My First Year As A Nurse: Academic & Practice Collaboration For Newly Licensed Nurse Success

Hallmark Health New Graduate Nursing Council
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Who Are Today's New Grads, And How Do They Orient Differently?

- The Busy and the Busier
- Moms, Dads, Husbands, Wives
- Multiple previous successful careers
- Leaders and managers in their own right
- Previous experience in managing the orientation of others
- A wealth of experience in adult learners
- Previous experience with education and learning may make them more critical of teaching expertise
- Different expectation of a work environment than first career nurses

The New Orientee

- High level of expectations for own performance
- High stress, high anxiety in feeling incompetent in a new field
- "Know what they don't know"
- Anxiety related to appearing needy or a burden to the preceptor
- Continue to balance multiple priorities in a busy life
- Financial burdens of education can be a stressor, and the need exists to curb early immersion into cycle of overtime, second jobs and financial "catch-up"

Pathways To Success For New Graduates

- Supportive preceptorship and clinical skills acquisition
- Acceptance into the social network
- Orientation sets the stage, and mentoring should foster inclusion into the social network
- The more people you know…the more inclusion into the work community and the greater probability of retention
- Support for stress in the workplace

Roadblocks In New Grad Transition

- The numbers game
- Full responsibility for patients
- Where has my instructor gone?
- Lack of control over assignment and ability to research the patients
- New social network
- Meals/Breaks versus Meals? Breaks?

Typical Approaches To New Grad Orientation

- Traditional preceptored orientation
- VNIP model
- Internships
- Residencies
- Mini Residencies with educational support
HHS New Graduate Transition to Practice

- Twelve week orientation
- Didactic and skills components
- Faculty model orientation
- VNIF
- Residencies
- New Grad Council

Faculty Model Orientation

- Goals of faculty model:
  - Relieve the preceptor of teaching the universal tasks.
  - Provide support for the multiple-learning curves of the newly hired nurses. (Griffin, Hanley, & Saniuk, 2002)

Origins Of The New Grad Council

- Existed in previous iterations as internship programs
- Re-invented as New Grad Council as part of the Magnet Journey
- Designed to provide continued orientation support for NLN’s by addressing issues important to them and to provide a vehicle to introduce the new nurse to activities in the greater nursing community; volunteer activities, specializations, continuing education tracks

The New Grad Council

- Our purpose is to:
  - Support and to build community among newly licensed nurses
  - Provide another level of support to increase job satisfaction that will enhance retention of new graduate nurses
  - Assess needs for continued educational support for new graduate nurses
  - Provide educational opportunities to augment the orientation process
  - Provide feedback to education department to enhance the new graduate nurse orientation process

The New Grad Council (Continued)

- Our purpose is to: (continued)
  - Support the professional growth and advancement of nursing practice within the organization, as well as the advancement of interdisciplinary collaboration and quality patient care
  - Encourage participation in shared governance
  - Encourage participation in internal and external professional growth opportunities
  - Support the newly licensed nurse’s journey along Benner’s novice to expert continuum
  - Develop goals based on health system and nursing strategic goals

New Grad Council

- Membership and Composition
  - NGRC includes the Associate Chief Nursing Officer or designee as coach and mentor
  - Newly licensed nurses in less than one year of practice or less than one year in an acute care setting
  - Members of other disciplines may be invited to attend meetings for consultative purposes
  - NGRC is co-chaired by two voluntary council members
Format and Curriculum
- Monthly meetings with rotating curriculum
- Curriculum based on NOF Competencies
- Monthly group check-in for support
- Needs assessment for learning interests
- Capstone projects
- Participation in Annual Research Symposium

Strategies Employed in NGC
- Case Based Scenarios for Clinical Problem Solving
- Transition Issues Support Group
- Guest speakers from Academia and Practice
- Simulation
- Role Playing

“What Newly Licensed RN’s Have To Say About Their First Experiences” Pellico, Brewer & Konner, 2009
- 612 NLRN’s surveyed, and five themes identified
  - Colliding Expectations
    - Personal vision of nursing, school vs work, lack of voice in nursing decisions
  - The Need for Speed
    - No time to get everything done or get to know patients
    - Pushed to orient too quickly and same workload as 20 year veteran RN’s

“What Newly Licensed RN’s Have To Say About Their First Experiences” (Continued)
- How Dare You
  - Misreatment by colleagues including physicians
  - Lateral violence can be cruel and traumatic
  - Perception of being poorly treated and not listened to by management
- You Want Too Much
  - Workload issues in particular documentation keeping them away from patient care
  - Too much responsibility and pressure
  - Nurse to patient ratios
  - Mandatory overtime

“What Newly Licensed RN’s Have To Say About Their First Experiences” (Continued)
- Change is on the Horizon
  - Despite concerns, novice nurses hopeful for future
  - See self as change agents
  - Resiliency
  - Appreciation for incentives
Issues Facing Newly Licensed RN’s

- Teamwork
- Relinquishing the Student Role
- Transitioning from UAP to RN
- Physician Communication and Collaboration
- Building Relationships with Preceptors
- Time Management
- Working with Families

Cognitive Dissonance In Practice Entry

- NLRN’s enter practice with expectation of seeing Evidence Based Practice as they were taught and need to reconcile practice discrepancies
- EBP reinforced in the NGC
- Academic faculty presentations
- Clinical topics enhance current practice
- Seminar presented on critiquing a research article
- Brainstorming ideas for EBP change projects
- Annual attendance at the Cameron Symposium
- Those interested in research encouraged to join Research Council

“Where Has My Instructor Gone?”

- Implementing the faculty model for a new graduate
- Facilitating and validating their perceptions of a clinical picture, not teaching them the process
- Anxiety of not having time in advance to research and prepare for patient assignment
- Time management/organizational strategies
  - Patient prioritization skills
  - Creating your own visual system

“Where Has My Instructor Gone?” (Continued)

- Prevent lapsing into student nurse mode
- Usually a result of anxiety and lack of confidence in an unfamiliar situation
- Deconstructing the situation and reaffirming their thought process and critical thinking abilities
- Stronger sense of support as the faculty model has no shared patient responsibilities as preceptors do
- Faculty model provides just in time teaching on high risk and high priority safety issues to foster future independence (i.e. Wound Vac, Epidural, etc)

The Preceptor Process...

- Moving between preceptors feels like losing ground
- Self advocacy with preceptors; speak up if the match isn’t right
- Communication breakdown with preceptors is frustrating

“How Many Preceptors???”

- One or two is good, after that hard to adjust… two is ideal as you see different styles
- The ideal preceptor has a personality and style that is complimentary to your own
- An effective preceptor pushes you to think critically and doesn’t just provide answers
- Effective preceptors are passionate about precepting
- Effective preceptors are calm; the orientee is anxious!
- An effective preceptor is understanding and provides time management tips
“How Many Preceptors???” (Continued)
- Failing to deconstruct critical thinking with the New Grad
- Not sharing report or shift communications with New Grad
- Lack of collaboration in discussions with MDs
- Lack of experience and preparation in speaking with physicians and interdisciplinary team on clinical issues
- Failure to help integrate the NLN into the fabric of the unit culture

“How Many Preceptors???” (Continued)
- Poor patient selection: getting the worst patients in the name of “gaining experience”
- Lack of support in helping fill in knowledge gaps
- Unrealistic performance expectations
- Quality of shift report
- Time management and multi-tasking expectations

“I Can’t Ask Them To Do That!!”
- Delegating to your classmates still working as PCT’s
- Former co-workers look at you differently
- Challenge you, need to earn respect
- Working on same unit as a new RN produces support as well as concerns about being needy
  - Delegation workshop
  - Transition into professional role workshop
  - Lateral violence presentation
  - Monthly group check-in
  - Self-Care Presentation

“How do I Talk with a Doctor?”
- Interdisciplinary Collaboration
- Interdisciplinary roles
- Learning roles of other clinical disciplines through their participation as presenters at NGC
- Physician Interactions
  - “No focus on this in school; would be a good simulation exercise”
  - Provided coaching on effective ways to communicate with MD’s and interdisciplinarty staff
  - Guest Physician presented strategies and facilitated role play with group

“Why Didn’t I Learn this in Computer Class?”
- Computer training
  - Being flexible in providing orientation to computer in stages, and after clinical exposure
  - Need to learn shortcuts, more time with veteran RN on unit with Admissions/DIC
  - More practice with Bedside Medication Administration Verification

Growing In Research
- 2013-14 15 NLRN’s participated in a Regis College DNP Capstone project reflecting on their first six months of practice and areas of need in academic preparation
- 2014-2015 NGC will be the site for participation in a multi-site and multi-state twelve month study looking at how new graduates develop clinical judgment
References