Objectives

- Upon participating in this lesson, the learner will be able to:
  - Situate current transitions in practice programs within a recent historical context
  - Differentiate a variety of transition in practice programs including orientation, fellowships, and residencies
  - Build an argument which supports transitions in practice programs beyond on-boarding the new graduate nurse
  - Connect how fellowship programs can be used to develop experienced nurses for emerging and/or changing roles in current healthcare delivery
  - Explore innovation in the intersection of professional development and strategic workforce planning
What Is A Transition To Practice (TTP) Program?

- Residency
- Fellowship
- Training
- Orientation
- On-boarding
ORIENTATION
Experienced caregiver
Experienced in care area

FELLOWSHIP
Experienced caregiver
Inexperienced in care area

RESIDENCY
Inexperienced caregiver
Inexperienced in care area

Transition To Practice
How to be a nurse in this specific environment

How to be an employee of this organization

How to nurse these patients (specialty content)
State of the Science

Transition To Practice Structures and Practices

- 13 studies between 1980 and 2013

- Residency Programs:
  - Reduced first-year turnover
  - Promoted professional growth
    - Hands on nursing skills
    - Clinical decision making
    - Leadership
    - Satisfaction
    - Retention
    - Confidence
    - Ability to cope with stressors of the first year
Limitations

- Lack of research on organizational impact

- “Because of variation and limited research findings, the literature at present does not provide a body of work from which to identify ‘best practices’ for new graduate nurse residency programs.” (p. 1027).

- 11 studies between 2000 and 2012

- Residency Programs *(irrespective of length)*:
  - Positive job satisfaction levels
  - Increased confidence
  - Increased retention

- Strong effect of 6-month reality shock
Limitations

- Optimum length is unclear
- Optimum structure is unclear

- 47 articles between 2000 to 2011
- Best practice themes
  - Education
  - Support / satisfaction
  - Competency and critical thinking
  - Workplace environment
- Residencies programs
  - Good retention
  - Improved competency
Best Practices Identified

- Some evidence to suggest that the best residencies:
  - Focus on skill development
  - Provide formal preceptor training
  - Provide formal support at months 6-9 (reality shock phase)
  - Build in opportunities to connect with peers
  - Take place on units with a healthy work environment
Limitations

- Lack of outcome measures to support definitive best practices

The literature shows:

- Poor study designs
- Need for longitudinal studies
- Return on investment is lacking
- Investigation of academia/agency partnerships

- 105 hospitals in Illinois, N. Carolina, and Ohio
- 1,088 graduate nurses
- Data collected in 2011 at 0-6-9-12 months
- Self reported data:
  - Errors, safety, stress, satisfaction
- Self and preceptor reported data:
  - Competency
- Hospital reported data:
  - Retention
Method

- Randomly Assigned Control Group
  - Provided residency programs as usual

- Intervention Group
  - Institution-based orientation program
  - Trained preceptors (online module)
  - Standardized curriculum (months 1-6)
  - Ongoing support (months 7-12)

Patient safety
Clinical reasoning
Communication and teamwork
Patient centered care
Evidence based practice
Quality improvement
Informatics

(Months 7-12)
Feedback
Reflection
Institutional learning opportunities
Findings

- All groups increased on the QSEN competencies over the first year
- All groups showed reality shock at 6 months
- No statistically significant between group differences....

- Control group was split
  - Established programs (n=29; 300 subjects)
  - Limited programs (n=22; 186 subjects)
  - Intervention group (n=45; 577 subjects)
The Best Programs...

- Integrated formalized program with administrative support
- Preceptors who are educated to the role
- 9-12 months in length
- Time for graduates to learn / apply content
- Time for graduates to get feedback and share reflections
- Time for preceptors to work with and connect to the graduate
- Customized for learning specialty content
- Provided with specific content (see previous slide)
Turnover Findings

- Established programs
  - 12%

- Intervention programs
  - 15%

- Limited programs
  - 25%
Preceptor Spin Off


- Added preceptor questions to the NCSBN study
  - Preceptor experience
  - New graduate competence
  - New graduate retention

- 41 hospitals with high level preceptor support (41 with low)
  - Shift scheduling of preceptors to the new graduate
  - Assignment sharing
  - Release time
  - Limited a preceptor having multiple new grads
Findings

- High levels of support
  - Better preceptor experience
  - Better new graduate competence
  - Better retention

- Recommendations
  - Allow adequate time
  - Share shift and patient assignments
  - Limit numbers assigned to each preceptor concurrently
Research Summary

- Quality residency programs are associated with:
  - Improved competency
  - Reduced turnover
  - Improved caregiver experience

- Quality programs are those which
  - Prepare preceptors
  - Provide established content (general and specialty)
  - Span the first year
  - Address culture when needed
  - Provide time for reflection
A New Paradigm

Who and what is missing from the discussion?
Where is the innovation?
## Established Nurses
- Changing volumes in practice areas
- Little evidence to guide training in new areas
- Help them let go and grab hold safely

## Emerging Roles
- Primary care
- Home health
- Hospice
- Care management
- Informatics
- Telemedicine / video
- Advanced practice

## Operational Realities
- Fewer educators
- Multiple demands on preceptors
- Skill mix
- Challenges with strategic workforce planning

## Volume
- Huge volumes will be needed
- Constant trickle of ready graduates
- Systems based upon cohort models
Innovative Options - Cohorts

The Traditional Way…
- Cohorts
  - 1 to 3 times a year
  - Synchronous learning
  - Good peer support
  - Some operational efficiencies
  - Loss of potential candidates
  - Design decisions will lock you into this structure
  - Feast and famine cycle

The Emerging Way…
- On Demand
  - Anytime the role is needed
  - Asynchronous learning
  - More difficult to build peer support
  - Some operational efficiencies
  - Constant recruitment
  - More difficult to design
Biggest Issue with Cohorts

- What is the appropriate role of specialty content?
- What content must be taught and how can it be best delivered?
- Schools are best at teaching didactic
- Care providers are best at clinical instruction
## Innovation

<table>
<thead>
<tr>
<th>The Traditional Way…</th>
<th>The Emerging Way…</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Lots of classroom</td>
<td>□ Lots of clinical</td>
</tr>
<tr>
<td>□ Lots of lecture</td>
<td>□ Case study, simulation, and case presentations</td>
</tr>
</tbody>
</table>
Innovation Options – Con’t

The Traditional Way…
- One and done
- Fixed length
- Practice alone

The Emerging Way…
- Many times in a career
- Adapted to the learner and competency
- Academic partnerships
Innovation Options – Con’t

The Traditional Way…

- Unit manager for trending and volume
- Little cross education between departments and disciplines

The Emerging Way…

- Partnership with staffing, HR, TA, Labor Analytics
- Lots of opportunity to train together
Innovation Options – Con’t

The Traditional Way…

- Locally owned / created content
- New graduates only

The Emerging Way…

- National professional organization’s content
- Anyone interested in learning new practice area
Innovation Options – Con’t

The Traditional Way…

- Process evaluation

The Emerging Way…

- Process, outcome, and impact evaluation
  - Casey-Fink Graduate Nurse Experience Survey
  - Gerber’s Control Over Nursing Practice Scale
  - McCloskey Mueller Registered Nurse Job Satisfaction Scale
The Programs of the Future Will…

- Support training of new nurses and existing nurses
- Allow for training when it is needed — not only when it is scheduled
- Prepare nurses for more than acute care specialties
- Be predictable and routine
- Support strategic workforce planning
- Measures and disseminate outcomes
Thank you

American Nurses Credentialing Center (ANCC). (2016). *2016 Practice transition accreditation program application manual.* American Nurses Credentialing Center. Silver Spring, MD.


