

Transition to Practice Models

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Objectives

- Identify essential components of a Transition to Practice program
- Describe common barriers to implementing a Transition to Practice program
- Discuss “gold star” practices being utilized in Michigan for onboarding new graduates

Transition to Practice

“Authentic leaders are not made nor are they born; they are enabled or disabled by the organizations in which they work.”

— David Leach, MD, Executive Director, ACGME

Definitions

- Competent – The ability to demonstrate an integration of the knowledge, attitudes, and skills necessary to function in a specific role and work setting. (Modified from American Association of Critical-Care Nurses, *Preceptor Handbook*).
- Deliberate practice – Focused learning with an engaged learner that involves repetitive performance of psychomotor or cognitive skills, coupled with rigorous assessment, informative feedback, and the opportunity for reflection.
- Orientation – The process of introducing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting. Orientation takes place both for new employees and when changes in nurses' roles, responsibilities, and practice settings occur. (ANA's *Scope and Standards of Practice for Nursing Professional Development*).
- Preceptor – A competent nurse who has received formal training for the preceptorship role.
- Preceptorship – A formal relationship between a qualified preceptor and a newly licensed nurse that facilitates active learning and transition into practice.
- Transition to Practice – A formal program of active learning, implemented across all settings, for all newly licensed nurses (registered nurses and licensed practical/vocational nurses) designed to support their progression from education to practice.

Why Transition to Practice?

Over the years the issue of training and retention of new nurses has been much discussed. The inability of new nurses to properly transition into new practice can have grave consequences.

The Problem	The Impact
New nurses care for sicker patients in increasingly complex health settings.	More than 40% report making medication errors.
New nurses feel increased stress levels.	Stress is a risk factor for patient safety and practice errors.
Approximately 25% of new nurses leave a position within their first year of practice.	Increased turnover negatively influences patient safety and health care outcomes.

The Problem

- Complex Health Care Needs
- Practice Readiness
- Expertise Gap
- Variable Transition Experiences
- Risk for Practice Errors
- Turnover/Retention



The Impact

- Medical Errors
- Life-Threatening Complications
- Patient Safety
- Error Reduction and Better Outcomes
- Cost Savings

Essential Elements

- Strong Preceptors
- Consistency
- Simulation/Case Studies/Scenarios
- Evaluation/Feedback
- Clinical Time (300-400 hours)
- Understanding patient satisfaction, nurse sensitive indicators and accountability

Essentials continued....

- Communications/Conflict Management and Socialization
- Delegation and Prioritization
- Career Planning and Professional Affiliations
- Wellness and Self Care
- Complexity of Care
- Emergency Response (mock codes)

Barriers

- Cost
- Management support for the investment
- Variety of shifts
- Lack of preceptor compensation
- Most resources are for the academic side not practice settings (simulation)
- Older nurses may not value the program

Gold Star Practices

- Preceptor appreciation dinner
- Preceptor pay increase
- Creating lead preceptor role
- Primary and secondary preceptors
- New employee support team
- Residency calendar for the entire program
- Interview teams include preceptors
- Standardize interview questions
- Customer service interview includes patients

More Gold Star

- Residency rotations
- Day long conference on nursing trends
- ICU Passport (competency based)
- Give CEs for the residency
- 3 hiring windows a year
- Apply for the residency, 2 letters of recommendation and an essay on mission and vision

And more.....

- Summer externship, keep per diem as UAP during school year (same preceptor) then a 6 month residency



Other things we learned along the way

- Much consideration being given to not doing 12 hour shifts
- Hiring preference being given to BSNs
- Common terminology is really needed!
- Many places doing away with externships
- Many not hiring until NCLEX is passed

Preceptors

- Preceptors are key in onboarding the new graduate nurse
- Preceptors must have formal training
- Preceptors should have a lighter patient load when they are precepting
- Preceptor's invest in their preceptee and take it personally when they leave
- It pays to invest in preceptors

Implications for Nursing Education

- Interviewing skills/Applications
- Delegation
- Pain Assessment
- Pain Management



Recommendations

- Need to mobilize a voice for residency
- Need to develop a tool kit for educators responsible for residency programs
- Need common terminology
- Academia and practice work on this together



Questions or
Comments...