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CALIFORNIA INSTITUTE FOR NURSING & HEALTH CARE

New Graduate RNTransitionProgram
An Initiative of the California Institute for Nursing & Health Care

New Graduate RN Transition Program Evaluation and Replication

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Authors

California Institute for Nursing & Health Care
Nikki West, MPH, Project Manager
Deloras Jones, RN, MS, Executive Director
Carolyn Orlowski, RN, MSN, Southern California Regional Coordinator

University of San Francisco
Judith Karshmer, PhD, APRN, BC, Dean of Nursing
Susan Prion, EdD, RN, CNE, Associate Professor & Chair, DNP Department
KT Waxman, DNP, MBA, RN, CNL, Assistant Professor, DNP Department
Cindy White, RN, MA, CNML, DNP Student
Maria-Idalia O. Lens, RN, PHN, MSN, FNP-BC, DNP Student

In response to the new graduate nurse hiring crisis, New Graduate Registered Nurse (RN) Transition to Practice Programs (Transition Programs) were established across the San Francisco Bay Area, starting in 2009. The Transition Programs kept new graduate RNs engaged in the profession and improved their competencies and confidence as they sought employment. Depending on the needs of regional employers, the pilot programs included experiences in acute area specialties (e.g., labor and delivery, emergency room, critical care, or operating room), non-acute healthcare settings (e.g. long-term care, hospice, public and community health, school nursing, or home health), or focused on developing more advanced generalist skills. Some programs included college credit, applicable towards a higher degree in nursing education, and all provided an industry-recognized certificate. The programs were based on principles from successful hospital-based residency models that have demonstrated the ability to raise the baseline level of patient care quality and the Quality and Safety Education for Nurses (QSEN) competencies. The format of the New Graduate RN Transition Programs, including roles and responsibilities, has been summarized in a one-page chart included as a separate attachment entitled "Components of New Graduate RN Transition to Practice Programs."

The California Institute for Nursing & Health Care (CINHC) served as the hub for the four initial pilots, which were housed at schools of nursing at Samuel Merritt University, California State University-East Bay, University of San Francisco, and a collaboration of South Bay schools, including San Jose State University, Samuel Merritt University's San Mateo Learning Center, and San Jose/Evergreen Community College District through the Workforce Institute. Though independently organized, the Transition Programs are based on common concepts and central

components designed to create efficiencies and develop a shared recognition among healthcare agencies (nurse employers) of the benefits and skills obtained through the program.

From December 2009 to August 2011, 330 new graduate RNs participated in one of the programs. Funding was received from several sources, including the Gordon and Betty Moore Foundation in Palo Alto, CA, Kaiser Permanente Fund for Health Education at the East Bay Community Foundation, and the Alameda County Workforce Investment Board.

In December 2010, Kaiser Permanente National Patient Care Services provided funding for an in-depth evaluation and to assist with replicating the Transition Programs in other areas of the state. The University of San Francisco (USF) was identified to partner with CINHC to lead the evaluation effort. This report provides the results of the evaluation as well as recommendations for future programs.

Results

Program participants were asked to complete pre- and post-program evaluation tools to measure confidence; their clinical preceptors (mentors) completed pre- and post-program evaluation tools to assess participant competence; and program coordinators tracked each participant's employment following program completion. Tools were identified based on recommendations from a statewide RN Transition Program Advisory Committee, representing nursing leaders and Transition Program coordinators. The Committee was established at the start of the project, in an effort to create a standard that could result in an industry-recognized certificate of completion and could continue to be used as Transition Programs were replicated beyond the four pilot sites.

From a research as well as a practical perspective, *these programs are making a difference,* as follows:

Employment Results

An employment tracking log was developed by our team and provided to coordinators at each school hub. The coordinators collected information from participants as they accepted job positions and tracked where positions were obtained. Employment results are impressive:

- As of April 2012, 79% of participants have secured RN jobs. One program has 90% of its participants now employed as RNs.
- Of the 261 participants who have secured RN positions, 63% reported that participation in the Transition Program directly impacted their ability to get the job.

Confidence Results

A modified version of the Casey-Fink New Graduate Nurse Experience Survey was used to assess participant confidence, per the recommendation of a statewide Advisory Committee that discussed and researched various tools. The new graduate RNs took the survey at the beginning and end of the program. From program start to completion, participants reported notable increases in agreement with the following statements:

- Confidence communicating with physicians
- Comfortable *knowing what to do for a dying patient*
- *Comfortable delegating tasks to the NA/MA/support staff*
- *I feel at ease asking for help from other RN's in my work area*
- *I feel staff is available to me during new situations and procedures*
- *I have opportunities to practice skills and procedures more than once*

- *I am able to complete my patient care assignment on time*
- *I feel the expectations of me in this job are realistic*
- *I feel prepared to complete my job responsibilities*
- *I feel comfortable making suggestions for changes to the nursing plan of care*
- *My preceptor is helping me to develop confidence in my practice*

Participants disagreed more strongly with the following statements from the beginning to the end of the program:

- I am having difficulty prioritizing patient care needs
- I feel overwhelmed by my patient care responsibilities and workload

Competence Results

Competence was measured using the New Graduate RN Transition Program Competency Assessment tool, which was created by the RN Transition Program Advisory Committee. The Committee agreed the competency tool should be structured around the six Quality and Safety Education for Nurses (QSEN) competencies: patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics.[1] Most participants moved from "beginning" competence at the time of the initial preceptor assessment to "developing" competence and some closer to "accomplished" competence at the final program preceptor evaluation. The scale was coded as follows: *beginning* competence = 1; *developing* competence = 2; *accomplished* competence =3; and *not applicable* was coded as 0. The overall clinical competence score increased from an average of 1.97 for all participants at the initial measurement to 2.73 at the final preceptor assessment.

The Transition Program does not replace the experience and competence gained from ongoing professional practice, but these pre-post competence gains strongly suggest the Transition Program helps participants maintain skills achieved during nursing school and advances those skills along the Benner continuum from "beginning" to "developing."

Data tables providing results from the tools discussed are available at the end of the report.

Research Limitations

The four San Francisco Bay Area Transition Programs were created as an intervention to keep new graduate RNs linked to the profession and improve their skills, competencies, and confidence while seeking employment. The initial project design allowed for maximum implementation flexibility that let each site offer experiences best suited for their unique participants.

The program was not initiated as a comprehensive, complete offering; consequently, templates and processes were developed as programs were launched. A standardized method for participant selection, preceptor selection, preceptor training, student evaluation and employer tracking needs to be formalized, as does a structured plan for data collection and analysis in order to optimize information construction and minimize data loss.

Best Practices

Through the Transition Programs, nursing education and nursing practice worked together to address the immediate issues related to job availability for new graduates and to design programs that are nimble and easily modified to meet practice needs. This approach was based on building a long-term strategy to better bridge the nursing student-to-professional

gap. These Transition Programs were designed on the premise that new graduates are not expected to complete their preparation for practice prior to graduation. Because these programs take place after graduation and licensure but before employment, the nature of the program supports a true and meaningful collaboration between academic and practice. These programs promote flexibility in class work and clinical experiences, without the usual restrictions of an academic setting. Because the participant is not an employee, the traditional price tag for a residency program, during which the new nurse is paid at the RN rate, is mitigated. These programs are not intended to replace employer-based residencies, which generally focus on retention; although, the programs should facilitate on-boarding of new hires.

It is the commonalities across the pilot programs that provided insight into the lessons learned. In all the programs, the participants had significant immersion experiences as a nurse. They had the opportunity to work a minimum of 24 hours per week to "try on the role." All of the programs had specific content areas in the classroom setting with a focus on the QSEN competencies, and the message was clear that there was still essential content to master after graduation. Preceptors, many of whom participated in formal preceptor training, provided clinical experiences. All of the Transition Programs provided a climate in which the new graduate felt supported by the faculty. A faculty mentor worked with the new graduate to demonstrate a real commitment to help him/her be successful.

Immersion in the RN role, the importance of continued education, and ongoing support by a preceptor and mentor were critical to the success of the new graduate and identified as the three key lessons learned from the pilot Transition Programs.

A key component of understanding program effectiveness was the significance of the preceptor to graduate nurses' job satisfaction and their developing competency in the professional role. An additional key component of the Transition Program was having a committed preceptor and faculty who understood the stressors associated with transitioning from student to nurse.

Recommendations for Future Programs

While results demonstrate significant effectiveness, there are always improvements that can be made when the Transition Program is offered again. Suggestions for revisions include:

- Establish shared expectations around an employer's hiring needs and the participant's professional interests when designing the program and recruiting participants.
- Engage key stakeholders early; monitor implementation; and be nimble in making changes to strengthen the program.
- Clearly define the evaluation plan and timing to preceptors and participants, and closely manage survey distribution to maximize data collection.
- Whenever possible, build funding into the budget for participant stipends.
- Provide preceptor training and preceptor stipends.
- Position future cohorts to maximize class capacity to ensure fixed costs, such as faculty classroom teaching time, will be efficiently spread across a large number of participants.
- Cohort size had a broad range and should be reviewed to determine an ideal. Program enrollments ranged from 14 to 53 participants in the 12 cohorts reviewed, with an average number of 28 participants per cohort. Review roles and distribute key functions

appropriately among faculty, coordinators, and administrative clerical personnel to minimize total program cost by having the appropriate level person carrying out each function.

- Seek efficiencies in operations by adopting existing systems or automating processes as applicable. (Examples include online application processes, computer based evaluations, online learning.)
- Use existing materials or curriculum as opposed to creating course content.
- Identify barriers to increased capacity, such as access to qualified preceptors. Support programs to train additional preceptors; increase the number of clinical facility partners; seek placement for participants on night shifts in hospitals with preceptors; and conduct programs when traditional academic partners use of clinical sites in low (e.g. summer).
- Foster and advance partnerships with clinical sites to strengthen shared benefit and commitment in providing the Transition Program. Promote the programs as a bridge to employment at a facility to ease on-boarding of new hires.
- Maximize clinical partner-based in-kind teaching options to reduce faculty expense.
- Build capacity with clinical partners in non-acute settings.
- Implement a tuition or registration fee consistent with the typical fee structure in the academic institution conducting the Transition Program, or charge tuition to cover cost at an amount commensurate to what the market will bear – cost to be borne by participating new graduate.
- Continue to seek Workforce Investment Board and other soft funding options to reduce the cost or support increased capacity.

- Provide a means by which employers can contribute to a pooled fund to support Transition Programs, including stipends for participants. Promote the efficiency of on-boarding of new graduate RNs results in cost savings to the employers.

Conclusions

The success of the Transition Programs suggests that this model has a valuable, and perhaps necessary, place in the critical transition from classroom to clinical practice and from pre-licensure student to qualified nursing professional. The initial reason for creating Transition Programs was the lack of jobs available to nurses without experience as well as the perceived need to provide opportunities to maintain and even increase new graduates' skills and competencies to increase their employability. Additional study is needed to further define the essential characteristics of such programs, but this preliminary project gives hope for successful academic-service partnerships to prepare safe, caring and qualified nursing professionals.

DATA TABLES

Aggregate results, all San Francisco Bay Area Transition Programs
Courses offered 2010-2011

Competency Assessment Tool (QSEN-Based)	Pre-program Mean (SD)	Post-program Mean (SD)
1. Conducts comprehensive psychosocial and physical health history that includes patient's perspective and considers cultural, spiritual, social considerations.	1.62 (0.31)	2.43 (0.30)
2. Complete understanding and interpretation of assessment data	1.90 (0.25)	2.61 (0.07)
3. Able to anticipate risks related to assessment data.	1.80 (0.13)	2.49 (0.082)
4. Integrates knowledge of pathophysiology of patient conditions.	1.80 (0.15)	2.60 (0.94)
5. Decision-making is based on sound clinical judgment and clinical reasoning.	1.88 (0.17)	2.54 (0.17)
6. Advocates for patient as appropriate in multidisciplinary team discussions.	1.67 (0.29)	2.43 (0.19)
7. Recognizes changes in patient status and conducts appropriate follow up.	1.77 (0.37)	2.50 (0.21)
8. Prioritizes actions related to patient needs and delegates actions if appropriate.	1.70 (0.33)	2.52 (0.13)
9. Establishes rapport with patients and family.	2.18 (0.36)	2.69 (0.32)
10. Demonstrates safe practices related to medication administration including rights, verification of allergies, two patient identifiers, read-back process, independent double checks for high alert medications.	2.15 (0.26)	2.79 (0.12)
11. Demonstrates the safe use of equipment appropriate to setting such as IV set up, pumps.	1.68 (0.54)	2.37 (0.73)
12. Educates patient on safety practices when administering medications, drawing blood, starting and IV, using PCAs.	1.71 (0.44)	2.40 (0.32)
13. Communicates observations or concerns related to hazards to patients, families and the health care team and uses the organizational reporting system for errors.	1.79 (0.35)	2.40 (0.19)
14. Applies basic principles and practices of sterile asepsis while administering injections, placing urinary catheters, performing open wound care.	2.08 (0.37)	2.61 (0.15)
15. Uses library, internet and colleagues to efficiently manage information.	1.92 (0.22)	2.53 (0.14)
16. Locates, critically reviews and applies scientific evidence and medical literature.	1.61 (0.20)	2.28 (0.20)
17. Understands the principles of evidence based practice and applies to pain management.	2.00 (0.17)	2.56 (0.24)
18. Establishes rapport with patients and family.	2.11 (0.47)	2.79 (0.12)
19. Communicates with inter-professional team.	2.08 (0.29)	2.75 (0.14)
20. Asks questions to appropriate team member when unsure about any aspect of care.	2.15 (0.25)	2.80 (0.07)
21. Is receptive to input from others, not becoming defensive.	2.07 (0.55)	2.89 (0.11)
22. Documents patient assessment data in complete and timely fashion.	2.02 (0.14)	2.53 (0.30)
23. Able to interpret physician and inter-professional orders.	1.84 (0.36)	2.50 (0.16)
24. Able to work as part of a team.	2.17 (0.29)	2.82 (0.09)
25. Uses appropriate language and tone when resolving conflict.	1.94 (0.35)	2.55 (0.23)
26. Able to keep track of multiple responsibilities and complete tasks within expected time frames.	2.05 (0.28)	2.52 (0.20)

27. Recognizes and reports unsafe practice by self and others.	1.80 (0.22)	2.34 (0.20)
28. Able to work autonomously and be accountable for own actions.	1.94 (0.17)	2.63 (0.32)
29. Behavior is ethical & honest as judged by ANA ethical principles.	2.35 (0.32)	2.89 (0.12)
30. Expresses importance and demonstrates habits for life-long learning.	2.08 (0.30)	2.80 (0.17)
31. Complies with legal and regulatory requirements relevant to nursing practice.	2.10 (0.40)	2.80 (0.12)
32. Evaluates and implements systems-improvement based on clinical practice data.	1.61 (0.41)	2.122 (0.14)
33. Understands quality improvement methodologies.	1.44 (0.23)	1.97 (0.25)
34. Navigates the electronic health record.	1.79 (0.44)	2.11 (0.53)
35. Utilizes clinical technologies (e.g. Smart Pumps, monitors).	1.68 (0.56)	2.18 (0.75)
36. Overall clinical competence	2.00 (0.41)	2.74 (0.11)

Confidence Assessment Tool (Based on 2006 Revised Casey Fink New Graduate Survey)	Pre-program	Post-program
1. I feel confident communicating with physicians.	2.71 (0.26)	3.15 (0.23)
2. I am comfortable knowing what to do for a dying patient.	2.47 (0.25)	2.74 (0.26)
3. I feel comfortable delegating tasks to the Nursing Assistant / Medical Assistant / support staff.	2.86 (0.49)	3.20 (0.25)
4. I feel at ease asking for help from other RNs in my work area.	3.22 (0.44)	3.57 (0.35)
5. I am having difficulty prioritizing patient / student care needs.	2.44 (0.35)	2.03 (0.34)
6. I feel my preceptor provides encouragement and feedback about my work.	3.25 (0.28)	3.36 (0.33)
7. I feel staff is available to me during new situations and procedures.	3.05 (0.46)	3.58 (0.13)
8. I feel overwhelmed by my patient / student care responsibilities and workload.	2.26 (0.33)	2.09 (0.23)
9. I feel supported by the nurses in my work area.	3.26 (0.26)	3.54 (0.13)
10. I have opportunities to practice skills and procedures more than once.	3.08 (0.30)	3.22 (0.22)
11. I feel comfortable communicating with patients / students and their families.	3.08 (0.22)	3.47 (0.20)
12. I am able to complete my patient / student care assignment on time.	2.99 (0.16)	3.22 (0.11)
13. I feel the expectations of me in this job are realistic.	3.04 (0.13)	3.28 (0.12)
14. I feel prepared to complete my job responsibilities.	2.83 (0.21)	3.21 (0.13)
15. I feel comfortable making suggestions for changes to the nursing / student plan of care.	2.56 (0.30)	3.10 (0.20)
16. I am having difficulty organizing patient / student care needs.	2.19 (0.13)	2.04 (0.16)
17. I feel I may harm a patient / student due to my lack of knowledge and experience.	2.31 (0.37)	2.16 (0.62)
18. There are positive role models for me to observe in my work area.	3.29 (0.15)	3.60 (0.15)

19. My preceptor is helping me to develop confidence in my practice.3.6 (0.5)	3.39 (0.32)	3.50 (0.20)
20. I am supported by my family/friends.	3.50 (0.14)	3.68 (0.10)
21. I am satisfied with my chosen nursing specialty.	3.21 (0.42)	3.43 (0.21)
22. I feel my work is exciting and challenging.	3.45 (0.35)	3.51 (0.21)
23. I feel my manager / clinic preceptor provides encouragement and feedback about my work.	2.92 (0.29)	3.06 (0.23)
24. I am experiencing stress in my personal life.	2.67 (0.23)	2.49 (0.33)

[1] http://www.qsen.org/competencies.php/ Accessed September 22, 2011.