Transition to Practice Program: A program dedicated to transition to practice for nursing has been described by The National Council of State Boards of Nursing (NCSBN) as one that is a “formal program of active learning implemented across setting, for newly licensed nurses designed to support their progression from education to practice”. This program is not the same as orientation and has a goal to promote public safety by supporting newly licensed nurses during their critical entry period and progression into practice (National Council of State Boards of Nursing (NCSBN), 2012).

The Importance: The result of new nurses not being able to properly transition into new practice is one that can have serious consequences with the outcome of their practice (NCSBN, 2012).

Overview: Providing care in the health care setting has become increasingly complex, requiring nurses to care for patients with multiple conditions in a fast paced environment. Health Care is also seeing constant changes not only in care interventions, but also in the supporting technology and required documentation impacting patient safety, quality and outcomes.

Newly licensed nurses are faced with transitioning from a protective, highly structured education environment to this complex, fast paced, flexibly structured setting. There is documented evidence that this has resulted in increased stress levels impacting clinical practice, patient safety, confidence, job retention, and satisfaction with career choice.

Transitional programs provide a bridge to support the newly licensed nurses becoming independent in clinical practice. A transitional program creates an environment supportive of learning new skills, a new work place culture, and developing confidence. The transitional program would result in lower stress encouraging the development of sound clinical judgment, skill in decision making and in time management, resulting in increased job satisfaction and increased retention in the profession.

Current State: New graduates are required to assimilate the culture of their new employer, complete all regulatory educations, complete current skill competency for their new unit, become competent in new skills related to their specialty and become competent in electronic documentation. They are also expected to establish working relationships with physicians, nurses and other ancillary staff, use sound clinical judgment with their patient care and patient goals, and use good time management in accomplishing these goals.

The common complaint of hiring Directors/Managers is that the new graduate is not “work ready”. Many new graduates fall short of their hiring facility’s orientation goals requiring extended orientation.
Those who do meet the goals often become task oriented rather than developing clinical decision skills resulting in high stress, and high job dissatisfaction.

In 2008, The Advisory Board Company Nurse Executive Center for Research initiated a National Survey to 5,700 frontline nurse leaders and 400 nursing school deans, directors, and department chairs on new graduate proficiency across 36 competencies deemed necessary for safe and effective nursing practice. The groups of competencies that were surveyed were:

- Clinical Knowledge
- Technical Skills
- Critical Thinking
- Communication
- Professionalism
- Management of Responsibilities

The results of the survey were significant. A few of the highlights were:

- 22.4% of new graduate nurses feel adequately prepared to care for 6 or more patients
- Only 30% of new graduate nurses feel prepared to delegate or supervise others
- 90% of the academic leaders believe their new graduate nurses to be able to provide safe and effective care
- 10% of hospital nursing executives believe their new graduate nurses are fully prepared to provide safe and effective care
- Employers feel there is a disparity between the expectations that service organizations hold and the general performance of the new graduate nurses (The Advisory Board, 2008).

Supporting this, studies have shown that more than 40% of newly licensed nurses report making medication errors and 50% fail in timely recognition of potential life-threatening complications. Faced with the complexity, high risk for patients and high stress in meeting the demands of practice, 25% and greater will leave their position in their first year. This turnover becomes a negative influence on patient safety and health care outcomes (NCSBN, 2012).

The Support:

The National Council of State Boards (NCSBN), (National Council State Boards of Nursing, 2012) supports transition programs, which have been shown to reduce errors, improve patient outcomes and reduce first year turnover to 6 – 13%. The NCSBN “Transition to Practice Model” that supports these transitioning concepts includes:

- Patient Centered Care
- Communication and Teamwork
- Evidence Based Practice
- Quality Improvement
- Informatics.

The Institute of Medicine’s (IOM) recommendation in “The Future of Nursing Leading Change, Advancing Health: #3 Implement nurse residency programs.
“State boards of nursing, accrediting bodies, the federal government, and health care organization should take actions to support nurses’ completion of a transition-to-practice programs after they have completed a pre licensure or advanced practice degree program or when they are transitioning into new clinical practice areas”  

MEMORIAL HERMANN RN FELLOWSHIP PROGRAM

**Solution:** The Memorial Hermann (MH) RN Fellowship Model is a six month program that follows guidelines established by leading authorities supporting transition program for graduate nurses. It is one Memorial Hermann option to answer to the inability of RN graduates to find positions due to lack of experience coupled with limited availability of intern positions.

**Program design based on:**

- National Council of State Board of Nursing’s Transition to Practice Model- six months with designated transition models.
- Competency focus areas are based on the Advisory Board Company *Best Practice for Accelerating Practice Readiness of Nursing Students (2008)* and include: Clinical Knowledge, Technical Skills, Critical Thinking, Communication, Professionalism and Management of Responsibilities.
- The Memorial Hermann RN Fellowship aligns the newly graduated and licensed RN in a specialty unit and is paired with a Mentor for the length of the program. This allows time to transition from student to a practicing clinician. The program is designed with a one-on-one Mentorship which allows the time to learn and become competent in new specialty skills, learning electronic documentation, practicing communication skills with physicians and other ancillary departments, and becoming skilled in time management.

**Benefits of Program**

**For RN Fellow**

- Opportunity to transition from school to practice in a less stressful environment
- Opportunity for 1 on 1 mentoring
- Opportunity to improve skills and increase knowledge base and develop time management skills with designated specialty population
- Opportunity to immediately begin training in a specialty environment
- Opportunity to show case talent and self-market to MH managers and leaders or other potential employers

**For Memorial Hermann**

- Opportunity to preview talent and potential fit of RN Fellow to MH
- Opportunity for decreased length of orientation
- Contribute to general nursing practice development of options for entry into practice

**RN Fellowship Program Specifics**

- RN Fellow must have:
- BSN from an accredited school of nursing
- Texas RN License or compact state license
- Current AHA BLS Healthcare Provider card

- Non-employment training program model (will not impact productivity)
- Mentoring is one on one, with the RN Fellow and Mentor sharing the patient assignment. Clinical time is individualized scheduling with the mentor
- Initial tuition program fee - $500
- Monthly stipend- $1500
- Length of program- Six months which includes 24 hours of clinical practice each week as well as additional focused class time during the program.
- No guarantee of employment at the end of the program.
- No obligation for the Fellow to complete the program, but encouraged strongly to do so to achieve the goals established for its purpose
- Requirement to complete a Clinical Progression Checklist at set intervals during the program by the RN Fellow and the Mentor
- Skill Validation Checklists-monitor and validate RN Fellow opportunities.
- Class scheduling -based on specialty focus
- Fellowship group meetings by specialty as well as combined group meetings with all the participants. These meetings have several different components:
  - Opportunity to share experiences as new nurses as well as experiences unique to the Fellowship role.
  - Identification of common problems encountered and possible solutions
  - Augmentation of requested topics related to specialties

**Cost:** Varies per program based on enrollment and staffing.

**Outcome: Metrics Criteria**

- Employment in specialty area post program
- Nursing Practice Readiness Survey-pre & post program
- Clinical Progression Summary Checklist-increase in competency, confidence, and skill
- Skills Validation Checklists (specialty specific) of experience with skills
- Retention in the program
- Retention one and two years post-employment
- Post Fellowship Survey- three months, one year
- Satisfaction with nursing as a profession-Survey

**Program Outcomes:**

- 81% hired by Memorial Hermann
- 19% hired by other organizations
- 88% Retention (Two relocated out of town)

Average length of orientation at Memorial Hermann post hire- varied according to the individual and specialty, but management reports recorded the following as examples:

- Acute Care Fellow –six-eight weeks with average GN length at 10-12 weeks
• Critical Care Fellow - six weeks with average GN length at 10-12 weeks
• Labor and Delivery Fellow - Six weeks with average GN length 3-4 months
• Perioperative Fellow - eight to nine months with average 10-12 months

Subjective Feedback
• RN Fellows from the previous programs proactively promote the Fellowship Program to nursing students they encounter in their unit.
• RN Fellows have shared:
  o Less stress during the transition period
  o Opportunity to ask questions and develop their skills without the stress of being “pushed” to become independent.
  o Confident in their abilities and are happy they had a transition opportunity.
  o Ready to work when hired.
• Personal Comment: "I am sure that the OR is the place that fits me best. It is too bad that I was unaware of this going into the fellowship. However, I feel that without my experience through the fellowship, it may have taken me a lot longer to realize that the OR was my calling. The classes and OR experience that y’all provided us with really directed me to exploring that field and I really am grateful for that.”

References


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Patricia Hercules, RN, MS, BSN, Director
Sandra Svalberg, RN, MEd, BSN, BC
Memorial Hermann Health System
System Clinical Education