of the program.

While the programs are standardized on specific content, it is recognized that nursing practice varies among states and countries. Nurse practice acts and institutional policies that prescribe specific independent and interdependent nursing activities must be considered when implementing the described assessments, interventions, and evaluations for specific patients.

### Program Content

Program content refers to the didactic education that is presented during the first two weeks of the program. The didactic content is delivered in a digital format using the Prezi platform. Within each module, there are photos, diagrams, videos, and other visual content.

### Program Format

ENA ENRP is a 16–18-week program. The program is to be implemented in person. A schedule has already been created for the 18-week program. It is up to the individual hospitals to determine whether a condensed 16-week program is more suitable for your specific needs. However, for optimal outcomes, it is strongly encouraged to maintain the schedule for the

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program as provided. The program format has been developed specifically with evidence-based support for the benefit of the resident nurse.

### Nurse Resident Ratios

The recommended ratios for both the didactic classroom and precepting are discussed in the full version of this document.

### Remediation

If a nurse resident is unsuccessful in completing the program or is having difficulty throughout the program (not understanding the material, failing to improve, and/or is not successful in general), it is the organization or hospital's discretion as to how to rectify the situation through their policies, procedures, and protocols.

## Roles

Program roles include the program director (educator), instructor, preceptor, coach, and nurse resident.

### Program Director (Educator)

The presence of a clinical educator with responsibility for and oversight of the nurse residents is critical to success. The program director serves as a liaison between residents and preceptors as well as between the resident and the ED leadership team, while monitoring and evaluating each resident. The program director is responsible for many aspects of this program which are discussed in more detailed in the full version of this document.

### Instructor

During the first two weeks of the program, residents will have a classroom experience, engaging in and learning emergency nursing-specific content. Those individuals who present the didactic information are the instructors. The program director may serve as both the overall program director and as an instructor. Organizations may choose to have multiple instructors deliver the information to the residents over the two-week period. Instructors may represent any healthcare professional and are considered an instructor if they are teaching two or more modules in the two-week didactic stage of the program.

### Preceptor

An ideal preceptor is an experienced emergency nurse with certifications/verifications that are described in more detail in the full version of this document, which is available after obtaining the program.

### Coach

While not responsible for the day-to-day orientation of the resident, a coach is an added layer of support and serves as a mentor who establishes a trusted rapport with the resident. The purpose of having a coach is for the resident to have an outlet or additional layer of support apart from the residency program. Details about the coach role can be found in the full version of this document.



## Nurse Resident

The nurse resident is either a new graduate nurse or a nurse with experience in a clinical setting other than the ED. The resident will participate in the program while being monitored and frequently evaluated for progress. It is recommended that each resident have at least one preceptor but no more than two.

## Components of the Program

Components of the program include teaching for various learning preferences, didactic education, case studies, reflection sessions, simulations, coaching sessions, self-directed case studies, immersive patient experiences, and supplemental education. All of these components are discussed in detail in the full version of this document.

## Evaluation

Because a residency program ultimately results in a capable nurse, frequent monitoring of competence in the areas of assessment, (nursing) diagnosis/problem identification, planning, communication, prioritization, intervention, psychomotor skills, and patient evaluation should be done and recorded. Residents should know what their strengths are, as well as areas that require more focus. Errors in clinical judgment should be addressed immediately and further education and oversight provided.

## Evaluation of Clinical Judgment

For optimal outcomes, program directors should evaluate their residents' clinical judgment at regular intervals to ensure they are progressing appropriately. Use of the same instrument by the same evaluator (program director) each time to evaluate the resident's clinical reasoning and judgment is highly recommended as it limits variability in the evaluation. This program uses a validated method to assess progress. More details are available in the full version of this program.

## Conclusion

A nurse residency program is an important aspect of the transition from student to the practicing nurse as well as the new to emergency practice nurse. This program offers the possibility to positively influence job satisfaction of new graduates and new to practice nurses, which can potentially help to improve retention as well as improve poor nursing outcomes. The transition from student to new graduate emergency nurse is marked by opportunity for professional growth and development. ENA recognizes the difficulties associated with the transition from nursing student to new graduate and new to practice nurses and has worked arduously to create this program with the goal of focusing on areas critical to new graduate and new to practice nurses, including communication, clinical decision-making, critical thinking, organizing, prioritizing, evidence-based practice, role socialization, sociocultural delegation, and quality patient care.

This program was piloted with hospitals across the nation and has been created and redesigned based on program evaluation data received. The ever-transforming healthcare landscape presents challenges and opportunities for emergency nurses. Implementing appropriate training will benefit nurses, the organizations that employ them, and most importantly, the patients and

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their caregivers who depend on nurses' critical thinking, skills, and decision-making. For additional information, please contact [residency@ena.org](mailto:residency@ena.org).

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