Transforming the Journey for Newly Licensed Registered Nurses: A Community Based Transition-to-Practice Program in Ambulatory Care Settings

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Transforming the Journey for Newly Licensed Registered Nurses: A Community Based Transition-To-Practice Program in Ambulatory Care Settings

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Abstract

In response to the job shortage for newly licensed registered nurses (RNs), transition to practice and residency programs have been established in many areas of the country including the San Francisco Bay Area. The programs were designed as demonstration projects to assist new graduates by increasing their competence, confidence, and skills, and their employability. Evidence from new graduate programs suggests that the programs provide an important bridge that is necessary for the critical transition from classroom to clinical practice and from newly licensed RN to qualified nursing professional. The University of San Francisco (USF) Transition-To-Practice (nurse residency) program in ambulatory care described in this manuscript was developed and implemented as an innovative and alternative approach to traditional residency programs that has proven successful in increasing the employability of new RN graduates. The program provides a strategy that will enhance newly licensed nurses transition from the academic environment to the professional environment.

Transition-to-practice (nurse residency programs) reflect an organizational commitment to support new nurses as they mature into competent professionals. The recent Institute of Medicine report, The Future of Nursing: Leading Change, Advancing Health (2010) predicts that in the near future nursing care will be provided less in traditional hospital settings and will instead occur in the community. Therefore it is important to expand transition programs outside of the acute care setting. Community based programs will prepare new nurses for successful practice in ambulatory care settings who will then be ready for the expected transformation of nursing care into the community. The benefits of transition-to-practice (nurse residency) programs include newly licensed RNs who will gain valuable experience in community settings and improved patient care that is an important investment in the future of healthcare.
A Community Based Transition to Practice Program in Ambulatory Care Settings

Today’s complex health care environment is challenging for nurses and especially those who are new to the profession (Anderson, Hair, Todero, 2012; Holland & Modderman, 2012; Spector & Echternacht, 2010; Welding, 2011). While newly licensed registered nurses (RNs) are now the largest population of RNs available for recruitment in the nation, they face difficult psychological and intellectual challenges as they adapt to their new profession (Welding, 2011). The transition from student nurse to newly licensed registered nurse can be a daunting process, full of unfamiliar experiences and anxiety provoking situations. Despite hours of clinical experience in a variety of settings and classroom education, new graduates often find themselves unprepared for their first job (Rush, Adamack, Gordon, Lilly, & Janke, 2012).

Upon entering the work force, new graduates’ feelings of excitement and anticipation can quickly changes to feelings of stress. Newly licensed RNs have demonstrated competency to practice by meeting legal and professional requirements at a minimal level; however they will likely experience anxiety, role conflict, and a lack of confidence when making clinical judgments (Duscher, 2008; Fink, Krugman, Casey & Goode, 2008; Spector & Echternacht, 2010).

Until 1994 new RN graduates entered practice as “graduate nurses.” This classification included temporary permission to practice in a restricted role under supervision while awaiting the opportunity to take the State Board exam now known as the National Council Licensure Examination for Registered Nurses (NCLEX-RN). Since State Board exams were administered to blocks of students within each State, newly graduated RNs remained in the graduate nurse role for 3 to 4 months. An unintended consequence of computerized adapted testing (CAT) implemented in 1994 allowed new RN graduates to become licensed more quickly and
eliminated this transition period (National Council of State Boards of Nursing, 2006 Annual Report).

There are many factors that affect the new nurse’s ability to provide safe, appropriate, and effective patient care. Factors include increased patient acuity, the complexity of patients with chronic illnesses and co-morbidities, and the exponential growth of technology that reflects the changing face of nursing (Spector & Echternacht, 2010). Coupled with their lack of experience and their lack of site-specific knowledge, newly licensed RNs are not adequately prepared for their first job. As advanced beginners they are focused on patient care as a set of tasks that must be accomplished within an environment of undifferentiated priorities. The process of applying the evidence to individual patients may prove baffling to new RNs due to their limited experiential knowledge and clinical judgment (Ferguson & Day, 2007).

There are many issues that new nurses encounter as they enter the workforce. Nursing schools cannot adequately prepare students for practice in all different settings; each practice site requires that nurses learn a significant amount of specific knowledge. Transition to practice programs that acknowledge the career development issues that new nurses experience upon entry to practice will advance knowledge, expand competencies, and bridge the gap from student to professional nurse.

**Background**

While the need for effective transition to practice programs in nursing has been described for more than 70 years (Spector & Echternacht, 2010; Benner, 1984; Kramer, 1974, Townsend, 1931), there is new impetus for a standardized model. This model is focused on evidence-based practice, patient safety, and quality improvement particularly in the critical practice areas identified by Quality and Safety Education for Nurses (QSEN): quality, safety, evidence-based
inquiry, teamwork, patient-centered care, informatics and professionalism (Spector & Echternacht, 2010).

Currently the National Council of State Boards of Nursing (NCSBN) is conducting a randomized control study of residency and transition to practice programs in the hope that the nursing community will embrace an evidence-based standardized model that could be federally funded (Spector & Echternacht, 2010). Benner, Sutphen, Leonard, and Day (2009) called for a radical transformation of the education of the nation’s nurses and identified clinical residencies for all new graduates as part of their key recommendations. They further recommended that all newly licensed RNs be required to complete a one-year residency so that they are able to develop in-depth knowledge in one specialized area of clinical practice (Benner et al., 2009). While there are many successful transition-to-practice programs available now, transition experiences are also variable across levels of education and across settings. A standardized model that can be tailored to individual practice settings would assume that newly licensed RNs are not expected to “hit the ground running” (Spector, 2010).

Other health care professions including medicine, pharmacy, and physical therapy provide formalized transition-to-practice programs to their graduates and receive federal funding from the Centers for Medicare and Medicaid Services (CMS) for their programs. Currently a national standard does not exist for transitioning newly licensed RNs into practice. Thus orientation experiences vary widely. In some settings newly licensed RNs are challenged to begin their practice without any type of formalized orientation (National Council of State Boards of Nursing, 2013). Kramer (1974) defined reality shock for newly licensed RNs as the painful conflict that new nurses typically experience between the values imparted to them in nursing school and their experiences as new employees. It is imperative to more clearly identify the
critical elements of new nurse transition to practice programs so that creative strategies can be developed to support newly licensed RNs as they move into the role of a professional nurse (Marshburn, Keener, Engelke, & Swanson, 2009). The Institute of Medicine (IOM) 2010 report, The Future of Nursing: Leading Change and Advancing Health also notes the importance of transition-to-practice (residency) programs in improving retention of nurses, expanding competencies, and improving patient outcomes.

Local Problem

An interesting complication in California is that while there is no actual shortage of nursing positions in hospitals, there is a shortage of hospitals hiring RNs. According to the California Institute for Nursing and Healthcare (CINHC), 37% of California hospitals have 5462 unfilled RN positions but are only actively recruiting to fill less than half of them (California Institute for Nursing and Healthcare, 2011). The San Francisco Bay Area has been distinctly affected by this reduction in employment opportunities for newly licensed RNs, and it has become exceedingly clear that the most promising employment opportunities are outside of the inpatient setting (California Institute for Nursing and Health Care, 2011).

An opportunity exists because in the near future nursing care will be provided less in the traditional hospital setting and will instead occur more in community based ambulatory care settings. This transformation will include innovative nursing led services such as wellness centers and health promotion and disease prevention services. Preparation for this transformation includes determining the feasibility of transition to practice programs for newly licensed RNs in community based settings.

Transition-to-practice (nurse residency) programs are implemented to support the transition of newly licensed RNs into the reality of professional practice. The University of San Francisco
(USF) transition-to-practice program in ambulatory care was envisioned as an expansion of transition programs for newly licensed RNs throughout California that began in response to the newly licensed RN hiring crisis. The CINHC was instrumental in securing funds and re-granting funds to establish new graduate RN Transition Programs in the San Francisco Bay Area. These programs were both hospital and community-based.

Along with specific curriculum development for ambulatory care settings, an application was submitted for a waiver of practice requirements from the California Department of Public Health (CHPH) for home health participants. CHPH requires that RNs employed in licensed home health agencies have one-year previous professional nursing experience. California is one of a few states with this requirement. However a flexible waiver was granted that allows each home health agency to apply if they wish to hire a graduate RN at the end of the 4 month transition program with the stipulation that the agency will continue to mentor the newly licensed RN for a year to ensure safe and effective care. In 2010, approximately 43 percent of new graduates in California were unable to find jobs leaving California’s newly licensed RNs with fewer opportunities to gain experience and successfully transition into nursing practice. This temporary decline in job openings reflects the current economic situation and does not signal the end to a nursing shortage (California Institute for Nursing and Health Care, 2011).

**Intended Improvement/Purpose of Change**

The focus of the USF program is on community-based care that is provided in various ambulatory care settings. The program provides a way to: 1) build the skills and confidence of new graduates for practice outside the acute care setting, 2) keep new graduates engaged in nursing practice while improving their competencies, and 3) develop long-term relationships between nursing education and non-acute care settings that align integration between academic
expectations and clinical opportunities. For newly licensed RNs this transition program will bridge the gap from student nurse to graduate nurse with professional practice skills. The mission of the program is to promote professional role development of the newly licensed nurse to work as an advanced beginner RN in ambulatory care settings. Expected outcomes include improved patient safety that is achieved through an intensive transition to specific ambulatory care settings.

This present project will examine the importance and sustainability of transition to practice programs for newly licensed RNs in diverse ambulatory care settings. It will identify challenges and potential solutions for planning and implementing a transition to practice program in ambulatory care settings.

**Review of the Evidence**

Nurse residency and transition to practice programs are implemented to support the transition of newly licensed RNs into the reality of professional practice. There are many factors that have heightened awareness for these programs, and there is also growing evidence that there is a need for a standardized Transition to Practice model foremost because of the changes in health care over the past 2 decades. It is imperative that transition programs are implemented for all newly licensed RNs (Spector & Echternacht, 2010).

The changing health care demands of diverse patient populations and national emphasis on patient safety brought forth by the IOM: To Err is Human (1999) and further works of the IOM have heightened awareness related to needed changes in professional education, the development of transition-to-practice (nurse residency) programs, and quality improvements related to evidence-based practice rather than tradition. Evidence-based practice requires clinical reasoning and experiential learning (Spector & Echternacht, 2010); Ironside, 2009; Benner, Sutphen, Leonard, and Day, 2010). The lack of an effective transition for newly licensed RNs has
implications for patient care and safety and is also marked by high turnover rates during the first year of employment (Spector & Echternacht, 2010).

Health system leaders report that new graduate RNs are not ready to practice. Recent reports from the National Council of State Boards of Nursing (NCSBN) demonstrate that less than 50% of employers replied, “Yes definitely,” when surveyed on new graduates ability to provide safe, effective care (National Council of State Boards of Nursing, 2004). The New Graduate Nurse Performance Survey (2007) illustrated the preparation-practice gap and provided further evidence that academic and health care leaders need to work collaboratively to resolve it. The survey also suggested transition-to-practice (nurse residency) programs as an important strategy to improve new graduate nurse performance. This was particularly evident in the bottom third of competencies that included “management of responsibilities.” Competencies in this subset reflected items that were more applied in nature such as taking initiative, delegating, and tracking multiple responsibilities. These skills may be more easily assimilated in an experiential learning environment (Berkow, Virkstis, Stewart & Conway, 2008).

The impetus for transition to practice programs for newly licensed RNs has evolved because of the changes in healthcare in the past 20 years that include advancing technology, heightened awareness of safety processes, and complex systems that track outcomes of care (Spector & Echternacht, 2010; Ironside, 2009). According to Berkow et al. (2008) transition to practice programs can help to optimize new graduate performance. Clinical competency and management of multiple transitions not only affect the new RN but also the care of patients and health care organizations (Dracup & Morris, 2007). The lack of an effective transition for newly licensed RNs has implications for patient care and safety and is also marked by high turnover rates during the first year of employment (Spector & Echternacht, 2010).
Moreover new RNs may be lost to the profession further contributing to the impending nursing shortage. Further there is a prediction of an expertise gap in nursing that will occur as the overall level of nursing experience declines; older expert nurses will retire and the number of new graduates will increase. Implications for quality and safety of patients and an extension of the nursing shortage might be predicted. Orsolini-Hain and Malone (2007) describe this as a perfect storm to expand the nursing shortage, as predicted retirements will decrease the number of mentors available for new nurses. They pose that yearlong state mandated transition-to-practice programs may provide part of the solution when novice nurses are paired with mentors who are in the proficient stage of skill development (Orsolini-Hain & Malone, 2007; Spector & Echternacht, 2010).

Although much has been written about the impending U.S. nursing shortage it is important to look at what has happened over the past decade. Approximately twelve years ago a shift in the composition of the RN workforce was identified that indicated a dramatic decrease in the number of young women (ages 23-26) who chose nursing as a profession. Career opportunities outside of nursing for women expanded between 1983 and 1998 giving these women greater choices that resulted in a dramatic decrease of the RN workforce in women under the age of 30. The number of nurses in this age group dropped from 30 percent to 12 percent while the average age of working RNs increased by 4.5 years from 37.4 to 41.9 years (Auerbach, Buerhaus, & Staiger, 2011). This trend was alarming as it pointed to a decrease in the size of the RN workforce, as large numbers of nurses would retire without a younger cohort to replace them. This shortage that was estimated in 2001 forecasted a shortfall of 20% or approximately 40,000 RNs by 2020 (Auerbach et al., 2011).
Evidence suggests that these trends have been modified related to national recruitment initiatives, growth in two-year associate degree programs, and innovative baccalaureate programs. Numbers of younger working RNs have increased. Following a decade of low entry rates of younger cohorts, the number of young RNs (ages 23-26) has continued to rise since 2002 (Bureau of Labor Statistics, 2010). The rising numbers of younger nurses into the profession is a positive sign but does not answer the question whether this interest in nursing careers will continue its growth into the future particularly without an effective means to incorporate novice nurses into a complex health care environment.

A complicating factor of the surge of RNs who are entering the workforce is the current economy that has made it more difficult for newly licensed RNs to find jobs. Beginning in 2008 the economic downturn produced changes that created a perfect storm to reduce the number of jobs available for newly graduated RNs. The results were a decrease in hospital admissions, fewer elective surgeries, change in insurance coverage, and experienced nurses working increased hours or not retiring (Jones & West, 2010). Prior to the recession about 73,000 nurses left the profession each year but with financial uncertainty fewer have chosen to leave work. Though this helped to ease the immediate nursing shortage, most of these nurses are still in the workforce, as they do not see a convincing economic recovery yet. They are clogging the market and making it more difficult for newly licensed RNs to find jobs.

This phenomenon may certainly discourage potential nursing students from entering the profession. Approximately 850,000 nurses in the United States that represent a third of the RN workforce are between the ages of 50-64 (Buerhaus, Auerbach, Staiger, & Muench, 2013) and are expected to retire by 2020. In order for the number of working RNs to grow those retiring nurses must be replaced by an equal number of RNs who are entering the workforce. Younger
RNs entering the profession provide the key to long-term growth. Even if the nursing workforce continues to grow, it has become unclear if this workforce is ideally suited for the needs of the population. The 2010 IOM report: The Future of Nursing: “Leading Change, Advancing Health” serves as a roadmap for preparing the nation’s nurses for the critical role they are expected to play in an era of healthcare reform.

One of the eight recommendations in this landmark report to accomplish is the following: #3: Implement nurse residency programs. This recommendation states: State boards of nursing accrediting bodies, the federal government, and health care organizations should take actions to support nurses’ completion of a transition-to-practice program (nurse residency) after they have completed a pre-licensure or advanced practice degree or when they are transitioning into new clinical practice areas (Institute of Medicine, 2010). Along with this, it is predicted that a greater percentage of nursing care will be provided in the community to help meet the increasing needs of a burgeoning population of adults over the age of 65 years.

Community based care may also provide an improved model of wellness and prevention services, diagnosis and management of uncomplicated acute illnesses, and finally management of many chronic illnesses. This coupled with a decreasing primary care physician workforce suggests that nurses must be prepared to provide care in non-traditional settings (Fairman, Rowe, Hassmiller & Shalala, 2011; Spector & Echternacht, 2010). The IOM report also dealt with workforce needs in the U.S. The current healthcare trajectory demands that a greater percentage of nursing care will be provided in ambulatory care settings within the community.
Systematic Review

A systematic review of the literature was undertaken to learn more about the effectiveness of transition-to-practice (nurse residency) programs in supporting newly licensed RNs during their critical entry period and progression into practice. Transition-to-practice (nurse residency) programs were included. Nursing represents the largest sector of health professionals with more than 3 million nurses in the United States. For the first time the recent IOM report (2010) on the future of nursing recognized that nurses should be part of the health care policy discussion regarding the future care of patients (Institute of Medicine, 2010).

Along with this transition to practice programs are recommended for new graduate nurses. The IOM report, The Future of Nursing: Leading Change and Advancing Health recommended that all newly licensed nurses should have a residency program to serve as a bridge from nursing student to professional nurse. The aim of this systematic review was to identify evidence that transition to practice programs are an effective strategy to increase newly licensed nurses competence, confidence, and skills that will also increase their employability.

Methods

Inclusion Criteria

Studies met the following inclusion criteria: the subjects of the study were newly licensed RNs who have graduated within the previous 2 years from an accredited nursing program. The goals of the studies reflected evaluation of transition-to-practice (nurse residency) programs as an effective learning strategy for newly licensed RNs in hospital setting. Studies that reflect transition-to-practice (nurse residency) programs in ambulatory care settings were not found.
Exclusion Criteria

Publications that were editorials, narrative reviews, or letters to the editor were excluded. Studies using only qualitative data were also excluded. Studies were excluded if they were not in the English language.

Outcomes

Transitions to practice programs were examined as an effective strategy for consolidating knowledge and skills that are required for professional nursing practice. Other outcomes included participant satisfaction, critical thinking, level of confidence, retention, cost-benefit analysis, and skill performance that was examined by objective clinical examinations and questionnaires.

Literature Search Strategy

The following databases were searched from 2006 onward: CINAHL Plus, USF library online, AHRQ, EBSCO, Cochrane, and Joanna Briggs. The following key words that were used included: new nurse graduate, new RN, transition to practice, residency, orientation, and intern. A large number of potential studies were identified. Reviews were excluded for this systematic review but were searched for other potential studies.

Study Selection

Abstracts of citations of studies retrieved from database searches were examined for relevant content and then inclusion/exclusion criteria. Full text was obtained when criteria were met or it was determined that the study contained information that potentially would meet criteria. A final selection was made based on the availability of primary outcome data. While all
of the studies in this review are based on hospital transition-to-practice (nurse residency) programs they remain relevant for the present project. No studies that examined transition-to-practice (nurse residency) programs in ambulatory care settings were found.

**Study Evaluation**

Studies were evaluated using the STROBE checklist (von Elm et al., 2007). The STROBE checklist was chosen as the best method of evaluation as the majority of these studies were observational in nature, and this checklist was developed specifically to assist with evaluation of observational studies (see Appendix A for STROBE guidelines and Appendix B for evaluation of studies using the STROBE checklist).

**Results**

Of approximately 253 citations identified in the initial search, eight were selected for full retrieval. All eight of the studies that were selected evaluated the effectiveness of transition to practice programs for newly licensed RNs (Table 1).

Table 1

*Description of Studies Included in the Systematic Review*

<table>
<thead>
<tr>
<th>Study</th>
<th>Year Published</th>
<th>Study Design</th>
<th>Goal(s) of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beecroft, Dorey, and Wenten Six pediatric hospitals</td>
<td>2008</td>
<td>7-year prospective longitudinal study</td>
<td>Aim was to determine a relationship of new nurse turnover intent in the 18 months following a residency program.</td>
</tr>
<tr>
<td>Authors</td>
<td>Year</td>
<td>Study Type</td>
<td>Findings/Results</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------</td>
<td>--------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Goode, Lynn, and McElroy</td>
<td>2013</td>
<td>Descriptive case study</td>
<td>Year long hospital residency; post-baccalaureate. Residents demonstrated improvement in skills and competencies. Improved comfort with intra and inter-professional care team members. Stress scores decreased. Turnover rates decreased.</td>
</tr>
<tr>
<td>Kowalski &amp; Cross</td>
<td>2010</td>
<td>Descriptive Case Study</td>
<td>Report preliminary findings on new nurse graduates participating in a year-long residency program at 2 hospitals in Las Vegas, NV</td>
</tr>
<tr>
<td>Trepanier, Early, Ulrich, and Cherry</td>
<td>2012</td>
<td>Descriptive case study</td>
<td>A new graduate residency program was associated with a decrease in the 12-month turnover rate from 36.8% pre-residency to 6.41% post-residency. Evaluation also demonstrated a decrease in contract labor usage</td>
</tr>
<tr>
<td>Ulrich et al.</td>
<td>2010</td>
<td>10 year longitudinal study</td>
<td>Demonstrated an accelerated increase in competence, confidence, and leadership. Showed a significant decrease in turnover rates.</td>
</tr>
<tr>
<td>Authors</td>
<td>Year</td>
<td>Study Design</td>
<td>Summary</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>------</td>
<td>---------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Marshburn, Engelke, and Swanson</td>
<td>2009</td>
<td>Descriptive correlative design</td>
<td>Compared new nurses performance based measurements to their perceptions of clinical competence. Provides information that suggests transition programs may be important to fill gaps in new nurses’ perception and actual performance that could lead to patient safety issues.</td>
</tr>
<tr>
<td>Williams, Goode, Kresk, Bednash, and Lynn</td>
<td>2007</td>
<td>Longitudinal, descriptive study</td>
<td>This study showed a V shaped pattern of high scores at entry to the program, a decline at 6 months, and return to higher scores at 12 months that may depict the reality shock described by Kramer (1974).</td>
</tr>
<tr>
<td>Kowalski &amp; Cross</td>
<td>2010</td>
<td>Descriptive Case Study</td>
<td>Study showed improved clinical competencies throughout the yearlong program with improved leadership skills. The first year retention rate was 78%</td>
</tr>
<tr>
<td>Roth &amp; Johnson</td>
<td>2011</td>
<td>Longitudinal design</td>
<td>Study found that the quality of the preceptor-new graduate nurse relationship was key in increasing the new nurse’s self-reported competence. Higher self-reported competence scores correlated with fewer</td>
</tr>
</tbody>
</table>
The primary outcomes of studies are presented in Table 2.

Table 2

*Primary Outcomes of Studies*

<table>
<thead>
<tr>
<th>Study</th>
<th>Primary Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams</td>
<td>Descriptive data from this study suggests that the dynamics of what occurs over time within a residency program is complex. Reports a V pattern of residents’ perception via survey that show high scores at entry to the program, a decline at 6 months and return to higher scores at 12 months that may depict the reality shock described by Kramer (1974).</td>
</tr>
<tr>
<td>Beecroft</td>
<td>When new graduate RNs were satisfied with their jobs and felt committed to the organization, their retention was high.</td>
</tr>
<tr>
<td>Goode</td>
<td>Year-long hospital postbaccalaureate program. Residents demonstrated improvements in skills and competencies.</td>
</tr>
<tr>
<td>Marshburn</td>
<td>Compared new nurses performance based on measurements to their perceptions of clinical competence. Suggests that transition programs may be important to fill gaps in new nurses’ perceptions and actual performance that could lead to improvement in patient safety issues.</td>
</tr>
<tr>
<td>Kowalski</td>
<td>Findings indicate improved clinical competency throughout the program and an increase in leadership and communication skills. This year-long residency</td>
</tr>
</tbody>
</table>
program’s retention rate was 78% for the first cohort.

Ulrich

Demonstrated an accelerated increase in competence, confidence, and leadership.

Study reported a significant decrease in turnover rates.

Roth

Findings showed that the quality of preceptor-new graduate nurse relationship was key in increasing the new nurse’s self-reported competence. Higher self-reported competence scores correlated with fewer practice errors at 4 and 6 months respectively.

Trepanier

A new graduate residency program was associated with a decrease in the 12-month turnover rate from 36.8% pre-residency to 6.41% post-residency.

This study also demonstrated a decrease in contract labor usage.

Discussion

All of the studies in this review used convenience samples and examined slightly different concepts within transition to practice (residency) programs. The purpose of all of these programs is to bridge the student to professional gap. The programs described in these studies included classroom days with additional clinical support in the form of preceptorships. Most of the programs in this review were hospital based and varied in length from 18 weeks to 12 months so that they are not generalizable to transition to practice programs in ambulatory care settings that reflect academic practice partnerships and a shorter transition program length.

Of the eight studies reviewed (Marshburn, 2009; Trepanier, 2012; Beecroft, 2007; Goode, 2009; Ulrich, 2010; Williams, 2007; Kowalski & Cross, 2010; Roth, 2011) critical thinking, skill acquisition, increased knowledge, confidence and resident satisfaction are all discussed as outcomes of experiencing a transition to practice program. Ulrich et al. (2010) also discusses the
development of competent and confident new graduate nurses as a major challenge and reports on a previously failed new graduate internship at the Children’s Hospital in 1999. From this the Versant RN residency was born. Ulrich et al. (2010) analyzed the Versant and found a positive effect on nursing competencies, job satisfaction, self-confidence, inter-professional relationships and turnover rates. Beecroft et al. (2008) also found that higher scores on work environment and organizational satisfaction decreased the likelihood that new nursing graduates would be in the group that signified intended turnover. Ulrich (2010) also found that lower turnover rate was associated with organizations that had experience in running transition programs.

Williams et al. (2007) used the Casey-Fink Graduate Nurse Experience Survey (CFGNES) as a measure to assess the residents’ experience in a postbaccalaureate residency program. Findings in this study were expected increases in the ability to organize and prioritize care, communication, leadership, professional satisfaction and support. Results from the CFGNES stress scale demonstrated a significant reduction in stress from the beginning to the end of the program. Marshburn, Engelke, & Swanson (2009) examined the relationship between new nursing graduates’ perceptions of clinical performance and actual performance-based measurements. The CFGNES was used in this study to measure clinical competence. Study results showed a significant relationship between previous experience and problem management. Nurses who had previous experience as nursing assistants, licensed practical nurses, nurse externs, or emergency medical technicians were more likely to be able to problem solve and demonstrated more confidence in communicating with patients, families, and members of the health care team. This study shows that as a nurse becomes more self-confident and comfortable with their skills they are more likely to be successful in their performance. Overall experience does seem to have a positive effect on the new nurses’ preparation for practice, and this study
give further credence to the importance of implementing and evaluating transition to practice programs in all settings.

Six of the eight studies reviewed found that having a transition program resulted in a cost-benefit for the hospital due to decreased turnover of nursing staff. Trepanier et al. (2012) described increased organizational commitment that is reflected in a 12-month turnover rate across 15 hospitals that improved from a mean of 36.8% pre-residency program to a mean of 6.41% post residency. The findings of this study also show that the costs for contract labor declined following a residency program. Kowalski & Cross (2010) also found that year-long nurse residency programs were instrumental in decreasing costs associated with nursing turnover in new graduates. They also found improved clinical competency throughout the year-long program, decreased stress levels, and improved communication and leadership skills.

Goode et al. (2013) examined outcomes from 10 years of research on a post-baccalaureate nurse residency program. Participating hospitals reported improved retention rates for new nurse graduates in residency programs. The study also confirmed residents’ improved perception of their ability to organize and prioritize their work, communicate, and provide clinical leadership. Many of the studies revealed a trend for residents to start their programs with relatively high self-perceptions with a significant dip at 6 months in residents’ self perceptions of support and professional satisfaction followed by a significant increase between the mid point and the end of the program.

Roth and Johnson (2011) found that higher positive ratings for the preceptor relationship correlated with higher levels of self-reported competency scores for the new graduate nurse. The study also found that higher competency scores were associated with fewer practice errors at 4
and 6 months. According to Roth and Johnson (2011) preceptor support for new nurse graduates will promote safe patient care and also help to address nursing staff turnover rates. The results of this systematic review are consistent with evidence that suggests that transition-to-practice (nurse residency) programs should be implemented in all health care settings for newly licensed RNs. This project will provide information about a transition-to-practice (nurse residency) practice program that is focused on ambulatory care settings that will arm new RNs with the necessary knowledge and skills to provide safe, effective, and appropriate patient care within the community. Development of transition-to-practice (nurse residency) programs in diverse ambulatory care settings within the community is an important strategy for redesigning practice environments to improve patient outcomes.

**Conceptual/Theoretical Framework**

The Dreyfus Model of Skill Acquisition is an applicable conceptual model in the examination of transition to practice programs for newly licensed RNs in ambulatory care setting because this framework acknowledges a perspective that describes skill acquisition and articulation of knowledge embedded in expert nursing practice (Benner, 2004). The Dreyfus model describes how students acquire skills through formal instruction. It was developed by Stuart E. Dreyfus and Hubert L. Dreyfus a mathematician, and a systems analyst respectively and is based on the study of ways that students acquire skills through formal instruction and practice.

The original study Dreyfus (1980) looked at highly skilled practitioners including commercial airline pilots and world-renowned chess masters to investigate the nature of knowledge and expertise. The study also focused on training emergency-response behaviors by aircraft pilots by either rules or simulations. Dreyfus (1979) found that only a situational or
simulation model of instruction could produce highly skilled emergency response behavior because experience gained in this way most effectively led to knowledge acquisition (Benner, 1984, Dreyfus, 1979). This research demonstrated changes in response that occur as knowledge is gained.

More skills are not just gained; rather fundamental differences are experienced in how the world is perceived. External factors that either help performance or hinder it change as well. The Dreyfus model describes how and why abilities, attitudes, and perspectives change according to skill level. According to the model it is important to consider that learners are neither novice nor expert at all things; rather they are at one of these stages in some particular skill domain. The original model proposes that a learner passes through five distinct stages of skill acquisition as follows: novice, advanced beginner, competent, proficient, and expert (Dreyfus & Dreyfus, 1980).

The Dreyfus model has illustrated ongoing research on skill acquisition and articulation of knowledge that is embedded in expert practice in nursing. It is a unique tool that Benner (1982) applied to nursing to interpret practice and to develop guidelines for knowledge and career development in clinical nursing practice (Benner, 1984). Benner (1982) discussed many of the same issues that are relevant today including increased patient acuity, decreased hospitalizations, and the growth of health care technology and specialization as a need for more experienced nurses. The development of Benner’s theory included five stages of skills from novice to expert. The novice stage of skill acquisition occurs in areas in which the beginner has no experiential background to base understanding of the clinical situation. This beginner nurse is guided by rules and guidelines in order to perform patient tasks in a safe manner. The second stage or advanced beginner has dealt with enough real
situations to note the recurrent, meaningful situational components that are aspects of a specific situation. However they are still unable to differentiate importance of actions (Benner, 1982) In the second stage a newly licensed RN is usually struck by the fact that he or she now has full legal and professional responsibility for patients. Advanced beginners are still governed by the rules that they have learned and are only able to take in a little of the situation at hand. The third stage is reflected by a nurse who has two or three years of experience and is able to view his or her actions in terms of long range goals utilizing more analytical and abstract ways of thinking. The fourth stage is proficient and at this stage the nurse perceives the situation as a whole rather than just in terms of aspects. Experience has taught the proficient nurse what to expect in a given situation and how to modify plans in response to events that occur. The last stage is that of expert who has an extensive background of experience with an intuitive grasp of the situation. This level of proficiency is characterized by knowing what is possible in a given clinical situation and is very useful in expanding the scope of practice of nurses who are less proficient. Experience as it is understood in this context does not just reflect the passage of time as a nurse; it is the refinement of theory and preconception through encountering unique patient situations that add nuances to the theory (Benner, 1982).

The Benner model of skills acquisition in nursing is an influential model that describes the evolution of nursing professionals. The concepts outlined in this model have application for transition to practice (residency) programs and provide a foundation for all preceptor programs. Understanding the nuances that can be observed at various stages of skill acquisition can assist in providing a framework for transition to practice programs (Benner, Sutphen, Leonard, & Day, 2010). The aims of this project include building the skills and confidence of new graduates in ambulatory care settings and maintaining their engagement with nursing practice while
improving their competencies. Skill acquisition and individual practices are integral to Benner’s model and its broad perspective serves as an appropriate framework for this project.

Methods

Ethical Issues

It is not anticipated that there will be any risk to patients associated with this project. This project represents an effort to increase the skills and competencies of newly licensed RNs that will lead to improved patient outcomes. New RN graduates in this project are transitioning into practice in ambulatory care settings within the community. Kramer (1974) provided the most significant research on the experience of transition to practice that described large discrepancies between what new graduates understand about nursing from their education and what they experience in actual health settings. This reflects an important ethical issue that the nursing profession has a responsibility to provide support to newly licensed RNs as they transition into professional practice (Mariani, 2012, Duscher, 2008, Hoffart, 2011). Despite many years of effort to ease the transition for new nurses there is still no standardized model to address this need. Moreover there is a need to establish best practices to ensure increased quality of care (Spector & Echternacht, 2010).

This project honors the ethical principles of beneficence and justice. Nurses have an obligation to provide care for patients. Nurses’ motivation to care for others is generated by moral reasoning and individual nurses have a duty to fulfill the promise that the profession has made to society (Burkhardt & Nathaniel, 2013). Clearly an ethical responsibility exists to support newly licensed RNs as they transition into their professional roles. This obligation includes equipping them with specific clinical reasoning skills and preparing them to act as moral agents.
in the community with patients and families in situations that are often undetermined, and changing (Benner et al. 2010).

Justice is the ethical principle that relates to fair, equitable, and appropriate treatment (Burkhardt & Nathaniel, 2013). Following Kramer (1974) there have been only a few studies reporting on the new graduate nurse employment experience beyond the initial orientation period (Mariani, 2012). It is important to understand the experiences of the new RN graduate so that effective strategies can be developed to provide a consistent transition from newly licensed RN to qualified nursing professional. Nursing care is predicted to occur less in traditional hospital settings in the near future; therefore it is important to expand transition to practice programs outside of acute care settings. Community-based programs will prepare new nurses for successful practice in ambulatory care who will then be ready for the expected transformation of nursing care into the community.

**Setting**

The setting for the USF RN transition-to-practice program is the USF School of Nursing and Health Sciences and various ambulatory care sites. The program is offered in conjunction with academic practice partners within the community. Academic practice partnerships provide an effective way to strengthen nursing practice in order to lead change and advance health. There is a continued effort within the partnership to address the IOM recommendations for the future of nursing as well as a commitment to work together to provide an evidence based transition to practice program that is both sustainable and cost-effective (Beal et al., 2012).

The USF community-based transition-to-practice program in ambulatory care settings began in 2010 as a collaborative effort between USF and the CINHC, and various community partners. The initial clinical placements included school nursing and ambulatory care clinics. The current program has been expanded and includes 16 weeks of didactic and simulated experiences for
home health, hospice, and ambulatory care clinics, school nursing, transitional care programs, public health programs, and pediatric clinics. Program participants are selected by application and must be licensed RNs who are either unemployed or under-employed who have graduated from an accredited nursing program within the past two years. Participants all have less than 12 months of practice experience.

**Newly Licensed RNs Learning Needs and Transition Experiences**

The USF program promotes the professional development of the newly licensed RN and strives to meet their learning needs to enhance their transition experience. The program has also provided support and healing to the new RNs who are experiencing symptoms of anxiety, low self esteem, sadness, and grief related to high unemployment rates. When asked to share their experiences as newly licensed RNs, the participants reported feeling both confident and fearful. Recognition of all that they had learned in their nursing programs along with fear of the unknown in patient situations comprised these conflicting emotions. Nurses in transition-to-practice (nurse residency) programs express commitment to successfully transitioning into practice (Dyess & Sherman, 2009). The most important evidence for the implementation of transition-to-practice (nurse residency) programs for newly licensed RNs comes from their own statements. One new graduate said: “I am frightened for my patient and for my license” (Spector & Echternacht, 2010). Others have reported panic and dread, are overwhelmed by the number of tasks required to care for an acutely ill patient and fear that they may harm the patient (Dracup & Morris, 2007).

While the USF transition-to-practice (nurse residency) program is four months in length, current literature suggests that new graduates require support through their first year of practice to allow for further development of clinical knowledge and to allow for debriefing opportunities
for specific patient experiences. This recommendation for a longer length of support is consistent with the theoretical stage of acquiring clinical competence and acknowledges that novice nurses or advanced beginners do not have a clear understanding of the brand-new situations in which they are expected to perform (Benner, 1984; Dyess & Sherman, 2009).

**Institutional Review**

This project has been found to meet the guidelines for an Evidence-Based Change in Practice Project and is exempt from Institutional Review Board review (see appendix C).

**Planning the Intervention**

The present USF transition-to-practice (nurse residency) program in ambulatory care settings was envisioned as an expansion of residency programs for new graduate RNs throughout California. It was also expanded from the initial USF program that included school nursing and clinic consortium placements. The mission of the program is to promote professional role development of newly licensed RNs to work as advanced beginners in diverse ambulatory care settings. Prior to the inception of the program a detailed proposal was created to provide direction for the program. As part of the appraisal process this plan contained program details and explored the financial feasibility of the program.

**Options**

Option #1 was to do nothing and keep the status quo. If an expanded transition to practice program in ambulatory care settings was not implemented the numbers of new graduate RNs in the Northern California Bay Area who were unable to secure employment would continue to increase. There is also a risk of a nursing shortage in community-based settings that would also impact patient care. There is an additional risk that new nurses will leave the profession in order to obtain employment.
Option #2 included the creation of a transition to practice program in ambulatory care settings that was comprised of diverse settings as previously described. The benefits of this option include the creation of a younger work force of RNs that will fill the impending gap in community health settings.

Option #3 included developing a more intensive program for preceptor training and further expansion of the program as a post-baccalaureate course.

**Cost-Benefit analysis**

Continuous declines in cost reimbursement have created financial instability in today’s healthcare environment. This has contributed to the decrease in new RN graduate hiring and orientation during the onboarding period. Conversely this has occurred at a time when there is increased patient acuity and complex technology. For newly licensed RNs who make up approximately 10% of the workforce in acute care settings this extra burden suggests the need for residency programs that will successfully transition them into the RN role (Trepanier, Early, Ulrich, & Cherry, 2010). While there is scant literature on the cost benefit of transition-to-practice (nurse residency) programs, a recent study found a positive economic outcome in 15 community hospitals across the nation (Trepanier et al., 2010). Findings from this study demonstrated a decrease in a 12-month turnover rate from 36.08% to 6.41% and a significant reduction in contract labor usage (Trepanier et al., 2010).

A specific cost-benefit has not been measured for the USF transition-to-practice (nurse residency) program although some of the community agencies have suggested that the program does provide a cost-benefit since orientation and onboarding activities are completed during the program. In the short term it is not certain that the program provides a financial benefit for all partnering agencies However, over the long term newly graduated RNs will gain valuable
experience in community settings that will benefit patients and also provide a bridge for new graduates to more effectively transition into ambulatory care settings. To date this program has been funded by grants. Due to the generosity of grantors, participants are eligible to receive a small stipend of $500.00 following successful completion of the program. This is an important incentive for attaining the required clinical hours. Partner agencies also receive an honorarium for participation to help defray some of the agency costs.

**Market and competition analysis**

As part of the strategic plan a thorough analysis of the strengths, weaknesses, opportunities, and threats (SWOT analysis) associated with the project was conducted. Identification of SWOTs was essential to identify both internal and external aspects that will either positively or negatively affect the project (Harris, Roussel, Walters, & Dearman, 2011). SWOT is also an important planning strategy for achievement of selected objectives may be derived from SWOT.

Table 3

**SWOT Analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides a successful transition as entry to practice in community settings</td>
<td>Lack of knowledge of community agencies regarding the importance of transition programs in ambulatory settings</td>
<td>Expansion of the transition program following demonstration project. Collaboration with community partners to develop standardized experience for new graduate RNs in agency</td>
<td>Strong belief by home health and hospice agencies and other ambulatory care sites that 1-year hospital experience is necessary prior to agency employment. Competition for participants will increase, as more residency programs are available. Funding for program sustainability</td>
</tr>
<tr>
<td>Strengths</td>
<td>Weaknesses</td>
<td>Opportunities</td>
<td>Threats</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
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<td>---------</td>
</tr>
<tr>
<td>Program will fill a gap as newly graduated RNs currently have fewer job opportunities</td>
<td>No standardized preceptor experience for participants. Decreased productivity of preceptor in agency during transition program</td>
<td>Process for completion of waiver is streamlined for participating home health agencies</td>
<td>Inability to obtain waiver from Department of Public Health for 1-year experience for home health placements</td>
</tr>
<tr>
<td>Program assists in the prevention of a potential nursing shortage.</td>
<td>Ongoing funding for the program is uncertain.</td>
<td>Obtain grant funding to continue program that will allow for increase in stipend received by participants. Program will become post-baccalaureate and newly licensed RNs may earn MSN credit for completing a graduate level project.</td>
<td>Worldview of community partners reflects lack of understanding of potential nursing shortage. Participants’ ability to sustain themselves financially over course of program.</td>
</tr>
<tr>
<td>Prepares new graduates for home health nurse as entry to practice</td>
<td>Lack of formalized preceptor training</td>
<td>Formalization and standardization of preceptor training program</td>
<td>Lack of nurses who are willing to precept new grads</td>
</tr>
<tr>
<td>Program is in line with IOM recommendations that nursing residency programs should be implemented</td>
<td>As a result of the economy, employers are not budgeting for transition programs</td>
<td>Return on investment (ROI) will reflect a younger work force that can meet the health care needs of the population in community setting</td>
<td>ROI will not be realized</td>
</tr>
</tbody>
</table>

**Implementation/Program Design**

The USF ambulatory care transition to practice program includes 16 weeks of didactic and simulated experiences related to specific clinical area placements. New graduates spend a total of 64 hours in the didactic and simulation learning portion of the course and will work in their clinical settings 20-24 hours per week to gain a minimum total of 320 clinical hours. More clinical hours are optional and based on individual and clinical site needs. Both the clinical and
didactic segments are supported by web-based assignments and group work. Two cohorts of participants completed the program in 2012. A third cohort began in August 2013. The conceptual framework of the program was designed to reflect the unique domain of ambulatory care nursing and the scope and standards of practice for professional ambulatory care (Baker-Laughlin, 2013). It is also focused on competencies that include patient safety and outcomes. The curriculum is structured to enhance the new graduate’s knowledge of quality and safety competencies as outlined by QSEN. Other core competencies include patient care and interprofessional collaboration, professional role development, management of patient care, ethics, and end-of-life care. An important curriculum assignment includes a requirement to complete a Quality Improvement project individually or as part of a team at the participants’ respective clinical sites. This evidence-based project provides a way to get staff involved in evidence-based practice and can serve as a catalyst for transforming clinical practice areas. Faculty from USF teach the didactic and simulation portions of the course while each newly licensed RN is assigned a preceptor at their respective community agency for the clinical portion of their experience. The following reflects the planning schedule for the USF Transition-to-Practice Program for newly licensed RNs and for the present DNP project.

Table 4

Timeline

**November 2011** Contact and secure community partners for program. Complete curriculum design with input from Advisory committee.

**December 2011** Review curriculum with community partners; discuss possibility of hiring program participants following successful completion of transition to practice program. Include continued mentoring for 8 months following the
conclusion of the program.

January 2012
Meet with California Department of Public Health to develop protocol for waiver for 1-year hospital experience requirement for home health agencies. Accept applications for the program.

February 2012
Review applications and in conjunction with community partners conduct applicant interviews. Secure program faculty to include DNP students.

March 2012
Notify applicants of acceptance into program.

April 2012
Transition program begins.

August 2012
Complete program evaluation for 1st cohort.

Planning the Study of the Intervention

The success of previous transition programs as measured by the participant’s self-assessment and preceptor evaluation, suggests that new graduate programs in ambulatory care settings have a valuable and important place in the transition from classroom to clinical practice and from novice nurse to qualified nursing professional. Evaluation data used to demonstrate the success that USF’s Transition-to-Practice Program in Ambulatory Care Settings for newly licensed RNs will show the intended goals of increasing new graduates’ skills, clinical competence, and confidence thus improving their employability and optimizing patient outcomes. Data from the Quality and Safety Education for Nurses competency assessment tool and from the Casey-Fink Graduate Nurse Experience Survey will be compared within groups and between groups in order to evaluate the program.
Participants

The present project is comprised of newly licensed RNs enrolled in the USF transition-to-practice program in two cohorts during 2012. The application process for the USF RN Transition-to-Practice program requires that each applicant (a) submit a copy of their resume (including GPA for nursing major), along with a completed application that includes nursing positions that they have held since graduation, and any healthcare related volunteer experiences; (b) describe what ambulatory care nursing means to them in the following settings: home health, clinic, or school nursing and how working in any of these areas will contribute to their professional development; (c) delineate at least one learning outcome that will be achieved from working in an ambulatory care clinical setting; (d) discuss any restrictions for participation to include work/schedule conflicts, transportation, lack of health insurance etc. and; (e) submit a copy of their RN license CPR card, and if applicable Public Health Nurse Certificate (PHN). Applicants are also required to describe their efforts to obtain employment since graduation and to list any other degrees outside of nursing. There were at least three qualified applicants for each program slot.

Following acceptance into the USF RN Transition-to-Practice program, applicants are required to submit the following:

- Pre-clinical requirements as outlined by individual clinical agency to include proof of malpractice insurance (provided through USF program)
- $100 non-refundable processing fee to USF.
- Detailed assessment form as part of the selection process that may require a telephone, web link, or in person interview with a specific clinical agency.
Applications are sorted into a spreadsheet to facilitate review by specific clinical agencies, and then interviews are conducted by the clinical agencies for participant selection. No tuition is charged for participation in the program, and clinical placements within the program are not paid positions. A $500 stipend is awarded at the end of the program to all participants who complete the required 320 clinical hours. (see Appendix C for USF RN resident program in ambulatory care settings application form).

**Methods of Evaluation**

Data for program evaluation is comprised of the following metrics:

- Quality and Safety Education for Nurses (QSEN)
- Casey-Fink Graduate Nurse Experience Survey (CFGNES)
- First Employer Survey
- Employment Tracking

The QSEN Competency Assessment Tool evaluates the development of the participants’ competencies in the following areas both pre and post program: patient-centered care, communication, safety, informatics, evidence-based practice, teamwork and collaboration, professionalism and quality. Specific measures in each of these categories are measured throughout the program in the clinical and classrooms setting.

The CFGNES measures participant confidence pre and post program. Data are collected online at the beginning and upon completion of the program.

The First Employer Survey is one that first employers complete 3 months following employment of the transition RN to assess the new hire’s ability to effectively transition to a professional nursing role.
Employment Tracking is utilized to measure new graduate RN employment attainment and turnover rates. A follow-up survey is sent to employers after one year of employment of the transition RN. As shown in the table below the evaluation tools utilized in the program are aligned with the goals of the program.

Table 4

*Standard Evaluation Goals and Tool*

<table>
<thead>
<tr>
<th>Program Goal</th>
<th>Tool for Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build confidence</td>
<td>Casey-Fink Graduate Nurse Experience Survey</td>
</tr>
<tr>
<td>Build competence</td>
<td>Brief Competency Assessment Tool (QSEN) based</td>
</tr>
<tr>
<td>Effective transition to the workforce</td>
<td>RN Transition Program Survey to 1st employers of program graduates</td>
</tr>
<tr>
<td>Decrease new graduate RN turnover</td>
<td>Follow-up survey with 1st employers of program graduates after 1 year of employment</td>
</tr>
</tbody>
</table>

The present project used data collected from survey tools that were identified based on recommendations from a California RN Transition Advisory Board Committee lead by the CINHC and representing nursing leaders and Transition Program coordinators. These instruments and the timeline of their use are described as follows: The CFGNES, (see Appendix D) has a reliability factor of .71 to .90 with an internal consistency of $a .89$. This survey was developed in 1999 and has been revised with the latest revision in 2006. This survey is completed by transition RNs at the beginning and at the end of the program to measure their confidence and perceived competence. The survey consists of five sections. The first section includes items that relate to skills and procedures that the graduate nurse is uncomfortable performing independently. The second section is comprised of 24 questions that use either a
4-point balanced response format, or “yes” or “no” answers to a series of stressors. The non-stress items address the newly licensed RNs professional comfort, expectations and level of support. The items in section three relate to satisfaction with their clinical site, and the items in section four and five are demographic and also include open-ended questions that allow the transition RN to express their impressions of their experiences (Casey, Fink, Krugman, & Propst, 2004). Permission was obtained to use the Casey-Fink Graduate Nurse Experience Survey.

Competence of the program participants is measured using the New Graduate RN Transition Program Competency assessment tool that was created by the RN Transition Program Advisory Board (see Appendix E). This competency tool is based on the six Quality and Safety Education for Nurses (QSEN) competencies: patient-centered care, teamwork and collaboration, evidence based practice, quality improvement, safety, and informatics. The Lasater Clinical Judgment Rubric was used as a model for scoring the QSEN based competency assessment tool to rate the transition RN as beginning, developing, or accomplished (see Appendix F). The evaluation scale was tabulated as following: Beginning competence = 1; developing competence = 2; accomplished competence = 3, and not applicable was coded as a 0. The long form of the QSEN evaluation is also provided to preceptors to use as a reference when completing the brief form for their transition RN. Employment tracking is also used as a measure to evaluate the success of the program and will be discussed for the two cohorts in 2012.

Analysis

The completion of Casey-Fink and the QSEN based competency assessment surveys for the two cohorts in 2012 was more difficult than initially anticipated. During both cohorts the pre CFGNES was completed by all of the participants; over 1/3 of the transition RNs did not complete the post program CFGNES. Of the top three skills and procedures that the transition
RNs felt uncomfortable performing the highest percentage were blood draws (venipuncture) at 38.9%, electrocardiogram (EKG, ECG) monitoring and interpretation at 27.9% and intravenous (IV) starts at 33.3%. Sixty percent of the newly licensed RNs indicated that they were experiencing stress in their personal lives with 90% reporting that the personal stress was caused by finances. The following table shows role transition difficulties that were experienced by the respondents.

Table 5

*Role Transition Spring Cohort 2012*

<table>
<thead>
<tr>
<th>Casey-Fink</th>
<th>Beginning <em>(N=15)</em></th>
<th>End <em>(N=10)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Role expectations (e.g. Autonomy, more responsibility)</td>
<td>28.6%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Lack of confidence (e.g. communication skills, delegation, knowledge deficit, critical thinking)</td>
<td>71.4%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Workload (e.g. organizing, prioritizing, feeling overwhelmed, patient acuity)</td>
<td>21.4%</td>
<td>14.3%</td>
</tr>
<tr>
<td>Fears (e.g. patient safety)</td>
<td>35.7%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Orientation issues (e.g. work area familiarization, technology, relationship with preceptors, information overload)</td>
<td>57.1%</td>
<td>28.6%</td>
</tr>
</tbody>
</table>
Table 6

*Role Transition Fall Cohort 2012*

<table>
<thead>
<tr>
<th>Casey-Fink</th>
<th>Beginning (N=18)</th>
<th>End (N=12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role expectations (e.g. Autonomy, more responsibility)</td>
<td>47.6%</td>
<td>50%</td>
</tr>
<tr>
<td>Lack of confidence (e.g. communication skills, delegation, knowledge deficit, critical thinking)</td>
<td>85.7%</td>
<td>83%</td>
</tr>
<tr>
<td>Workload (e.g. organizing, prioritizing, feeling overwhelmed, patient acuity)</td>
<td>19%</td>
<td>42.8%</td>
</tr>
<tr>
<td>Fears (e.g. patient safety)</td>
<td>42.8%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Orientation issues (e.g. work area familiarization, technology, relationship with preceptors, information overload)</td>
<td>47.6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Role expectation difficulties increased at the end of the program for both cohorts and may reflect a general trend that has been noted in other transition to practice (residency) programs that are longer than four months. Participants rate their professional satisfaction fairly high at the beginning of their transition to practice program. A decrease occurs mid-way and then either stabilizes or increases by completion of the program (Goode et al., 2013). Program participants in this both cohorts reflect a mean age of 39 years and 37 years respectively. Thus for some of these participants, nursing was chosen as a second career. That is also consistent with many of the participants having other undergraduate degrees as seen below. Demographics from the initial CFGNES for the spring and fall 2012 cohorts are shown in the following tables.
Table 7

*Demographic Data for Casey-Fink New Graduate Nurse Experience Survey: Spring (N =15)*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Year of Graduation with Nursing degree</th>
<th>Degrees Awarded</th>
<th>Non-nursing college degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-54 years</td>
<td>Female: 93%</td>
<td>White: 66%</td>
<td>2009: 6%</td>
<td>ADN: 40%</td>
<td>Yes 12=80%</td>
</tr>
<tr>
<td>Mean=39</td>
<td>Male: 7%</td>
<td>Asian: 20%</td>
<td>2010: 42%</td>
<td>BSN: 45%</td>
<td>No 3=20%</td>
</tr>
<tr>
<td></td>
<td>Latino or Hispanic: 7%</td>
<td>2011: 52%</td>
<td>MSN: 15%</td>
<td>Bachelor’s Degree</td>
<td></td>
</tr>
</tbody>
</table>

Table 8

*Demographic Data for Casey-Fink Nurse Experience Survey: Fall (N=17)*

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Gender</th>
<th>Ethnicity</th>
<th>Year of Graduation with Nursing degree</th>
<th>Degrees Awarded</th>
<th>Non-nursing college degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>22-60 years</td>
<td>Female: 82%</td>
<td>White: 65%</td>
<td>2011: 53%</td>
<td>ADN: 23%</td>
<td>Yes =70.5%</td>
</tr>
<tr>
<td>Mean =37</td>
<td>Male: 18%</td>
<td>Asian: 23%</td>
<td>2012: 47%</td>
<td>BSN: 71%</td>
<td>No=29.5%</td>
</tr>
<tr>
<td></td>
<td>Latino or Hispanic: 6%</td>
<td></td>
<td></td>
<td>MSN: 6%</td>
<td>Bachelor’s Degree</td>
</tr>
<tr>
<td></td>
<td>Black/African American: 6%</td>
<td></td>
<td></td>
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<td>1=8% Doctorate degree</td>
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<td></td>
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</table>
The pre and post overall competence results from the QSEN participant and preceptor surveys are shown below for the two 2012 cohorts.

Table 9

*Overall Clinical Competence: Spring 2012*

<table>
<thead>
<tr>
<th></th>
<th>Pre-participant (n=15)</th>
<th>Pre-Preceptor (n=9)</th>
<th>Post-participant (n=9)</th>
<th>Post-preceptor (n=8)</th>
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</thead>
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<tr>
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<td>0%</td>
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</tr>
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<td>0%</td>
<td>0%</td>
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<td>Accomplished</td>
<td>0%</td>
<td>0%</td>
<td>Accomplished</td>
<td>16.6%</td>
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</table>

Pre-program clinical competence is not measured for the Spring 2012 cohort as neither participants nor preceptors completed the portion of the QSEN related to overall competence. Post program clinical competence levels however are reflected in Table 9.

Table 10

*Overall Clinical Competence Fall 2012*

<table>
<thead>
<tr>
<th></th>
<th>Pre-Participant (n=17)</th>
<th>Pre-Preceptor (n=17)</th>
<th>Post-Participating (n=13)</th>
<th>Post-Preceptor (n=13)</th>
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<tr>
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<td>52.4%</td>
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<td>38.5%</td>
<td>92.3%</td>
<td>38.5%</td>
</tr>
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<td>Accomplished</td>
<td>0%</td>
<td>0%</td>
<td>7.7%</td>
<td>46.1%</td>
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</table>

The pre-participant and pre-preceptor overall clinical competence question for the spring cohort was not answered by any of the respondents and may reflect an inability to judge competence of the participants in the beginning of the program. Further explanation of this question was provided to participants in the fall cohort to improve the response rate. Overall
findings from the 2012 cohorts showed increased confidence and competencies in the participants.

**Results**

**Program Evaluation/Outcomes**

Evaluation data reflects that the program is making a difference in how newly licensed RNs are transitioned into practice as follows:

**Employment results**

An employment-tracking log is maintained by the program director to collect information from RN participants as they accept jobs. This tool allows for employment tracking and also provides retention data in order to follow the transition RNs employment over a period of two years. As of November 2012, 14 out of 15 (93%) of the participants in the spring cohort had gained employment; nine of the 13 had secured full-time employment and five were employed part-time. Each of the part-time positions was greater than 20 hours per week. Five of the participants were hired by their clinical agency while the others obtained crossover employment as a result of the program. Eighty percent of the respondents reported that the USF Transition-to-Practice program was a factor in their ability to obtain employment. They reported an increased level of confidence with the interview process as well as feeling supported and immersed in the role of a nurse. The second cohort also demonstrated successful employment results with 15 out of 17 (88%) becoming employed within 3 months of the end of the program. All but two of these transition RNs obtained full-time employment. Five (29%) of the participants were hired to work at their clinical site, and 14 out of 17 (82%) of the respondents reported that the transition program contributed to their success in securing a job.
Confidence results

Overall the results of the CFGNES survey for both cohorts showed an increase in participant confidence. From the beginning of the program to the end, new graduate RNs reported that they felt more confident as shown by their accord with the following:

- Confidence communicating with physicians
- Comfortable knowing what to do for a dying patient
- Comfortable delegating tasks to support staff
- I feel at ease asking for help from other RNs 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
- My preceptor is helping me to develop confidence in my practice

Participant agreement with the following statements decreased 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 results were measured using the brief QSEN tool. The program focused on skills acquisition that is also foundational for the evolution of nursing professionals. Pre and post QSEN competence gains for the 2012 cohorts strongly suggest that transition programs can help newly licensed RNs maintain skills that they have learned in nursing school and advance
those skills from “beginner” to “developing.” The progression of these competencies is in line with Benner’s model from novice to expert.

The goal of the USF RN Transition-to-Practice program is to retain new graduates in the nursing workforce so that they are able to fill current and future positions when the demand increases. A significant aim of the program is to keep new graduates engaged in nursing practice while improving their skills and competencies that will also improve patient care. Program evaluation and data gathering also provide a means to demonstrate that transition to practice (residency) programs should become a part of nursing education that is ongoing. Collaboration with academic practice partners and other programs will also allow for the development of best practices.

Providing an effective transition to practice for newly licensed RNs in unique ambulatory care settings will also assist in dispelling the myth that new grads must have 1-year acute care experience prior to working in an ambulatory care setting. At a very fundamental level nursing is broader than the hospital. Transition to practice (residency) programs are designed to provide improvement in nursing education that provides experiential learning that is necessary to prepare new nursing graduates to meet emerging health care needs in community settings (Spector & Echternacht, 2010).

Discussion

Summary

As a result of the USF program newly licensed RNs report experiencing positive changes in role development as determined by QSEN evaluations and increased employability in both ambulatory care settings and hospital settings. To date over 90% of program participants have become employed as a result of the program. At the end of the program, participants report that
they have a broader view of the professional role of a nurse outside of the hospital. Many also report that community based nursing is a good fit for them. Opportunities for new nursing graduates in community settings can influence evolution of nursing practice in a positive way.

Traditionally newly licensed RNs have spent at least a year in the acute care environment; the USF program is transforming that practice model for newly licensed RNs in a way that also addresses the needs of patients in the community. Organizational transformation is also seen in clinical settings as staff becomes more engaged in research, evidence based practice and quality improvement while guiding the new graduate RN through new learning experiences to meet the program objectives.

Comprehensive transition programs are also associated with improved retention rates among new graduate nurses. While the literature reports turnover rates of 35% to 60% during the first year of practice, these statistics may be skewed as they include turnover rates within an institution and generally only reflect acute care settings. However it is likely that these statistics are also representative of high turnover rates for new graduates in all settings (Pine & Tart, 2007; Halfer, Graf & Sullivan, 2008; Williams et al., 2007; Spector & Echternacht, 2010). Retention rates also have implications for patient safety related to lack of familiarity with the patient population and with the clinical site itself. These two issues are cited as reasons for near misses by newly licensed RNs (Spector & Echternacht, 2010).

Shifting the focus from acute care to chronic care will be represented by the shift from hospital to ambulatory care settings that are also a result of the Affordable Care Act (ACA). Further, to lead this transition, nursing must expand opportunities for new graduate RNs (O’Neil, 2009). The USF program has demonstrated successful entry to practice in ambulatory care
settings that can assist in the development of new care delivery models that are necessary for the evolution of nursing practice.

**Relation to Other Evidence**

The importance of having an adequate supply of RNs in the U.S. workforce is critical to ensuring a safe, effective health care system (Budden, Zhong, Moulton, & Cimiotti, 2013). Currently there is no standardized transition into practice for newly licensed nurses. This has several implications that include the current job shortage that is occurring in some areas of the country, high turnover rates for new graduates, and patient safety issues (Spector & Echternacht, 2010). There has been much written about the need for ongoing support for new RNs during their first year of practice. New nursing graduates are expected to become adept at a wide range of skills while learning to understand the world of professional nursing. They must learn to function within a team of other health care providers while also utilizing evidence based practice to care for patients (Goode et al., 2009; Pine & Tart, 2007; Spector & Echternacht, 2010).

While 60% of all RNs in the U.S. currently practice in hospital settings (Health Resources and Services Administration, 2010), that percentage is likely to decrease related to healthcare reform, technological innovations, and the need for community based care that is both innovative and cost effective. The fastest growing sector will be in ambulatory care settings. With the growing numbers of older adults with co-morbidities, patient acuity is also likely to increase. To meet the needs of this growing population there is a need to prepare and inspire nurses to practice in nontraditional work environments.

Health care reform is also significantly altering the landscape of practice that is also creating a need to keep patients out of the acute care setting while managing their health within the community. The current trajectory that prepares newly licensed RNs strictly in acute care
settings is no longer a current model and inhibits emerging community based models that are the future of healthcare. There is also a need for nursing education to respond to the changes in health care delivery.

Evidence suggests that new graduate transition programs result in improved levels of retention and increased competency in new graduate nurses (Spector & Echternacht, 2010; Rush et al., 2012). The USF program was designed as an academic practice partnership that fosters immersion into the RN role, lifelong learning, and ongoing support by a preceptor. These partnerships are also essential to transforming health care and advancing nursing education (Beal et al., 2012). Through achievement of its goals the USF transition-to-practice program has highlighted the relevance of community opportunities and potential career trajectories for new graduate RNs.

**Barriers to Implementation/Limitations**

The initial USF program was launched as an evaluation project. As the program has expanded a structured plan for data collection is needed to optimize dissemination of information from the program. Data collection has proven difficult at some points. An issue that has persisted through the 2012 cohorts is the willingness of the transition RNs to participate in data collection. At the beginning of each cohort 100% completed both the Casey-Fink and QSEN surveys. This response rate fell to 66% at the end of the 1st cohort and was at 70% for both Casey-Fink and the QSEN survey at the end of the second cohort. The decline in participation has resulted in data that is incomplete. It has also proved difficult to obtain data from the first employer survey that is sent out 3 months following the transition RNs employment. Responses to this survey have been inconsistent. It has also proven difficult to track turnover rates. Program expansion will require a
structured plan for data collection and analysis to optimize information gained and to minimize data loss.

**Regulatory issues**

The CDPH requires that RNs employed in licensed home health agencies (HHAs) have one-year previous professional nursing experience. Initially this was a barrier for the program as home health agencies were reluctant to participate for fear that they would not be able to hire a transition RN upon completion of the program as the new graduate would not meet the 1-year requirement. USF and the CINHC obtained a flexible waiver plan from the CDPH that allows for hire as long as certain requirements are met. Home health agencies are required to document: (a) individuals’ previous nursing experience or participation in a new RN transition program, (b) documentation of the HHAs orientation, (c) documentation of competency evaluations and training/skill assessments, (d) documentation of the monitoring plan for the new RN, and (e) documentation regarding the quality assurance and assessment review process (California Department of Public Health, 2012). The USF program coordinator assisted practice sites with the process in order to assure that all of the requirements had been met. Thus this limitation to the program was eliminated.

**Time Line/funding**

The USF program is completing its last cohort that will end in January 2014. The goal is to continue this program and expand access to the program. However the approximate cost of the program is $3000 - $4500 per participant that to date has been generously funded by grantors. There is an effort underway to create a business model for sustainability and replication that does not rely as heavily on grant funding.
Interpretation/Nursing Implications

Providing support for newly licensed nurses is recognized as a necessity in today’s fast paced health care world (Dyess & Parker, 2012; Spector & Echternacht, 2010). Successful transition programs can contribute to a return on investment through cost savings that are achieved with retention, and improved reimbursements based on patient safety measures and quality care (Dyess & Parker, 2012). Moreover getting nurses employed during this current economic climate also contributes to cost savings while keeping new RNs engaged in the profession.

A lack of sufficient support to transition newly licensed RNs into practice will impact the patient safety and outcomes in all healthcare settings. The program described in the present project will add to the body of nursing knowledge regarding the importance of transition to practice programs that are focused on ambulatory care. It also strengthens the understanding that there is a need for innovative programs that will support new graduate RNs as they transition into professional practice that will meet the needs of our changing health care world. A significant aim of the program is to keep new graduates engaged in nursing practice while improving their skills and competencies that will also improve patient care. Program evaluation and data analysis also provide a means to demonstrate that transition to practice (residency) programs should become a part of nursing education that is ongoing. Collaboration with academic practice partners and other programs will also allow for the development of best practices.

The design of the USF transition to practice program is flexible. Collaboration between nursing education and nursing practice has provided needed support to meet the needs of different practice settings. The program is focused on continuous improvement, innovation, and redesign that also mitigate the forecasted nursing shortage by keeping new graduate nurses engaged in the profession. Expansion of transition programs as career development models that
will assist experienced nurses to transition from one healthcare setting to another is also an exciting possibility.

Practice sites that have an institutional culture that welcomes new nurses and views educating them, as a way to develop competent and capable professionals is essential. Along with this the importance of invested preceptors cannot be overstated. Preceptor training and support are very important components of any transition program. Strategies included formalized preceptor training in a social setting that allowed for networking and an opportunity to see the program as a whole and to better understand the preceptor role.

Through transition to practice programs new graduate RNs are acculturated into a clinical site in ways that reinforce the vision and values of the organization. Newly licensed RNs may become influential in disseminating these values and desired practices throughout the organization (Keller, Meekins, & Summers, 2006). Finally replication of these programs is necessary to demonstrate the link between transition to practice programs and improved patient outcomes.

Conclusion

A positive impact of the current economic crisis is that nursing education and nursing practice are operating together to address the immediate issues related to job availability for new graduates. Academic practice partnerships have been formed that signify a commitment to work together to develop and implement evidence-based transition to practice programs (Beal et al., 2012). This approach is also part of a long-term strategy to better bridge the nursing student to professional gap.

Consensus from employers has been that new graduate RNs require additional experience, more knowledge, and enhanced clinical decision making before becoming fully contributing
members of the healthcare team (Berkow et al., 2008). Nurse educators who are concerned about
the amount of information required for successful completion of nursing education and
restrictions from clinical practice sites agree that newly licensed RNs need additional experience
and the opportunity to integrate their knowledge and skills.

Transition to practice programs (residency) can provide a resolution to this tension since they
are designed on the premise that newly licensed RNs are not prepared for specific practice areas.
The importance of these programs is that they provide intensive precepted experiences that allow
the new graduate to integrate knowledge and clinical judgment in specific practice settings. The
transition model at USF has proved to be a successful approach for transitioning newly licensed
RNs into safe, professional practice in community settings and preparing them for employment.
Favorable outcomes from the program as measured by the participant’s self-assessment and
preceptor evaluations suggests that new graduate transition to practice programs have an
important role in the critical progression from classroom to clinical practice and from pre-
licensure student to qualified nursing professional (Jones & West, 2010).

The overarching goal of the USF program is to keep newly licensed RNs engaged in the
profession by providing intensive practice experiences and opportunities to develop competence
in clinical decision making, priority setting, and professionalism that can be transferred to any
health care setting (Jones & West, 2010). It is important for the entire nursing profession to
ensure that the lessons learned from transition to practice programs are widely disseminated. The
success of previous transition to practice (residency) programs suggests that new graduate
programs in community health settings have a valuable and important place in the transition from
classroom to clinical practice and from novice to qualified nursing professional.
References


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doi: 10.1111/j.1365-2834.2012.01330x


Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience: Qualitative residency program outcomes. *Journal of Nursing Administration, 38*(7-8), 341-348. doi: 10.1097/01.NNA.0000323943.82016.48


Mariani, B. (2012). Our ethical responsibility in the transition to practice for new RNs.

*The Pennsylvania Nurse, 67*(2), 4-7.


Improving retention, confidence, and competence of new graduate nurses: Results from a 10-year longitudinal database. *Nursing Economics*, 28(6), 363-375.


Appendix A

Strobe Guidelines

STROBE Statement—checklist of items that should be included in reports of observational studies

**Title and abstract**

**Introduction**

Background/rationale

Objectives

**Methods**

Study design

Setting

Participants

Variables

Data sources/ measurement

Bias

Study size

Quantitative variables

Statistical methods

Continued on next page

**Item No**   **Recommendation**

1. (a) Indicate the study’s design with a commonly used term in the title or the abstract

   (b) Provide in the abstract an informative and balanced summary of what was done and what was found
2. Explain the scientific background and rationale for the investigation being reported.

3. State specific objectives, including any prespecified hypotheses.

4. Present key elements of study design early in the paper.

5. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.

6. (a) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up. *Case-control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls.

   *Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants.

   (b) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed. *Case-control study*—For matched studies, give matching criteria and the number of controls per case.

7. Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.

8. For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group.

9. Describe any efforts to address potential sources of bias.

10. Explain how the study size was arrived at.

11. Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why.

12. (a) Describe all statistical methods, including those used to control for confounding.
(b) Describe any methods used to examine subgroups and interactions

(c) Explain how missing data were addressed

(d) Cohort study—If applicable, explain how loss to follow-up was addressed Case-control study—If applicable, explain how matching of cases and controls was addressed Cross-sectional study—If applicable, describe analytical methods taking account of sampling strategy

(e) Describe any sensitivity analyses

1 Results

Participants 13*

(a) Report numbers of individuals at each stage of study—e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analyzed

(b) Give reasons for non-participation at each stage

(c) Consider use of a flow diagram

Outcome data 15*

Main results 16

Other analyses 17

Discussion

Key results 18

Limitations 19

Interpretation 20

Generalizability 21

Other information

Funding 22
(b) Indicate number of participants with missing data for each variable of interest

(c) *Cohort study*—Summarize follow-up time (e.g., average and total amount)

*Cohort study*—Report numbers of outcome events or summary measures over time

*Case-control study*—Report numbers in each exposure category, or summary measures of exposure

*Cross-sectional study*—Report numbers of outcome events or summary measures

(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included

(b) Report category boundaries when continuous variables were categorized

(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period

Report other analyses done—e.g. analyses of subgroups and interactions, and sensitivity analyses

Summarize key results with reference to study objectives

Discuss limitations of the study, taking into account sources of potential bias or imprecision.

Discuss both direction and magnitude of any potential bias

Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence

Discuss the generalizability (external validity) of the study results

Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

(a) Give characteristics of study participants (e.g. demographic, clinical, social) and information

Descriptive data on exposures and potential confounders
*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org
Appendix B

Evaluation of Studies Using the Strobe checklist

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<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>22</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

Note.

Y=yes;
Appendix C

UNIVERSITY OF SAN FRANCISCO
Professional Role Development New Nurse Resident Program in Non-Traditional Ambulatory Care Settings Application Form

Please type or print clearly,

Date: ______________________
Name: ___________________________

Residence: _____________________________________________________________________________
Street Address
City, State, Zip Code ____________________________________________________________________

□ Male □ Female
Email: __________________________________________________________

Home Phone ( ) ______________________ Cell Phone ( ) ______________________

**Please identify best number to contact you.

Date of Birth: ______________________ Country of Birth: _____________________________

Are you a citizen or permanent resident of the U.S.? □ Yes □ No
If not, which country____________________

If not, do you have authorization to work in the U.S.? □ Yes □ No

Language spoken other than English: ______________________________________________________

Proficiency of foreign language spoken:

Beginner_________ Intermediate_____________ Advance______________

Level of proficiency is important to report, as some agencies require you to speak another language to serve their client population’s language needs.

RN License #: ______________________________ Expires _____________________________________

PHN Yes____ No____

CPR Provider ______________________________ Expires _______________________________________ 

Degree Obtained: ____________ School Graduated From & date: _________________________________

GPA in Nursing: ____________ Cumulative GPA: ______________

Have you applied or attended any other New Nurse Transition Program (Samuel Merritt, CSUEB, SJSU, USF)?

Yes____ No____ If so which one __________________________________________________________

If so date attended_________ Did you complete the program? Yes___ No____ Date of completion_______

If you did not complete the program please provide an explanation.

____________________________________________________________________________________

If you have arranged for your own clinical placement agency, (one that you may have been volunteering at), for the program please include the following. I have arranged for my own preceptorship at the following Ambulatory Care agency:

Contact person:
Name/ title/ phone / email_____________________________________________________________

On a separate piece of paper, answer the following and attach your responses to this application:

• Describe what Ambulatory Care Nursing means to you. List 3 short-term goals you would like to obtain working in ambulatory care settings for your professional role development during the program. Describe one learning outcome that you will achieve from working in the home health care setting.

• Please include if you have a desire to work with pediatric or adult patients and their families.

• List all restrictions to your participation (limited transportation, limited hours related to work of family commitments, lack health insurance coverage to obtain physical exam or immunizations)

I certify that my statements are true and complete to the best of my knowledge. I understand that Any misrepresentation or omission may be considered sufficient reason for refusal of this
application.
If you are currently working as an under employed nurse (per-diem, part-time temporary) please
describe your job and work hours.
Signature: _______________________________ Date: _________________________

Print and complete application.
Return application and supporting documents in PDF or word format to:
University of San Francisco, School of Nursing, 2130 Fulton St, San Francisco, CA 94117-1080
Attn: Jessie Bell.
Appendix D

Casey-Fink Graduate Nurse Experience Survey (revised)
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I. List the top three skills/procedures you are uncomfortable performing independently at this time? (Please select from the drop down list) list is at the end of this Appendix.

1. __________________________
2. __________________________
3. __________________________
4. ________ I am independent in all skills

II. Please answer each of the following questions by placing a mark inside the circles:

<table>
<thead>
<tr>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel confident communicating with physicians.</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>2. I am comfortable knowing what to do for a dying patient.</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>3. I feel comfortable delegating tasks to the Nursing Assistant.</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>4. I feel at ease asking for help from other RNs on the unit.</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>5. I am having difficulty prioritizing patient care needs.</td>
<td>〇</td>
<td>〇</td>
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<tr>
<td>6. I feel my preceptor provides encouragement and feedback about my work.</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>7. I feel staff is available to me during new situations and procedures.</td>
<td>〇</td>
<td>〇</td>
<td>〇</td>
</tr>
<tr>
<td>8. I feel overwhelmed by my patient care responsibilities and workload.</td>
<td>〇</td>
<td>〇</td>
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</tbody>
</table>
9. I feel supported by the nurses on my unit.  

<p>| | | | | |</p>
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<td>O</td>
<td>O</td>
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</table>

10. I have opportunities to practice skills and procedures more than once.  

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</table>

11. I feel comfortable communicating with patients and their families.  

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<td></td>
<td>STRONGLY DISAGREE</td>
<td>DISAGREE</td>
<td>AGREE</td>
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<tr>
<td>12.</td>
<td>I am able to complete my patient care assignment on time.</td>
<td></td>
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<tr>
<td>13.</td>
<td>I feel the expectations of me in this job are realistic.</td>
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<tr>
<td>14.</td>
<td>I feel prepared to complete my job responsibilities.</td>
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<tr>
<td>15.</td>
<td>I feel comfortable making suggestions for changes to the nursing plan of care.</td>
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<tr>
<td>16.</td>
<td>I am having difficulty organizing patient care needs.</td>
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<td>17.</td>
<td>I feel I may harm a patient due to my lack of knowledge and experience.</td>
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<tr>
<td>18.</td>
<td>There are positive role models for me to observe on my unit.</td>
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<tr>
<td>19.</td>
<td>My preceptor is helping me to develop confidence in my practice.</td>
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<td>20.</td>
<td>I am supported by my family/friends.</td>
<td></td>
<td></td>
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<tr>
<td>21.</td>
<td>I am satisfied with my chosen nursing specialty.</td>
<td></td>
<td></td>
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<tr>
<td>22.</td>
<td>I feel my work is exciting and challenging.</td>
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<tr>
<td>23.</td>
<td>I feel my manager provides encouragement and feedback about my work.</td>
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<tr>
<td>24.</td>
<td>I am experiencing stress in my personal life.</td>
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</tbody>
</table>
25. If you chose agree or strongly agree, to #24, please indicate what is causing your stress. (You may circle more than once choice.)

   a. NCLEX
   b. Finances
   c. Child care
   d. Living situation
   e. Personal relationships
   f. Job performance
   g. Graduate school

III. How satisfied are you with the following aspects of your job:

<table>
<thead>
<tr>
<th></th>
<th>VERY DISSATISFIED</th>
<th>MODERATELY DISSATISFIED</th>
<th>NEITHER SATISFIED NOR DISSATISFIED</th>
<th>MODERATELY SATISFIED</th>
<th>VERY SATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Vacation</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Benefits package</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Hours that you work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Weekends off per month</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>Your amount of</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<tr>
<td>responsibility</td>
<td></td>
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<tr>
<td>Opportunities for</td>
<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>career advancement</td>
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<td>Amount of encourageme</td>
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<td>○</td>
<td>○</td>
<td>○</td>
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<td>nt and feedback</td>
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<tr>
<td>Opportunity to work</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>straight days</td>
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<td></td>
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</tbody>
</table>
IV. Transition (please circle any or all that apply)

1. What difficulties, if any, are you currently experiencing with the transition from the "student" role to the "RN" role?
   a. Role expectations (e.g. autonomy, more responsibility, being a preceptor or in charge)
   b. Lack of confidence (e.g. MD/PT communication skills, delegation, knowledge deficit, critical thinking)
   c. Workload (e.g. organizing, prioritizing, feeling overwhelmed, ratios, patient acuity)
   d. Fears (e.g. patient safety)
   e. Orientation issues (e.g. unit familiarization, learning technology, relationship with multiple preceptors, information overload)

2. What could be done to help you feel more supported or integrated into the unit?
   a. Improved orientation (e.g. preceptor support and consistency, orientation extension, unit specific skills practice)
   b. Increased support (e.g. manager, RN, and educator feedback and support, mentorship)
   c. Unit socialization (e.g. being introduced to staff and MDs, opportunities for staff socialization)
   d. Improved work environment (e.g. gradual ratio changes, more assistance from unlicensed personnel, involvement in schedule and committee work)

3. What aspects of your work environment are most satisfying?
   a. Peer support (e.g. belonging, team approach, helpful and friendly staff)
   b. Patients and families (e.g. making a difference, positive feedback, patient satisfaction, patient interaction)
   c. Ongoing learning (e.g. preceptors, unit role models, mentorship)
   d. Professional nursing role (e.g. challenge, benefits, fast pace, critical thinking, empowerment)
   e. Positive work environment (e.g. good ratios, available resources, great facility, up-to-date technology)

4. What aspects of your work environment are least satisfying?
   a. Nursing work environment (e.g. unrealistic ratios, tough schedule, futility of care)
   b. System (e.g. outdated facilities and equipment, small workspace, charting, paperwork)
   c. Interpersonal relationships (e.g. gossip, lack of recognition, lack of teamwork, politics)
   d. Orientation (inconsistent preceptors, lack of feedback)

5. Please share any comments or concerns you have about your residency program:
V. **Demographics:** Circle the response that represents the most accurate description of your individual professional profile.

1. Age: _______ years

2. **Gender:**
   a. Female
   b. Male

3. **Ethnicity:**
   a. Caucasian (white)
   b. Black
   c. Hispanic
   d. Asian
   e. Other
   f. I do not wish to include this information

4. **Area of specialty:**
   a. Adult Medical/Surgical
   b. Adult Critical Care
   c. OB/Post Partum
   d. NICU
   e. Pediatrics
   f. Emergency Department
   g. Oncology
   h. Transplant
   i. Rehabilitation
   j. OR/PACU
   k. Psychiatry
   l. Ambulatory Clinic
   m. Other: __________________________

5. School of Nursing Attended (name, city, state located): __________________________

6. Date of Graduation: __________________________

7. **Degree Received:** AD: _______ Diploma: _______ BSN: _______ ND: _______

8. Other Non-Nursing Degree (if applicable): __________________________

9. **Date of Hire (as a Graduate Nurse):** __________________________

10. What previous health care work experience have you had:
    a. Volunteer
    b. Nursing Assistant
c. Medical Assistant
d. Unit Secretary
e. EMT
f. Student Externship
g. Other (please specify): ________________________________

11. Have you functioned as a charge nurse?
   a. Yes
   b. No

12. Have you functioned as a preceptor?
   a. Yes
   b. No

13. What is your scheduled work pattern?
   a. Straight days
   b. Straight evenings
   c. Straight nights
   d. Rotating days/evenings
   e. Rotating days/nights
   f. Other (please specify): ________________________________

14. How long was your unit orientation?
   a. Still ongoing
   b. ≤ 8 weeks
   c. 9 – 12 weeks
   d. 13 – 16 weeks
   e. 17 - 23 weeks
   f. ≥ 24 weeks

15. How many primary preceptors have you had during your orientation?
   ________ number of preceptors

16. Today’s date: ________________________________
Drop down list of skills

Arterial/venous lines/swan ganz (wedging, management, calibration, CVP, cardiac output)
Assessment skills
Bladder catheter insertion/irrigation
Blood draw/venipuncture
Blood product administration/transfusion
Central line care (dressing change, blood draws, discontinuing)
Charting/documentation
Chest tube care (placement, pleurovac)
Code/Emergency Response
Death/Dying/End-of-Life Care
Dobhoff/NG care/suctioning/placement
ECG/EKG/Telemetry monitoring and interpretation
Intravenous (IV) medication administration/pumps/PCAs
Intravenous (IV) starts
Medication administration
MD communication
Patient/family communication and teaching
Prioritization/Time Management
Trach care
Vent care/management/assisting with intubation/extubation
Wound care/dressing change/wound vac
Unit specific skills

_______________________________
Appendix E

Brief QSEN Evaluation

New Graduate RN Transition Program Competency Assessment Tool

Participant Name: _____________________________
Evaluator Name: _______________________________ Date: _____________

Evaluation period: ☐ Initial ☐ Final

<table>
<thead>
<tr>
<th>COMPETENCIES</th>
<th>Beginning</th>
<th>Developing</th>
<th>Accomplished</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT CENTERED CARE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Conducts comprehensive psychosocial and physical health history that includes patient’s perspective and considers cultural, spiritual, social considerations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Complete understanding and interpretation of assessment data.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Able to anticipate risks related to assessment data.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Integrates knowledge of pathophysiology of patient conditions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Decision-making is based on sound clinical judgment and clinical reasoning.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Advocates for patient as appropriate in multidisciplinary team discussions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Recognizes changes in patient status and conducts appropriate follow up.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Prioritizes actions related to patient needs and delegate’s actions if appropriate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Establishes rapport with patients and family.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>SAFETY</strong></td>
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<tr>
<td>10. Demonstrates safe practices related to medication administration including rights, verification of allergies, two patient identifiers, read-back process, and independent double checks for high alert medications.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>11. Demonstrates the safe use of equipment appropriate to setting such as IV set up, pumps.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>12. Educates patient on safety practices when administering medications, drawing blood,</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
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starting and IV, using PCAs.

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<tbody>
<tr>
<td>13.</td>
<td>Communicates observations or concerns related to hazards to patients, families and the health care team and uses the organizational reporting system for errors.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>14.</td>
<td>Applies basic principles and practices of sterile asepsis while administering injections, placing urinary catheters, performing open wound care.</td>
<td>1</td>
<td>2</td>
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**EVIDENCE BASED PRACTICE**

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<tr>
<td>15.</td>
<td>Uses library, internet, and colleagues to efficiently manage information.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16.</td>
<td>Locates, critically reviews and applies scientific evidence and medical literature.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>17.</td>
<td>Understands the principles of evidence based practice and applies to pain management.</td>
<td>1</td>
<td>2</td>
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**TEAMWORK AND COLLABORATION**

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<tbody>
<tr>
<td>18.</td>
<td>Establishes rapport with patients and family.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>19.</td>
<td>Communicates with inter-professional team.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>20.</td>
<td>Asks questions to appropriate team member when unsure about any aspect of care.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>21.</td>
<td>Is receptive to input from others, not becoming defensive.</td>
<td>1</td>
<td>2</td>
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**COMPETENCIES**

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<tr>
<td>22.</td>
<td>Documents patient assessment data in complete and timely fashion.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>23.</td>
<td>Able to interpret physician and inter-professional orders.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>24.</td>
<td>Able to work as part of a team.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>25.</td>
<td>Uses appropriate language and tone when resolving conflict.</td>
<td>1</td>
<td>2</td>
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**PROFESSIONALISM**

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<tbody>
<tr>
<td>26.</td>
<td>Able to keep track of multiple responsibilities and complete tasks within expected time frames.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>27.</td>
<td>Recognizes and reports unsafe practice by self and others.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>28.</td>
<td>Able to work autonomously and be accountable for own actions.</td>
<td>1</td>
<td>2</td>
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<tr>
<td></td>
<td>Behavior is ethical &amp; honest as judged by ANA ethical principles.</td>
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<td>2</td>
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<tr>
<td>30.</td>
<td>Expresses importance and demonstrates habits for life-long learning.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>31.</td>
<td>Complies with legal and regulatory requirements relevant to nursing practice.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>QUALITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Evaluates and implements systems-improvement based on clinical practice data.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>33.</td>
<td>Understands quality improvement methodologies.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>INFORMATICS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>Navigates the electronic health record.</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>35.</td>
<td>Utilizes clinical technologies (e.g. Smart Pumps, monitors).</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>OVERALL CLINICAL COMPETENCE [RATE]</strong></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Comments**

**Definition of RN Post-Grad Competency Levels**

**Beginning:** Not yet effective in assessing, observing, recognizing patterns and deviations, or seeking information. Takes unfocused approach to organizing data, and requires assistance in diagnosing problems, planning interventions, and carrying out skills. Shows hesitance in communicating and responding to clinical scenarios.

**Developing:** Captures obvious patterns, makes attempt to monitor a variety of data, but overlooks some important information. Performs basic assessment and clinical skills, but still requires some guidance and direction. Shows solid foundation in leadership and communication abilities, though remains disorganized and hesitant in some aspects of clinical situations.
Accomplished: Effectively assesses, seeks information, recognizes patterns and deviations, and plans interventions. Displays confidence and leadership ability, communicates effectively, and requires guidance only in complicated cases. Demonstrates proficiency in most nursing skills, and requires minimal prompting in responding to clinical scenarios.

Adapted from the Lasater Clinical
Appendix F
USF New Graduate RN Transition to Practice Program in Ambulatory Care Settings

**Project Budget**

<table>
<thead>
<tr>
<th>Personnel Expenses</th>
<th>Total Project Expenses</th>
<th>Kaiser Grant Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator &amp; Clinical Liaison</td>
<td>$26,500</td>
<td>$11,500</td>
</tr>
<tr>
<td>Residency Instructor</td>
<td>$10,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Simulation Center Teaching Assistant</td>
<td>$2,520</td>
<td>$1,940</td>
</tr>
<tr>
<td>Simulation Center Teaching Assistant</td>
<td>$2,520</td>
<td>$1,940</td>
</tr>
<tr>
<td>Fringe (Fringe rate @ 25%)</td>
<td>$9,250</td>
<td>$4,125</td>
</tr>
<tr>
<td><strong>Total Personnel</strong></td>
<td><strong>$51,290</strong></td>
<td><strong>$24,505</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Direct Expenses</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td>$810</td>
<td></td>
</tr>
<tr>
<td>Parking/Tolls Travel to clinical sites</td>
<td>$400 $150</td>
<td>$250 $130</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>$230 $10,000</td>
<td>$100 $500</td>
</tr>
<tr>
<td>Participant Stipend</td>
<td>$35,000 $25,000</td>
<td>$12,500</td>
</tr>
<tr>
<td>Agency</td>
<td>$500 per site</td>
<td>$5,000</td>
</tr>
<tr>
<td>Honorarium</td>
<td>$17,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Food (For 1-2 preceptor meetings)</td>
<td>$500 $500</td>
<td>$550</td>
</tr>
<tr>
<td>Materials</td>
<td>$550 $2,360</td>
<td></td>
</tr>
<tr>
<td>Lab Supplies Simulation, medical supplies</td>
<td>$2,625 $265</td>
<td></td>
</tr>
<tr>
<td>Home healthcare supplies</td>
<td>$15,000 $15,000</td>
<td></td>
</tr>
<tr>
<td>Data Collection and evaluation</td>
<td>$8,000 $8,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Direct Expenses</strong></td>
<td><strong>$80,615</strong></td>
<td><strong>$62,905</strong></td>
</tr>
<tr>
<td>Indirect Expenses</td>
<td>$10,489</td>
<td></td>
</tr>
<tr>
<td><strong>Total Project Expenses</strong></td>
<td><strong>$142,394</strong></td>
<td><strong>$97,899</strong></td>
</tr>
</tbody>
</table>

**CINHC Sub-Award to USF**

- $7,000
- $5,500
- $580
- $580
- $3,125