The organization facilitates the effective transition of RN and advanced practice RNs into the work environment.

Provide one example, with supporting evidence, of how the organization facilitates effective transition of new graduate nurses into the nurse practice environment. Describe how the transition process is evaluated for effectiveness.

Provide one example with supporting evidence, of how the organization facilitates effective transition of nurses transferring within the organization from one specialty care area to a different specialty care area. Describe and demonstrate how the transition process is evaluated for effectiveness.

Example #1
Transition of new graduate nurses into practice

SJO new graduate RNs in the Medical Surgical Department are transitioned into nursing practice during the course of one year. Initially, each new graduate RN attends seven eight-hour classes that orient the new graduate to the hospital, nursing and computerized documentation. The orientation process includes didactic, hands-on skill demonstration/return demonstration activities, and online education modules that are specific to their unit of hire.

Clinical orientation begins upon completion of the initial orientation program. Each new graduate is routinely assigned to a trained RN preceptor on their unit for 10 weeks. The preceptor orients the new graduate RN to the unit routines, job duties, and validates their competence utilizing the competency-based orientation tool. In coordination with the charge nurse, the preceptor gradually increases the level of patient complexity and number of responsibilities based on the performance of the new graduate.

The transition of the new graduate RN in the Medical Surgical Department is closely evaluated for effectiveness. During the 10-week orientation period, the manager, educator, preceptor and new graduate nurse meet every two weeks to discuss the orientation process, address questions or concerns, and to identify learning needs. The competency-based orientation tool is reviewed and referenced during the meetings to facilitate the learning process and assure the new graduate is achieving the required level of competency to function independently and safely. The educator assesses learning needs at this time and plans additional educational experiences.

New graduate Tiffany Stice, BSN, RN, CN I, from the Observation Unit, was transitioned into nursing practice during the course of one year. This transition consisted of three main components: orientation, clinical preceptorship and the New Graduate Program.

Orientation
Initially, Tiffany attended seven eight-hour sessions that oriented her to the hospital, direct patient care/nursing and computerized documentation. The sessions covered topics from Human Resources, direct patient care provider skills, and registered nurse-
specific topics and skills. The orientation process included didactic, skill demonstration/return demonstration activities, knowledge assessment exams, and online education modules specific to the Observation unit. Computerized documentation training consists of two eight-hour sessions that oriented Tiffany to the electronic medical record and documentation requirements.

Clinical preceptorship
The SJO preceptorship program is founded on Patricia Benner’s (1982) From Novice to Expert nursing theory and recognizes that new graduates are advanced beginners. Through preceptorship, the new graduate nurse gradually increases their level of skill and moves toward becoming a competent practitioner. The preceptorship component begins upon completion of the initial orientation sessions.

Tiffany was assigned on the Observation unit with Bertha Melendez, MSN, RN, as her preceptor during her orientation on the day shift and Abagail Malig, BSN, RN, CMSRN, as her preceptor on the night shift. The preceptors oriented her to the unit routines, job duties and validated her competence utilizing the competency-based orientation tool. Socialization to the environment and healthcare team was another important aspect of Tiffany’s preceptorship. In coordination with the charge nurse, the preceptor gradually increased the level of patient complexity and number of responsibilities based on Tiffany’s performance. Goal-setting using a weekly goals tool helps track new graduate nurse progress and assist with transition into practice. This is an important part of the preceptorship that was utilized by both Tiffany and her preceptor to meet her learning needs and to achieve a successful transition into practice.

SE7.1.1 Weekly Goals - Tiffany

New Graduate Program
The new graduate classes are a supplement to clinical orientation with classes offered bi-monthly for one year. The classes cover topics such as evidence-based practice; skin care; nursing theory in practice: theory of human caring; handling emergencies; and diabetes. Additional elements include skills practice and completion of a group or individual evidence-based practice project at the end of the year. The ongoing meetings also socialize the new graduate to the RN role and provide an opportunity to share their learned experiences and support each other.

The SJO Clinical Education Department also offers classes that support the transition of the new graduate into practice. Many new graduate nurses enroll in the Basic Dysrhythmia Recognition course to learn how to interpret heart rhythms. The Wound and Skin Update course is incorporated into the New Graduate Program to educate about prevention of pressure ulcers and wound care. New graduates also attend a two-hour mission, heritage and Sacred Encounters class to socialize them to the history, vision and mission of the hospital.

Evaluation of new graduate RN transition
The transition of the new graduate nurse into the nurse practice environment is closely evaluated for effectiveness. Evaluation methods are incorporated into the components
of the orientation process to ensure that the program is meeting the learning needs of the new graduate nurse. Nursing Orientation, Clinical Preceptorship and the New Graduate Program all include an evaluation process.

Upon completion of Nursing Orientation, an evaluation form is distributed as a method to assess the effectiveness of the orientation. The evaluation seeks feedback on the topics presented and a satisfaction rating. The evaluations are reviewed and changes are made based on participant feedback.

Evaluation also occurs during the preceptorship period. During Tiffany’s preceptorship period, the manager, educator, preceptor, and Tiffany met every two to three weeks to discuss the orientation process, address questions or concerns, and identify learning needs. Meetings are held to track progress during orientation and to further ensure an effective transition into practice. The competency-based orientation and weekly goals tools were reviewed and referenced during the meetings to facilitate the learning process and assure that Tiffany was achieving the required level of competency to function independently and safely. The educator assessed for additional learning needs at this time and planned additional educational experiences. The new graduate nurse completes a self-assessment on the competencies listed and the preceptor validates upon successful demonstration.

**SE7.1.2 Competency Based Orientation - Tiffany**

During Tiffany’s preceptorship, she required additional education for tracheotomy care, Patient Controlled Analgesia (PCA), IV start practice, handling urgent situations and wound care. The clinical educator Amy Hayes, MSN, RN, PCCN, provided this education by bringing tracheotomy care supplies and a PCA pump up to the unit. Policies and order sets were also reviewed at this time. Tiffany was scheduled for additional IV start practice in the outpatient pre-operative department. She also spent a shift with the Medical Emergency Team RN and the Wound Care RN to meet her additional learning needs.

**Effective transition into the practice environment**

The performance evaluation process evaluates and measures the new graduate nurse’s performance and allows the manager to assess the ongoing success of new graduate transition into the RN role. Each new graduate receives an introductory performance evaluation after 180 days of employment. This evaluation assesses the performance of the new graduate against practice standards that are expected of them as outlined in the Clinical Nurse I job description. Additionally, it provides the manager with the chance to facilitate the growth and professional development of the new graduate through goal setting. The evaluation also serves to provide coaching or counseling in areas of performance that may need improvement.

**SE7.1.3 180-Day Performance Evaluation – Tiffany**

The introductory performance evaluation is followed by an annual performance evaluation as another measurement of effective transition. The annual performance
evaluation occurs each October. At this time the new graduate RN is transitioned from the CN I to CN II position. If the new graduate RN is not performing on target for all of the essential functions of the CN II the evaluation period may be extended up to 18 months. Tiffany reached her one-year anniversary in December 2014. She was performing on target for CN II and transitioned from CN I to CN II at this time.

**SE7.1.4 One-Year Performance Evaluation – Tiffany**

**Program evaluation**

The effectiveness of the New Graduate Program is evaluated using both subjective and objective measures. An educator-developed survey is utilized to assess participants' perceptions of the value of program content. The survey contains three sections. The first section asks participants to indicate whether they strongly disagree, disagree, agree, or strongly agree with nine different statements. The second section assesses each topic presented in the program classes and asks participants to indicate whether they find topics not valuable, valuable, or highly valuable. The final section of the survey contains three open-ended questions that ask participants to identify additional learning needs, indicate the best components of the new grad classes, and offer suggestions for improvement. The survey is administered twice during the program: at six months and one year. The six month survey findings are used to implement changes or add content to future sessions based on the participants' self-identified learning needs. The survey upon completion of the program at one year is used to evaluate overall program effectiveness.

**SE7.1.5 New Graduate Program Evaluation by Participants 2013-2014**

The Basic Knowledge Assessment Test (BKAT) is an objective measure of knowledge gained through participation in the New Graduate Program. This exam allows for a direct measure of the program’s effectiveness. The BKAT is administered at two points in time, in the beginning and at the end, of the New Graduate Program. Results are compared to measure an increase in nursing knowledge in various clinical practice areas. The chart below displays the pre- and post-test scores of the New Graduate group hired in the fall of 2013. As the scores indicate, there is improved knowledge among participants upon completion of one year in the New Graduate Program.
Additionally, SJO utilizes the trending of new graduate RN turnover data for evaluating the effectiveness of the New Graduate Program and successful transition of new grads into the RN role. The table below outlines SJO new graduate turnover rates January 2012 through December 2014.

### SE7 Figure 2
New graduate RN retention rates

<table>
<thead>
<tr>
<th>Data Collection Period Timeline</th>
<th>Number New Grads Hired</th>
<th>New Grad RN Retention 1-year</th>
<th>New Grad RN Retention 2-years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-Dec 2012</td>
<td>34</td>
<td>32/34 =94%</td>
<td>26/34 = 76%</td>
</tr>
<tr>
<td>Jan-Dec 2013</td>
<td>38</td>
<td>34/38 =89%</td>
<td>33/38 =86%</td>
</tr>
<tr>
<td>Jan-Dec 2014</td>
<td>33</td>
<td>33/33 -100%</td>
<td>Available Jan-16</td>
</tr>
</tbody>
</table>

**Example #2**

**Internal Transfers to the Critical Care Practice Environment**

In order to enhance professional development SJO provides resources and supports nurses transferring from one specialty care area to another within the organization. In summer 2014 Critical Care-Medical Intensive Care Unit (MICU) had six openings on the night shift. With a high level of interest in critical care and the promotion of internal transfer opportunities, these positions were only advertised for internal transfers. Eligibility for transfer included:

- At least one year of acute care experience
- Basic Life Support and Advanced Cardiac Life Support
- Basic dysrhythmia competence
Applications were solicited during a three-week period starting August 1, and interviews began August 21. Eight clinical nurses were selected to interview for now six open positions. The interview process consisted of patterned interviews conducted by the nurse manager, clinical educator, clinical coordinator and clinical nurses from Critical Care-MICU. Six candidates were selected for the Critical Care Residency Program to start in September 2014.

Internal Transfers Selected:
- Andrea Bakker, AD, RN, PCCN, CN II, from Cardiac/Renal; started in August 2010; four years of experience.
- Carly Olson, AD, RN, CN II, from Orthopedics; started in 2006 as a nurse assistant; 2007 New Graduate RN on Med/Surg/GYN then transferred to Orthopedics; seven years of experience.
- Alma Araque, BSN, RN, CMSRN, CN III, from General Surgery; started in 2002; 12 years of experience.
- Sharmine Medina, BSN, RN, CN II; started 2010 in Med/Surg/GYN then transferred to Oncology in 2012; four years of experience.
- Michael Grinenko, MSN, RN, CN II; started 2012 as a new graduate nurse in Observation Unit; two years of experience.
- Jennifer Heeg, BSN, RN, CN II; started in 2012 in Cardiac/Renal; two years of experience.

Transition of nurses transferring from one unit to another

Clinical nurses who participate in the Critical Care-MICU orientation process are referred to as nurse residents. Orientation for the nurse residents incorporates the online Essentials of Critical Care Orientation (ECCO) program from AACN and a variety of blended learning experiences including classes to augment online learning. These classes include lecture, skills demonstration and case studies.

ECCO is comprised of an introduction and nine learning modules, each with multiple lessons. The modules provide in-depth, interactive content. Each module focuses on a specific body system and includes a detailed review of anatomy and physiology. After each module, students complete a post-test with 80% required for passing. This is one of the many processes in place for evaluating cognitive learning for effective transition.

The 12-week Critical Care-MICU orientation is divided into monthly intervals to assess the clinical nurse’s effective transition into this new role and practice environment.

SE7.2.1Critical Care Orientation Calendar
Month One
Nurse residents are introduced to ECCO by Critical Care Educator Vivian Norman, MSN, RN, CCRN, on the first day in the computer lab. The residents sign into the program and complete the first module together. This provides the opportunity for each nurse to navigate through the interactive learning and to ask questions as well as receive peer support. Lecture content includes introduction to the care of the critically ill and special populations of the critically ill. Discussion includes the differences between the critical care and medical-surgical clinical nurse, fast action and critical thinking required, communication with intensivists, independence, standardized procedures, advanced assessments required, as well as the resources available to them to facilitate their transition to critical care nursing.

Nurse residents complete and agree upon the expectations and timeline for the 12-week program. Other educational requirements, such as Crew Resource Management Training, are also presented. Optional courses during this time include: End of Life, Basic Dysrhythmia, Creating a Healthy Work Environment, Evidence-Based Practice conference, and Understanding Pacemakers. The nurse residents are also introduced to the American Association of Critical Care Nurses and provided local chapter meeting dates and membership information.

The preceptor is responsible for ensuring that the transferring nurse is competent and is receiving diverse clinical experiences to ensure successful independent practice. For the first two weeks, nurse residents are assigned a preceptor on the day shift. This allows the resident to meet day shift staff, understand routines, locate supplies, participate in procedures, and obtain a better understanding of the critical care daily activities. They participate in multidisciplinary rounds, presenting their patient allowing them to interact with the intensivist, case manager, pharmacist, respiratory therapist, chaplain, rehabilitation therapists, dietitian as well as the family members who all participate in Critical Care rounds.

At the completion of the first two weeks the nurse residents are transitioned to the night shift with newly assigned preceptors. Key to the nurse resident’s success and evaluation of performance is that they work their preceptor’s work schedule. During the first month nurse residents complete online modules on the pulmonary system and the cardiovascular system. For those who need to gain more knowledge on cardiac monitoring, a Basic Dysrhythmia course is scheduled during this time to argument learnings. One of the six nurse residents participated in the Basic Dysrhythmia course. All participants attended a class on Care of Patient with Enteral Feeding and a presentation by a respiratory therapist on oxygen delivery systems including ventilator management.

Evaluation of effective transition
The transition of the Critical Care-MICU nurse resident is closely evaluated for effectiveness. Evaluation methods are incorporated into the components of the orientation process to ensure the program is meeting the learner’s needs. The program incorporates weekly goals established between the nurse resident and their assigned preceptor. The goals are reviewed weekly for accomplishments; new goals are
established for the following week, with a focus of building on learned skills presented in ECCO.

**SE7.2.2 Weekly Goal Setting - Andrea**

The nurse residents present a case study to the group of nurse residents including the Critical Care leadership team on a patient they cared for; a discussion follows. Case studies have been successfully used as a method of evaluation and promotion of problem solving skills and decision making. They also stimulate critical thinking abilities. This method builds on learned information from ECCO and clinical experiences so the nurse resident more fully understands the content being presented. By presenting an actual patient, each resident gains information, shares experiences, discusses medications and care plans, and benefits from their peers’ experiences, thereby becoming more familiar with various diagnoses typically seen in critical care.

Ongoing evaluation of the effectiveness of the nurse resident’s training is accomplished through daily collaboration with their preceptor and weekly goal setting. The competency-based orientation checklist (CBO) provides the structure of clinical activities to set weekly goals.

**SE7.2.3 Competency Based Orientation - Andrea**

**Month two**

During the second month of orientation nurse residents have progressed to successfully care for two critical patients. The preceptors continue to complete weekly goals with the nurse resident. The second workshop for the nurse residents is offered and includes a discussion on cardiac arrest and hypothermia after cardiac arrest. Medications that are administered in critical care are discussed.

Another method of evaluation occurs during the second month case studies related to ethical concerns are presented and discussed. Typically these situations in the critical care setting involve end of life, how to facilitate and have “critical discussions” with patients and family members, and how to implement a moment of silence when someone dies. SJO’s Direction of Care brochure is reviewed for information on how to facilitate a family conference and provides other available resources when a patient has a poor prognosis. This evaluates the nurse’s overall knowledge and clinical decision making that may indicate the nurse is ready for independent practice.

**SE7.2.4 Case Study Presentation - Andrea**

Ongoing evaluation of the nurse resident’s performance continues during the second month. Weekly goals, preceptor feedback and meetings with the nurse resident, clinical coordinator and nurse manager serve as another method of evaluating the nurse resident progress in assuming full care for two critical care patients. In addition, preceptors are able to assess critical thinking and adaptation to critical care.
Month three
During the third month of orientation, the nurse residents are given their own assignment, with a buddy overseeing their practice. They have now completed the preceptorship portion, and are given appropriate assignments as a new critical care nurse.

Even though orientation is complete the nurse residents continue to be mentored by senior colleagues who are always available to share their knowledge. When nurse residents Andrea Bakker and Alma Araque had questions they asked their clinical coordinator to teach them by supervising them at the patient’s bedside while they completed a certain task.

Anna Hahn, BSN, RN, CCRN, Andrea Bakker’s night shift preceptor, stated that she encouraged Andrea to seek knowledge even if it was not with her own patients. When there was a code blue with emergent intubation or a procedure being performed at the bedside such as line placement, chest tube placement, bedside thoracentesis or bedside transvenous pacemaker placement, Anna encouraged Andrea to actively participate and to ask the intensivist questions, instead of being a passive spectator. This way, Andrea could be confidently prepared when one of these situations occur to her patient as there is more pressure being the primary nurse.

Mentor Eva Bremser-Jiles, BSN, RN, encourages new nurses in ICU to join her on patient rounds so she can explain why a patient is having an issue and what the course of treatment will be and why. On one occasion when Eva was rounding with Andrea a patient was experiencing respiratory distress. Andrea served as runner and helper while Eva cared for the patient. It was a learning experience for Andrea. On another occasion a cancer patient who was on chemo became septic. His septic shock required multiple vasopressors, intubation and continuous renal replacement therapy. Eva had issues with the hemodialysis catheter and the endotracheal tube. She was busy paging physicians, the hemodialysis nurse, and working with respiratory therapists to determine the problem. During this time Andrea made sure Eva had available medications, drips, supplies, etc., to care for the patient. By doing this she gave Eva the time she needed to advocate for her patient and determine the cause of the problem. Andrea also was able to listen to the many conversations concerning the patient.

All modules in ECCO have been completed at this point - a total of 69 hours of on-line education, 16 hours of skills demonstration and 360 hours with a preceptor. A passing score for ECCO is 80%. All six participants successfully completed the course with an overall average score of 86%.
### SE7 Figure 1
ECCO final course completion scores

<table>
<thead>
<tr>
<th>Name</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrea</td>
<td>87%</td>
</tr>
<tr>
<td>Carly</td>
<td>86%</td>
</tr>
<tr>
<td>Jennifer</td>
<td>84%</td>
</tr>
<tr>
<td>Alma</td>
<td>89%</td>
</tr>
<tr>
<td>Sharmine</td>
<td>86%</td>
</tr>
<tr>
<td>Michael</td>
<td>84%</td>
</tr>
</tbody>
</table>

The final case study, presented on December 17, 2014, provided the nurse resident an opportunity to demonstrate all learnings from the previous three months, including critical thinking abilities, decision making skills and problem solving techniques while caring for the critical care patient.

As experienced registered nurses each one of the nurse residents transitioned from having a preceptor to having their own assignments with a “buddy” as resource. The clinical evaluation of the program is the nurse resident’s ability to successfully handle an assignment in MICU on their own. They are able to demonstrate appropriate care, monitor and assess critical patients and respond in emergency situations.

**Program evaluation: retention**
Seventeen months after the residents transferred to MICU, retention is 100%. They are performing competently and demonstrating continued professional development.

**Program evaluation: performance**
All six of the residents achieved at a minimum on target or above target on their annual performance evaluation.

**SE7.2.5 Aggregate of Annual Performance Evaluation Scores**

**Program evaluation: professional development**
These residents have advanced their skills and can competently and confidently care for critical patients, including the specialized care for kidney transplant recipient patients, neurological patients with intracranial pressure monitoring, and continuous renal replacement therapy (CRRT) patients. These patient populations require nurses who have completed advanced classes and competencies. The six critical care RNs, who successfully completed the residency program are scheduled for orientation to the care of immediate post-operative cardiovascular surgery patients. This advanced skill builds on the previous competencies of this group of motivated staff RNs. They have transitioned from nurse residents to competent critical care practitioners and valuable members of the critical care nursing staff.

Additional evidence to verify that the transition is evaluated for effectiveness includes feedback from the Critical Care leadership team. Following the case studies, the leadership team meets to verify that the transition is evaluated for effectiveness. The team includes: Nurse Manager Linda Boose-Shutes, BSN, RN, CCRN; Educator Vivian
Norman, MSN, RN, CCRN; and Executive Director Gemma Seidl, MSN, RN, MPH. Based on their feedback, the following change will be implemented for the next cohort:

1. Program time with ECCO, workshops and clinical preceptored shifts are adequate, but will extend time for ECCO completion in next cohort in order to provide more shifts with preceptor.

**SE7 Figure 2**
Appointment for final case studies and program evaluation

[SE7 Figure 2]
Appointment for final case studies and program evaluation

[Return to SE home page]