The North Carolina Transition to Practice Initiative

Foundation for Nursing Excellence

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Objectives

- Describe the Transition to Practice Project
- Summarize pertinent study findings from Phase I of the project
- Outline next steps in this project

*Foundation for Nursing **Excellence***

- Created by NCBON – 2002

- [Mission](): To improve health outcomes for the citizens of NC by enhancing the practice of nursing through leadership development, research and demonstration projects.

- [Vision](): To become a significant conduit through which innovative ideas related to health and healthcare can be evaluated and disseminated to the principal arenas of nursing and healthcare practice in NC

History of the Project: Driving Forces

- NCIOM 2004 Report on Nursing Workforce
- Patient safety priority
- Increased complexity of health care
- Gap between school and work experience
- High turnover in first year of nursing practice

Transition to Practice Framework

- Core competencies identified
- Assessment measures and tools
- New nurse mentoring/coaching
- Across all types of practice settings
- Pilot Best/Promising Practices
- Regional Centers for competence assessment and development *(Centers for Excellence)*

Stakeholders At The Table…..

Educators

Employers

Trade & Professional Organizations

New Graduates

Regulators

Advocacy/Policy Groups

Building an Evidence-based Transition to Practice Model - 1st Activity

- Research Development Conference (9/05)
  - AHRQ Funded, Invitational conference
  - Identify and prioritize core competencies
  - Identify available valid & reliable measures
  - Begin building "tool kit" of measures to assess competence of new graduates
  - Collaborative Initiative – FNE, NCCN, NC AHECs

Core Competencies Identified (9/05)

- Accurate assessment
- Effective communication
- Recognize imminent threat
- Know when don't know & ask for help
- Evaluate pt response and modify intervention appropriately

Core Competencies…..

- Prioritize to provide care in a timely manner
- Medication administration and patient education
- Create a safe work environment
- Use critical thinking to develop action plan
- Collaborate to optimize outcomes

Phase I

- Survey existing transition programs in NC
  - Identify key elements that contribute to competence and confidence development

- Funding Support
  - BCBSNC Foundation
  - June 2006 - Dec. 2008

Phase I - Selection of Study Population

Participants:

- Newly Licensed RNs within 1st 6 months of employment and their preceptors

- Acute Care (in-patient hospital settings) – 29 hospitals agreed to participate

- 3 Comparison groups

Phase I - Comparison Groups

- Hospitals using a nationally standardized assessment and competence development system

- Hospitals using employer-developed formal transition programs

- Hospitals using "traditional" new employee orientation programs

Phase I Research Questions

- Among newly licensed nurses employed in NC hospitals, what is the relationship of the type of transition to practice experience and:
  - progression of competency development
  - practice errors
  - risk for practice breakdown?
- What is the relationship of the preceptor characteristics to competency development among newly licensed RNs

Phase I - Assessment Tools*

- NCSBN Competency Assessment Scale
- NCSBN Practice Error Survey
- NCSBN Risk for Practice Breakdown Survey
- Preceptor Training and Demographics Survey
- Newly Licensed Nurse Demographics Survey

*Note: Competencies identified at 2005 NC Research Conference; Minor modifications made to tools for NC study

Phase I Implementation: Time Frame

- Data collection bimonthly for 1st 6 months of employment
  - August/September, October/November, and December/January (2008)

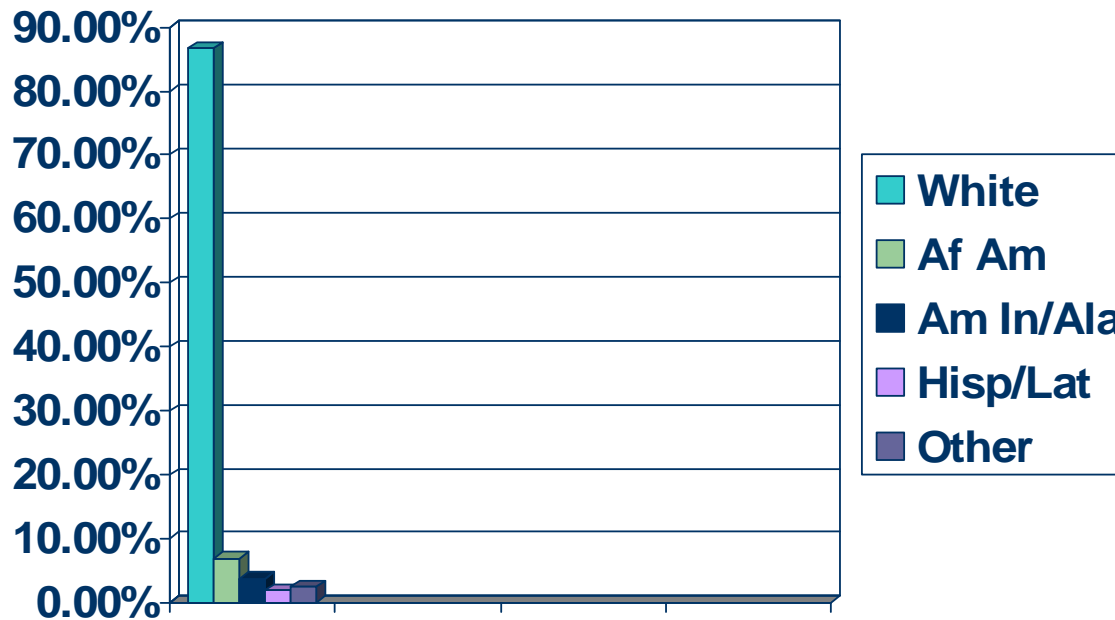- Data analysis conducted by NCSBN Research Department

Phase I Data: Response Rate

- 188 New Nurses
  - Round 1 response rate 31.4%
  - Round 2 response rate 17.1%
  - Round 3 response rate 17.9%

Phase I Data:
New Nurse Demographics

- 93% female

- Average age = 30 years

- 86.7% white

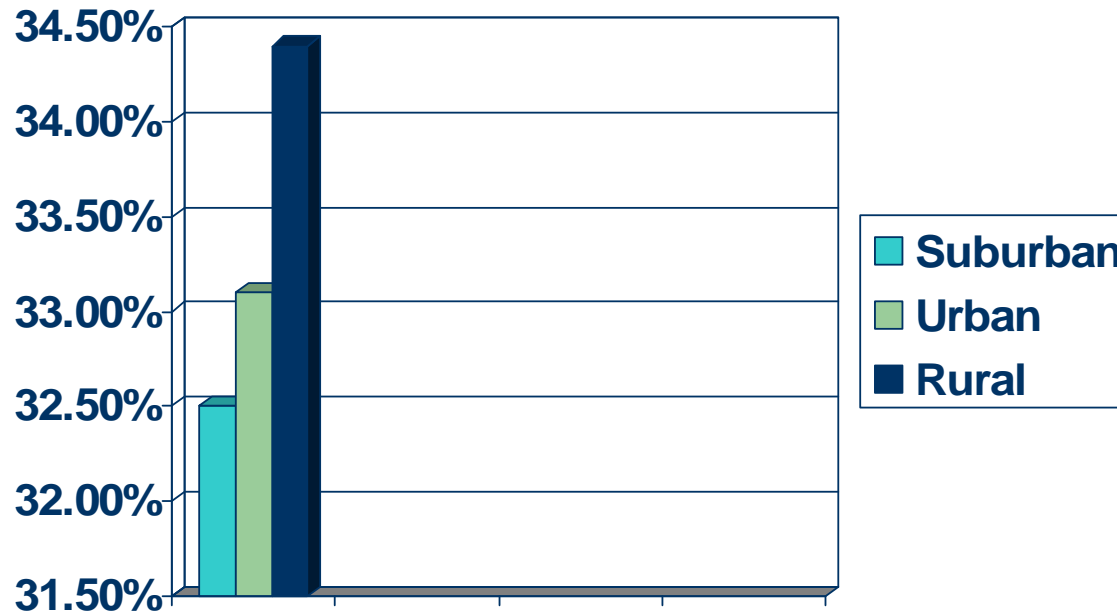- 53.2% previously worked as NA or LPN

New Nurse Demographics

New Nurse Demographics: Education

Geographic Location

Preceptor Demographics

- 242 Preceptors Participated

  - 198 in Round 1
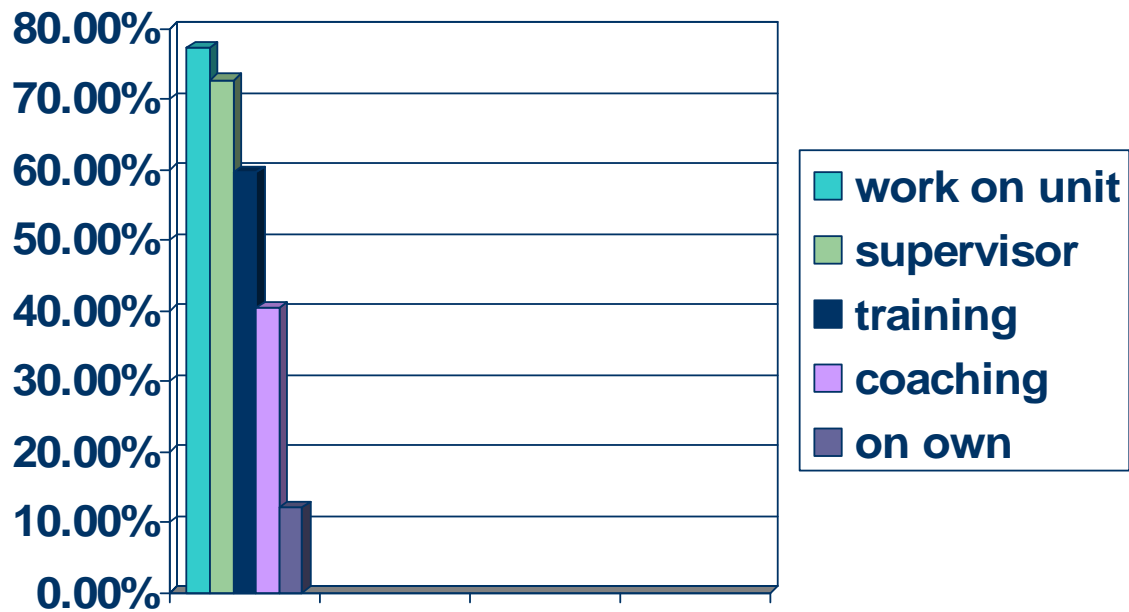
  - 107 in Round 2

  - 81 in Round 3

Preceptor Demographics

- 90.2% Female

- Average Age 38.7 Years
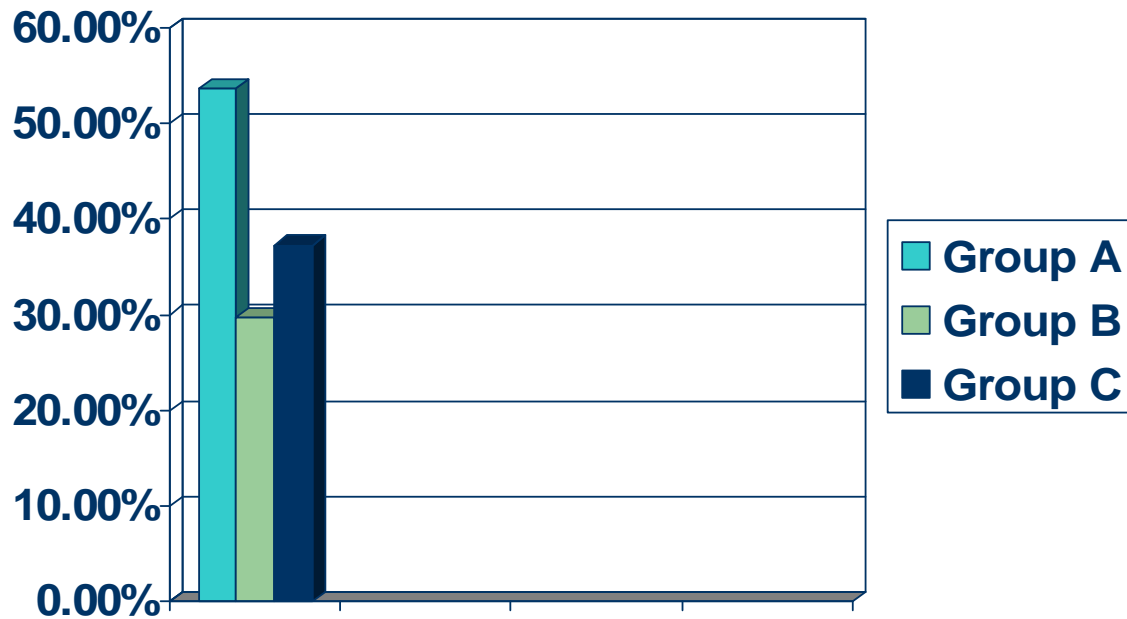
- 90.2% White

Preceptor Work Experience

- Average 10.95 years as RN

- Average 6.29 years in current position
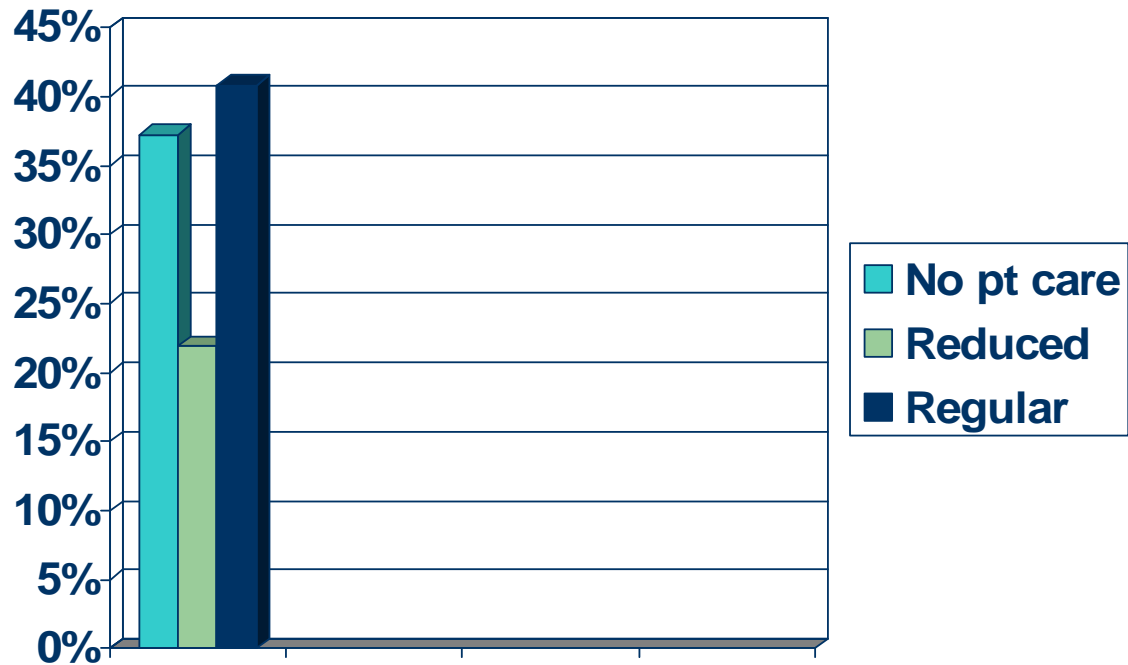
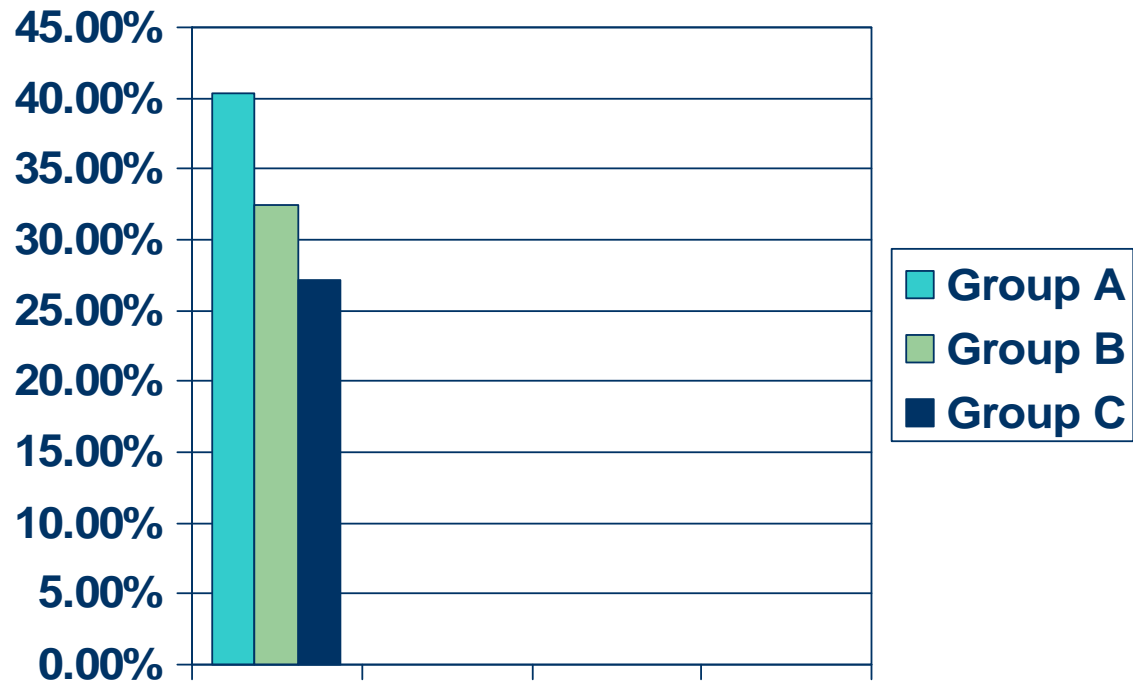- > 7 years experience as a preceptor

Preceptor Qualifications

Preparation to Coach for Critical Thinking
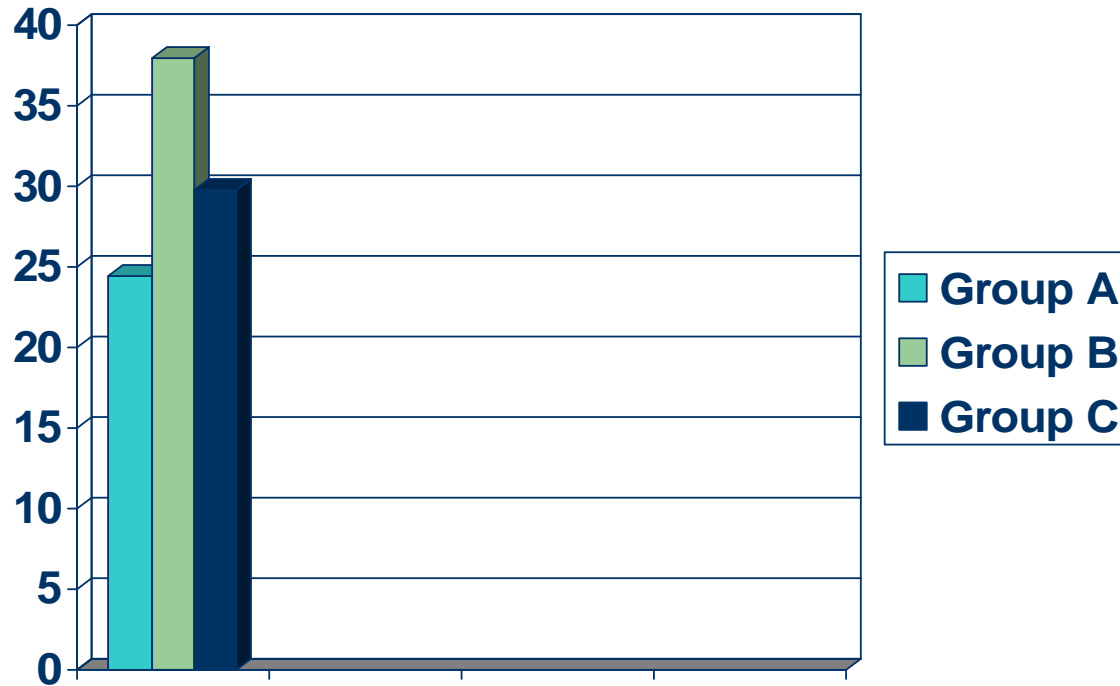
Preceptor Workload

New RN Group Distribution

Average Length of Orientation

- Average of 8.1 Weeks

    – Group A: 8.06 weeks
    – Group B: 8.73 weeks
    – Group C: 7.52 weeks

Average Days to First Independent Assignment

The Data Reveals…

Across all comparison groups:

- The better the quality rating of new nurse/preceptor relationship, the higher the new RN perceived competence (statistically significant across all 3 rounds of data collection)

- The higher the competency score, the fewer reported errors (statistically significant Rounds 2 and 3)

Data: Competence Development

- Competence Areas of Concern :
  - Recognizing care demands exceeding ability
  - Effective time management/workload organization
  - Recognizing implications of clinical presentation
  - Appropriate use of research findings
  - Fully understanding assignments/physician's orders

  (Statistically significant differences between comparison groups in Round 3)

Data: Reported Errors

- % of new RNs in Groups A and C that reported having errors were almost 2X higher compared to those in Group B.

- On average, practice errors reported by preceptors were higher than new nurse self ratings in rounds 2 and 3.

- ~ 30% of new nurses in Round 1, 39% in Round 2 and 55.4% in Round 3 reported committing practice errors.

Data: Risk for Practice Breakdown

- >70% new nurses in all three rounds reported risk for practice breakdown occurring at least once.

- New nurse identified a significantly higher risk for practice breakdown than that identified by the preceptor.

- Group B reported a significantly lower risk for practice breakdown in Round 1 compared to Group A regardless of previous experience in nursing.

Data: Feel Overwhelmed

- Responded "often" or "always" across all groups:

  – Round 1: 27.9%

  – Round 2: 19.5%

  – Round 3: 27.7%

In Summary…..

- Quality of partnership with preceptor has a direct relationship with how competent new RNs feel about their nursing practice; competence links to fewer errors
- No one transition approach emerged as significantly superior to others in all perspectives
- New RNs reported lower competence scores in clinical reasoning and judgment across all Rounds
- Full Report of Data Analysis @ www.ffne.org

New Nurse Comments

- "…the truth is, if it were in a book I might know it, as far as hands on, I know very little. It is very scary not knowing how to really take care of a patient, and dangerous!!!"

- " this survey pulled out many issues I worry about ALL the time. I spend a lot of off time worrying about my actions at work. I am often overwhelmed but told I am doing fine…"

New Nurse Comments

- " … I am not ready to take care of these patients… I am frightened for my patients and for my own license as I will soon be turned loose with only a resource person…"

- "I have learned that good and knowledgeable staff are key to help develop my foundation for nursing"

Preceptor Comments

- " I participated in this preceptor program as a new grad myself. What a great experience. Practicing skills and building confidence was very important. I would advise any new grad to participate in a program like this."

- "The few errors that were made were all minor and could have been prevented had our facility given her more of an orientation…"

Phase II - Transition to Practice Project

- **Identify Best/Promising Practices**:
  – Preceptor role development/preparation
  – Preceptor interface with new nurse
  – Use of simulation in competence assessment

- **Develop Interventions** based on best/promising practices

- **Pilot and evaluate** effectiveness of interventions

- **Determine future steps** based on evidence from Phase I and Phase II

Transition to Practice Project Timeline

- Phase II:
  - Identification of Best Practices 2008-2009

    (*supported by The Duke Endowment and the Kate B. Reynolds Foundation)*

  - Development of Interventions   2009-10
  - Pilot/evaluate Interventions   2010-12
- Examine the evidence to determine support for:
  - Phase III: Formalize Transition to Practice Model for NC 2012-13
  - Statewide implementation by 2015

Questions?

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