

Nursing Education Research Conference 2018 (NERC18)

A Community Hospital's Approach for Bridging Novice Nurses Into Clinical Practice

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Introduction:

A rural 350 bed community hospital has on-boarded over seventy new graduate nurses within the 2016 calendar year. A high percentage of ADN prepared nurses are seeking employment in our demographic area, and within our organization which, resulted in a partnership for recruiting nursing from the local community college.

There is an abundance of literature addressing clinical transition programs; with these resources available a small organization's clinical education team was able to align efforts creatively, efficiently, and effectively bridging new clinical nurses into practice.

Objective:

Historically, an interdisciplinary program was in place titled "Graduate Nurse (GN) Sessions" which was coordinated by a sole educator. In late 2016, a small sub-committee of Clinical Nurse Educators formed to reformat the sessions into a more holistic program based on Commission of Collegiate Nursing Education's (CCNE) Standards for Accreditation of Entry-to-Practice Nurse Residency Programs. Goals were set to align our curriculum with the CCNE's evidence-based curriculum in order to support novice nurses towards bridging to competent professional clinical practice. The first step was to give the program a new title. "Bridge to Practice Series" was proposed and unanimously supported by Educational Services. The new title, and program reformat welcomes any new nurse with less than one-year of clinical practice to participate. The goals of the program include;

1. Provide educational support in the transition from entry-level clinical nurse to competent, professional nurse who provides safe, quality patient care.
2. Introduce application of evidence-based practice in the clinical setting.
3. Develop clinical decision-making skills related to nursing practice.
4. Foster the development of professional growth for nurses with less than one year of clinical experience towards an individualized career plan that promotes a life-long commitment to learning.

Method:

Clinical Educators analyzed the curriculum and learning objectives of the previous program and aligned it with the CCNE Standards. There were many gaps identified regarding concepts such as delegation, communication, business and finances in healthcare, and comfort care/ethical principles. Several expert presenters within the organization all agreed to take part in the growth of newly graduated nurses.

The program's curriculum was designed under a non-traditional framework with an emancipatory design. This design offers less structure on the content which aligned with the fact that our Bridge to Practice Series has many interdisciplinary content experts to provide more reinforcement on learning through discovery, dialogue, and clinical reflection. Emancipatory curriculums are grounded on phenomenology, feminist theories, and social theories (Billings & Halstead, 2012)

The previous GN Session were very poorly attended, therefore with analysis of organizational culture, a new program structure was purposed. Scheduling processes were adjusted among all of the inpatient departments of the hospital to ensure improved attendance. Communication improvements were initiated with the leaders of the organization, and the participants within the program utilizing technology resources.

Newly graduated nurses experience the lowest level of confidence and satisfaction six months into their new professional role. Transition programs such as the Bridge to Practice Series can ease these feelings and work to increase morale and satisfaction through support, knowledge, comradery (Crimlisk, 2017). Adult Learning operates under the premise of principals that adult learners have more life experiences to relate learning to, adult learners thrive off of autonomy and relevance of the content rather than the content itself, and adult learners often require rationale to the learning opposed to learning empty content (Curran, 2014). Redesigning Bridge to Practice ensured that the content offered value to the participant, repetition of core concepts bridging from Clinical Orientation, and allowed the participants to learn together while offering times to decompress stresses and struggles (Crimlisk, 2017). Content is offered through multiple learning modalities with continuous evaluation and revision; with intention to improve retention, engagement, and intellectual curiosity (Phillip et al., 2015).

Creative teaching strategies were embraced throughout the curriculum design. Case scenarios served as a tool to build retention of information in order to make concepts more relatable to build critical thinking skills (Billings and Halstead, 2012). The Education Team built a patient named Tom Bridge, he is threaded throughout every clinical session within the series with attempt to make the content more relatable. During every bi-weekly session the participants arrive wondering "what is going to happen to Tom today?" Other teaching strategies include journal article reflection, skills demonstration, simulation, and gaming.

Results:

Permissions was requested and granted to utilize the Casey-Fink Graduate Nurse Experience Survey as means to measure participant stressors, confidence in skills/procedures, and transition difficulties for new nurses (Crimlisk, 2017). A cross-sectional study by Goode, Lynn, and McElroy (2013) compared ADN prepared nurses to BSN prepared with the Casey-Fink Experience Survey; and that ADN nurses were better prepared with technical skills, whereas the BSN were better prepared with professional development and critical thinking (Cochran, 2017). Our organization largely employs ADN prepared nurses, therefore aspects of critical thinking and professional development were a focus of the Bridge to Practice curriculum.

The Bridge to Practice participants will complete the survey before they enter the program, mid-way, and after completion. Data will be collated in order to assess trends, and evaluate the program according to the participants needs. Formative evaluation will occur with each session regarding the learning environment, content expert, and applicability of the content. The series revolves every six months, as data is gathered and evaluated, changes can be implemented prior to the next session offering.

Conclusion:

The use of clinical transition programs and their outcomes has been researched extensively. The design of the Bridge to Practice Series has offered several creative interpretations to implement clinical transition research.

Over-all the clinical transition program "Bridge to Practice" has become a huge success to novice nurses, and the organization as a whole. The coordination and implementation of Tom Bridge into the curriculum has truly brought spirit to the program, and within the interdisciplinary content experts working towards the professional development, and clinical competence of newly practicing nurses.

Title:

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Keywords:

clinical transition, evidence-based teaching and new graduate nurse

References:

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Abstract Summary:

A rural community hospital's implementation of a clinical transition program based on current research titled "Bridge to Practice Series." The program was designed with creative twist to align with the organization's strategic goals.

Content Outline:**I. Introduction**

1. a. Background of organization
 - i. Size
 - ii. Demographics
 - iii. Education Team (small, need for efficiency)
1. b. History of "Graduate Nurse (GN) Sessions" previously offered program
2. Local college affiliation

II. Objective

1. **a. Reformatting of “GN Sessions”**

i. New name – **Bridge to Practice Series**

ii. New times

iii. Length of program, revolving sessions

iv. Program Goals

1. **b. New curriculum – aligned with Commission of Collegiate Nursing Education's (CCNE) Standards for Entry-to-Practice Nurse Residency Programs**

i. Curriculum design

1. **1.** Nontraditional – emancipatory

2. **2.** Reflective

3. **c.** Methods for communication

i. Text message alerts for Bridge to Practice Series

ii. Introduced in monthly in Clinical Orientation

1. **d.** Methods for scheduling “education time” for new hires

i. On orientation

ii. Off of orientation

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1. **III. Methods**

1. **a. Creative Teaching**

Bridge”

i. Clinical case study threaded throughout series – “Tom

ii. Interdisciplinary approach

iii. Adult Learning Theory

1. Value to the content

2. Repetition

3. Learning within a community

4. Multiple modalities of content delivery

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1. **IV. Results**

1. **a. Evaluation Methods**

- i. Casey-Fink Experience Survey – New grad confidence assessment
- ii. Formative session evaluation
- iii. Retention rates (future, starting in January 2017)

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1. **b. Continual Efforts for Improvement**

- i. Analysis of evaluations
- ii. Assessment of Glens Falls Hospital's strategic plan
- iii. Assessment of Glens Falls Hospital's needs through quality data

V. Conclusion

- 1. **a.** Improved attendance
- 2. **b.** Experience Survey results
- 3. **c.** Thanks to all of Glens Falls Hospital's Nursing Administration for support of the program

First Primary Presenting Author

Primary Presenting Author

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Professional Experience: I hold over 12 years of acute care nursing experience, specializing in critical care. My clinical experience aligns with my role as Clinical Nurse Educator. I have obtained my master's degree in Nursing Education and have been working with curriculum design and delivery over the past year. I am board certified in nursing education. In my current role I am responsible for hospital and unit-based education and competencies. I also coordinate the organization annual learning needs assessment and plan. I also work with newly graduated nurses in assisting their transition to practice. I developed and implemented the clinical transition program within my current organization and continually evaluate its status and growth.

Author Summary: Cassandra Moore holds over 12 years of diverse nursing experience specializing in critical care. She obtained her master's degree from Excelsior College in 2015 and is board certified in nursing education. As a clinical nurse educator, she holds high value to clinical practice standards, helping nursing practice within the full scope of their role, and development of a clinical transition program for newly graduate nurses.

Second Author

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Professional Experience: I started my RN career as a CCU nurse and over the next ten years I worked in three different CCUs, caring for patients who were acutely ill with cardiac problems. I functioned as a charge nurse and a preceptor in all of these units. I took the CCRN exam in 1991, and have maintained this certification ever since. I then branched out to work in a Cardiac Cath lab, which I did for 16 years. In 2012, I completed my Master's Degree in Nursing Education and moved into the education department to become a Clinical Nurse Educator. My responsibilities now include developing educational opportunities for all of my units as well as maintaining competencies. I am also part of the team that develops the education plan for the hospital, based on the annual needs assessment, and supporting new nurses.

Author Summary: Carolyn Wickes has 30 years of nursing experience with a background cardiac care, critical care, and the cath lab. She obtained her master's degree in 2012 and maintains certification. She has interests in evidence-based cardiac care, professional development, and clinical transition of new nurses.

Third Author
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Professional Experience: I have 12 years of diverse nursing experience. I have worked in three specialties, including cardiovascular services, intensive care, and gastroenterology. In 2015, I transitioned to the role of Clinical Nurse Educator at Glens Falls Hospital. In this role, I have collaborated with my colleagues to restructure the on-boarding process for clinical nurses and associates, developed a new professional advancement program, preceptor development program, and the transition to practice program. Additionally, I am responsible for coordinating both organizational and unit-based educational programs, as well as professional advancement opportunities for clinical staff. I am the co-author of a nursing publication, a member of professional organizations, and participated at the Society of Gastroenterology and Associates national conference as a presenter.

Author Summary: Emily graduated from Binghamton University in 2005. In her 12 years of nursing experience, she has worked in a variety of specialties including gastroenterology, intensive care, and cardiovascular services. In 2015, she transitioned to the role of Clinical Nurse Educator. She is passionate about transition to practice and fostering a positive environment for professional growth and advancement of clinical nurses. She is currently pursuing her Masters in Nursing Education at SUNY Polytechnic Institute.