Final Scholarly Project: Development of an Evidence Based Orientation Model for the Newly Graduated Nurse

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Department of Nursing, Otterbein University

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In Partial Fulfillment of the Requirements for the Degree

Doctor of Nursing Practice

DNP Final Scholarly Project Team:

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No conflicts of interest to disclose.

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Abstract

Healthcare in the acute hospital setting experienced a significant increase in highly acute patients with multiple comorbidities requiring competent, experienced clinicians who can provide high quality, safe care. The nursing shortage paired with the post pandemic hospital environment has altered the landscape of nurses entering the workforce and created a gap in competency of the bedside nurse. A loss of tenured nurses who typically onboard and mentor the novice nurse coupled with less than adequate clinical preparation of those graduating college led to elevated levels of stress and staggering turnover rates for the newly graduated nurse. Research validates efficient orientation with a focus on novice to expert skill development improves the confidence of the new nurse and builds proficiency in safe clinical practice. Although theoretical evidence creates models of orientation standards there is not a defined structure to obtain success. The project goal is to collate evidence-based research to determine an orientation model leading to successful transition to practice for the newly graduated nurse. With the use of a pre-designed Carey-Fink survey the team will compare the results of subjects who recently completed traditional orientation but are within the first year of independent practice to those participating in the redesigned model. Preceptor training will assure continuity in delivery of the program design as well as enhance the understanding of onboarding using a simulation class structure. Project outcomes will identify specific direction and design to current orientation programs and result in a model of effective transitions to practice.

Keywords: Transition to Practice, Newly Graduated Nurse, Orientation, Novice to Expert, Nursing Education, skill, simulation

Introduction

As enrollment in nursing schools declines and the shortage of nurses rises, the trajectories of both obstacles will merge to a catastrophic end unless interventions are in place. A disproportionate number of younger nurses are reporting unmanageable stress levels and job burnout. Burnout led to the abandonment of their nursing career in less than a five-year period (O'Hara & Reid, 2024). To compound the problem, the baby boomer generation is heading into retirement in proportions much higher than new graduate nurses can replace them (Muir et al., 2024). Retention strategies must be identified to alter the current rate of loss in nursing professionals.

The healthcare industry is heavily focused on nurse recruitment of new nurses but is still seeing significant first year turnover despite improving efforts. Not only is this costly to the organization of hire but it lacks the ability to build proficiency in the novice nurse's practice. Orientation is critical to engage newly graduated nurses into their role and responsibilities and to reintegrate the young nurses who have left the workforce prematurely toward clinical positions with a goal of long-term retention (O'Hara & Reid, 2024). Inability to replace and retain nurses causes a cycle of loss in both a financial and quality care delivery perspective.

Transition into practice is most frequently accomplished through an orientation process. The traditional methodology is a precepted experience in the unit of hire with a peer designated as a preceptor to guide the novice nurse to independent practice. In the current state, considering the turnover and loss of experienced nurses, this is often accomplished with a designated nurse preceptor of less than two years of experience. The preceptor is not at a stage of proficiency themselves and therefore teaches habits that are not desirable in successful practice. The result is nurses who are unprepared for independent practice and have minimal resources for continued

learning (Kiel, 2012). The unprepared nurse continues to struggle with daily practice and the result is the stress of uncertainty in their ability to succeed as an independent practitioner.

Research leans heavily toward mentoring and residency programs. Emersion to practice programs engage with the new graduate nurse through the first year of practice and introduce topics that are frequently encountered as they onboard into their new profession such as reporting structure to escalate needs and high alert medications they may encounter. Residency programs provide presentations focused on building knowledge while promoting strong relationships with peers in like situations (Olson-Sitki et al., 2012). Research shows significant evidence of the positive impact of Nurse Residency Programs (NRP) and focused fellowship programs and their value to the transition process. The most effective location to achieve "in the moment" education and hands on skill development is at the bedside. Residency programs lack this ability.

If the problem of integration to practice and the progression of novice to expert skills is not remedied the healthcare system will see great declines in quality care delivery and patient outcomes. The very foundation of acute nursing practice will erode. The number of nurses entering the profession is only as strong as the independent competency they achieve (Sterner et al., 2020b). Recruitment can bring the nurses into the workforce, but it is strong transition to practice through a focused, evidence-based orientation program that will produce independent and confident nurses. Every beginning starts with a strong foundation and in the current state this is not being accomplished (Murray et al., 2019). The answer is a redesigned orientation program aimed at maximum support during the onboarding process.

To alter the current trajectory, the goal is to inject change in the onboarding process. A method to accomplish this change may be to determine if the new graduate nurse entering the acute hospital environment completed a novice-to-expert orientation plan and post-orientation

mentoring process, compared to a standard orientation model. The outcome may result in a new graduate nurse who is able to provide independent and competent nursing care. A measure of success may be the individual's perceived post orientation abilities along with retention in the position for at least two years of their career. Several studies focus on the nurses perceived ability to independently provide acute care and the conclusions have acceptable validity (Sterner et al., 2020). Given this research, continued evolution of the tool currently established will guide the industry toward the necessary direction for change.

Each step through the journey of the project will lay a foundation for the modifications necessary to produce competent professionals who provide excellence in clinical nursing care. The results may be evident in the outcomes produced by quality initiatives and ongoing improvement strategies learned and provided at the bedside.

Problem Statement

Newly graduated nurses (NGN) are entering an unstable workforce that lost considerable tenure and expertise along with a broadening nursing shortage. Compounding the problem is a significant increase in patient acuity, requiring the nurse to achieve proficiency in procedural skills along with critical thinking acumen to successfully practice as an independent clinician. Healthcare leaders must identify a strategy for onboarding that improves the transition from student to graduate nurse (Theisen & Sandau, 2013). The result of a sound orientation program and ongoing mentoring may result in decreased first year turnover and increased retention rates.

An orientation program that ends abruptly leaves the NGN feeling vulnerable. The fear of being left to make their own decisions often leads to the fear of detrimental and even life-threatening outcomes in patient care delivery (Guay et al., 2016). Orientation should be an ongoing process that mentors the nurse throughout the first two years. Formal nurse residency

programs are beneficial to retention (Ackerson & Stiles, 2018) but do not account for the needed support during daily nurse-patient interactions at the bedside. A preceptor working side by side with the NGN is the most beneficial solution but is typically only available as a resource for six to eight weeks. After that time, the nurse is expected to practice independently with full responsibility of the patients assigned to their care (Theisen & Sandau, 2013). Prolonged preceptor support can support the NGN and provide confidence in their newly learned skills.

The question is, does a new graduate nurses onboarded with an individualized novice to expert orientation plan and post orientation mentoring process remain in the department of hire for two years compared to new graduate nurses engaged in standard orientation models. Benner (1984) created a successful paradigm using the progressive format of novice to expert. In this model, the development of autonomy occurs in stages and is paced to meet the individual's learning needs (Benner, 1984). An approach to this structure could result in a successful transition from newly graduated nurse to expert.

PICO(T)

For (P) new graduate nurses being newly employed in a hospital. how does (I) the use of a novice-to-expert orientation plan and post-orientation mentoring process, (C) compared to a standard orientation model, (O) affect their retention, (T) within the first two years of their employment.

Background

Nursing is a complex profession with abundant responsibilities. The American Nurses association defines nursing as follows:

> Nursing integrates the art and science of caring and focuses on the protection, promotion, and optimization of health and human functioning; prevention of illness and injury; facilitation of healing; and alleviation of suffering through compassionate presence. Nursing is the diagnosis and treatment of human responses and advocacy in the

> care of individuals, families, groups, communities, and populations in recognition of the connection of all humanity. (ANA, 2021, p. 1).

As the NGN enters the professional workforce, the desire to uphold these responsibilities is at the forefront of their goals of success.

Completion of a nursing program is a milestone for the college graduate. Entrance to the nursing profession as a professional is filled with anticipation of the newly graduated nurse's desire to begin a successful journey into career development. This journey often begins with entry into the acute care hospital setting. Unfortunately, high attrition rates occur at this transition point and the statistics of successful completion of orientation to the acute hospital setting are poor (Graf et al., 2020). College preparation is heavily weighted in concepts and theory with some clinical emersion. Theory is not sufficient groundwork for independent practice as theory and concepts lack the aspect of task organization, hands on skill development, and daily workflow (Aller, 2020). The NGN quickly assimilates the inability to perform independently with failure to be successful in their new career.

Changes in patients who seek care in the acute hospital are changing. The current environment of healthcare is burdened with high acuity patients and a stressed workforce created by significant staffing vacancies (O'Hara & Reid, 2024). Workforce stress is related to a dramatic shift in the balance of new and tenured nurses and a disproportionate number of younger nurses who report unmanageable stress levels and job burnout. Workforce stress leads to abandonment of their nursing career in less than a five-year timeframe (O'Hara & Reid, 2024). Typically, the nurse at this level of tenure is just finding a comfortable pace in patient care management.

On the opposite end of the spectrum, the nursing workforce is aging. Compounding the problem, the baby boomer generation, those born from 1946-1964, are now heading into

retirement in numbers much higher than new graduate nurses can replace (Muir et al., 2024). The aging nurse population also leads to less experienced nurses as the available resource assist in orientation and provide mentorship to those entering the workforce (O'Hara & Reid, 2024). The changes that are occurring magnify the loss in the nursing workforce.

Significance to Profession

Nursing, as with many professions, is guided with standards set by governing bodies responsible for practice development. The American Nurses Association (ANA) defines nursing standards of development for the profession and continually revises them to meet the changing healthcare environment and community needs (Brunt & Russell, 2022). The most recently revised standards place orientation and onboarding at the top of the list of key focus areas for nursing (Brunt & Russel, 2022). The ANA recognizes the lack of consistency with onboarding programs for the newly graduated nurse as there is no distinct model identified to achieve success (Strauss et al., 2016). Re-evaluation of practices that are unsuccessful is a necessary remedy for improvement in professional development.

Successful orientation to the hospital work environment must accomplish two goals. First, the translation of knowledge learned in the academic setting to hands on skills at the bedside and second the development of the newly graduated nurse's perception of their ability to provide care independently in acute situations (Pertiwi & Hariyati, 2019). Skill development is gained through guided experiences following standards of practice set by the organization. Skill development is typically achieved through a preceptor-led orientation setting. The preceptor in many hospital settings was employed less than two years compared to the newly graduated nurse they are onboarding (Kiel, 2012). Consideration to the current workforce structure must be considered to develop a reasonable change in program structure.

Due to the dramatic changes related to the composition of the workforce, the need to review and revise how orientation is accomplished is a priority. The process as it exists today is not able to support the newly graduated nurse (Graf et al., 2020). New methods must be explored to find better resources and processes.

To identify potential process changes, research into recent practice improvements is necessary. Evidence based practice is the means to which the nursing profession continually reviews and evaluates the latest scientific evidence using critical appraisal and synthesizes that information to build upon the established theories (Melnyk & Fineout-Overhold, 2022). The eminent need to review evidence-based models of orientation that provide successful transition and build upon them to achieve a standard of practice that can be implemented in today's hospital environments are needed (Kiel, 2012). The next steps are to analyze the current state of orientation, evaluate the models that prove success and strategically create a model suitable for the current environment.

The National Database of Nursing Quality Indicators (NDNQI) houses data benchmarking statistics related to nurse sensitive indicators of quality care. These metrics are met and exceeded when the nursing workforce is fully engaged and understands their role in patient outcomes (Dunton, 2008). Newly Graduated Nurses (NGN) possess only a small awareness of the implications of quality care to their patient's outcomes. To bring the new nurse to a level of practice that embeds these strategies, they must first learn the processes required by each metric and then develop the clinical assessment skills to know when and how they are used (Murray et al., 2019). Including the current practice expectations in the orientation checklist leads the NGN through the quality process expected. The preceptor can take advantage of the opportunity to connect the dots with the "why" behind the practice.

The focus on orientation is not a new concept to the profession of nursing. Nursing is an art of both knowledge and skill (Kiel, 2012). Theory and limited clinical exposure are achieved during the educational immersion of college coursework, but the core of practice is gained with skill development at the bedside (Murray et al., 2019). The process of orientation should be both individual and progressive (Murray et al., 2019). The Novice to Expert Model (Benner, 1982) provides a theoretical framework to follow a strategy toward developmental success in both knowledge and skill of the NGN. The combination of the two, skill and knowledge, builds confidence in practice.

Although models such as novice to expert pathways are successful options, there is much more to consider when developing an orientation program. Bedside orientation is achieved through preceptors. Preceptors are practicing in the hospital and working on the unit where the NGN is assigned. The preceptor is assigned to the NGN and works one on one to guide them through the daily tasks needed to care for a team of patients.

Throughout the industry, preceptors encounter a lack of support, including poor preparation for the expected role and direction for the steps of the orientation process. Often the preceptor is expected to onboard a new nurse while continuing to care for the normal number of patients assigned to every nurse on the unit. The preceptor's work overload frequently causes the NGN to be on their own with no guidance or support. The combination of these two barriers creates a precarious situation that could result in decreased quality of patient care (Chan et al., 2019). Much work must be devoted to preceptor development before implementing a new orientation process. One program cannot be successful without the other. Orientation at the bedside is one of the most important steps to successful professional development (Gregg, 2020).

Preceptor development holds the same weight in achieving successful outcomes of an orientation program.

The act of orientation is not successful without other developmental adjuncts. Enhancing the bedside orientation program with a nurse residency program reinforces important quality initiatives by exposing the participants to educational session geared toward understanding safe practice, quality initiatives, and hospital policies (Ackerson & Stiles, 2018). These programs also build relationships with peers experiencing the same frustrations or challenges by offering small group discussions (Ackerson & Stiles, 2018). Although the bedside orientation and nurse residency programs are separate programs, the NGN is best supported when they are completed in tandem (Ackerson & Stiles, 2018). The incorporation of the guidance of managers, clinical educators and mentors is also important and valuable influences in the NGN's success as they adapt to the work environment (Gregg, 2020). Developing a new nurse takes a collection of people, programs and resources combined with frequent communication and discussion to gauge the progress of the candidate and ensure a successful transition to work and the NGN's continuing contributions to the organization.

Literature Review

A literature search and review are necessary to identify evidence-based practices that support continuation of problem solving in the delivery of healthcare. Success achieved by systematically searching for and doing critical appraisal of relevant research that encompasses the solution of the identified clinical problem (Melynk & Fineout-Overholt, 2023). The transition of newly graduated nurses to clinical practice in the acute hospital setting is one of the most important stages of career development. A successful program produces a confident practitioner who can provide safe, quality care independently (Strauss et al., 2016). Evaluation of programs

and processes in which successful outcomes are achieved is the basis for this project's development.

During the literature review, several themes emerged related to orientation development. A theme of transitions to practice focused on orientation that builds confidence in the NGN that could be demonstrated in care delivery. The study of transition was often paired with the focus on competency-based orientation processes. These programs documented exposure to skills and the NGNs ability to practice them independently at the conclusion of precepted orientation.

Methodology

Otterbein University's OneSearch database through Courtright Memorial Library was used to begin a literature review. This method spans multiple resources including Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Cochrane Library, and PubMed (Otterbein University, 2024). The OneSearch tool identifies journals, books, and other electronic resources using keywords and Boolean operators and allows researchers to narrow the search criteria by various filters such as year of publication. Novice-to-expert learning pathways to independent practice was a theme throughout most of the literature and connected the development pattern to various orientation structures.

The following PICOT question was used to begin the literature search: For (P) newly graduated nurses being employed in a hospital how does (I) the use of a novice-to-expert orientation plan and post-orientation mentoring process, (C) compared to a standard orientation model, (O) affect their retention, (T) within the first two years of their employment. Initial results included 1,098 returns that were narrowed with filters eliminating duplicate articles and results that fell outside of the search criteria. A final total of seven scholarly articles were chosen for

analysis. The articles were divided into categories to include transitions to practice, competency-based training, novice to expert studies and orientation structure.

As the nursing shortage grows and the newly graduated nurse is sought by many hiring organizations, the need to retain this nurse is one of the greatest priorities. Nurse retention is accomplished with job satisfaction and trust in the employer (Almada et al., 2004). Trust can be accomplished by investing in the candidate and assuring orientation leads to a strong clinical foundation. The newly graduated nurse remains novice in learning development far beyond the completion of structured orientation and must continue to be nurtured as they grow in their independent practice (Yamamoto et al., 2024). Mentoring and nurse residency programs can provide this ongoing support.

Transition to Practice

Transition to practice is the accomplishment of the NGN in their ability to provide confident care to a group of patients. Wray, et. al. (2021) completed a rapid evidence assessment related to early transition and retention of the newly graduated nurse. The research concluded that little evolved in relation to the impact of orientation programs on retention (Wray et al., 2021). Several studies resulted in discoveries in the structure of transition that identified formal and informal approaches including preceptorship. The publication suggests that a longitudinal study may benefit this assessment by reviewing efficacy of approaches that enhance retention. The most poignant discovery is the lack of quality evidence on nurse transition and retention suggesting further studies are needed. The study lacked findings that analyzed large scale studies.

A cross-sectional study in Israel focused on transitions of the newly graduated nurse into the workplace after completing different orientation programs. 100 nurses were surveyed via

questionnaire with a 79% response rate (Strauss et al., 2016). A relevant result of this study included the finding of orientation program structure. 50.6% of the nurses reported a regimented orientation program that included modification to individual needs and preceptor and mentoring support. Retention rates on these wards were higher than those that did not provide this combination of structure and support (Strauss et al., 2016).

Graf et.al., (2020) recognizes the significance of transition theories as they apply to successful independent practice. This critical review included Kramer's reality shock theory and Benner's novice to expert theory as well as Duchscher's stages of transition theory (Graf et al., 2020). This literature review identified the role of university preparedness as students enter the professional work environment. Unlike other meta-analysis reviews that focused on hospital-based programs of transition and orientation, this analysis pointed to the need to address the role of educational preparation prior to graduation as it relates to the clinical environment. The suggestion of students completing the novice level of development prior to entering the workforce implied an increase in successful transition (Strauss et al., 2016). This finding brought forward the opportunity to investigate approaches for universities and hospitals to partner on nurse transition models by creating more clinical experiences guided by instructor oversite then paired with hospital-based preceptors in the final year of study.

Competency-Based Training

A meta-analysis and systematic review researched by Chen, et.al. (2022) focused on the effect of competency-based training (CBT). The randomized control trial (RTC) inclusion criteria encompassed Chinese and English-speaking nurses, nurses within the first year of training and a comparison of CBT and traditional methods amongst the study population (Chen et al., 2022). Assessment of the participants ability to critically think and innovate showed the

CBT group as the dominant success group compared to those receiving traditional training. Assessment results was particularly interesting, as CBT directly relates to the novice to expert process and methodology (Ozdemir, 2019).

Lalithabai, et.al. (2021) conducted a study of 70 nurses in a multicultural tertiary setting utilizing a qualitative content analysis and quantitative evaluation methodology. The objective of the study focused on competence as it related to the newly graduated nurse to provide high quality care independently after completing a competency-based orientation program (Lalithabai et al., 2021). An overall gain in competence score of 5.48% was noted in the post survey results giving a statistically significant improvement ($P<0.05$) in almost all dimensions of the program. Modifications to the program were discovered during the final evaluation including department specific additions to the orientation program and emphasis on teaching strategies (Lalithabai et al., 2021).

Novice to Expert

Continuing a deeper study into the Benner novice to expert process and methodology, Ozdemir, et.al (2019) addressed the nurse's perception of care practices. Successful quality outcomes for patients are heavily weighted on nursing care delivery and critical thinking skills. The ability to understand why certain assessment results are influential to the patient's progress is vital to achieving sound independent practice and is developed over time (Ozdemir, 2019). The newly graduated nurse is a novice and comes into a healthcare environment with mostly academic learning and little skill development. Coaching and mentoring is delivered by preceptors, managers and nurse educators as the newly graduated nurse immerses themselves in the new role (Ozdemir, 2019) (Strauss et al., 2016).

The Benner model expects the nurse to reach the advanced beginner level as they complete an onboarding orientation program and begin independent practice. Advanced beginner level of nursing is often a dangerous point of transition because the expectation of self-sufficient practice is not always feasible. Combined with the advanced beginner stage is the start of integrating values and beliefs which shape the understanding from the nurse's perspective of the patient's emotional needs. The newly graduated nurse is also adapting to pertinent communication skills necessary to their position in the multidisciplinary care team (Ozdemir, 2019).

Competence is met after the first one to two years of professional work experience. The nurse has developed the valuable ability to understand prioritization of needs as they care for multiple patients. At this stage they can better plan the individualized nursing care for each client (Ozdemir, 2019). Continued skill improvement is based on annual competency completion and acquisition of new skills as the learning expands to unfamiliar practices (Yamamoto et al., 2020). The article concludes with the need to consider building orientation programs that follow the developmental stages Benner defines with the goal of supporting the learner throughout the entire process. Once expert competency is reached, the nurse can act as the preceptor and mentor, sharing their knowledge and skills as they continue to advance their own (Ozdemir, 2019).

Orientation Structure

The final publication of this review analyzed the orientation process for the newly graduated nurse with a goal of identifying best practices. Kiel (2012) published an article related to the restructuring of orientation which was republished by Wolters Kluwer Health in a 2020 issue of The Health Care Manager emphasizing its importance more than a decade after original

publication. The need to assess orientation from both internal and external environments related to the efforts of such analysis to be influential in addressing the nursing shortage and financial stability of organizations (Kiel, 2012). Traditional orientation encompasses a hospital-based orientation to the institution and a unit specific orientation to the department of hire with a precepted onboarding to focus on skill development. According to LaFlamme, et.al. (2020) initial and ongoing evaluation of competency is a key driver to success. Not only does the nurse need to experience a skill, but they must build expertise with repetition. Evaluation of skill progression is the core of orientation and should be reinforced with the support of preceptors, mentors and the consideration of residency programs (Laflamme & Hyrkas, 2020).

The study suggests tools to monitor progression of the new hire as well as the criticality of preceptorship. The most challenging measure is in a new nurse's clinical judgement and decision-making ability. The study investigates the use of the Laster Clinical Judgement Rubric (LCJR) to interpret clinical decision development while the nurse masters skill performance (Laflamme & Hyrkas, 2020). The need to continue to research methods of onboarding practices and transitions to clinical practice are necessary to identify specific programs of success. Although retention and decreased turnover in the first year of employment are often used to measure attainment of success, the nurses' perception of their independence is a key driver. Individual perception of success is not easily measured in current orientation evaluations (Laflamme & Hyrkas, 2020).

Conclusion of the literature review and synthesis of data reveals positive outcomes with competency-based orientation programs that are heavily weighted in consistent support from preceptors and mentors. Hospitals who achieve high retention rates tend to choose a program weighted heavily in individualization of orientation and provide the time necessary to complete

progression to the advanced beginner stage of accomplishment. The Benner model and other theories that reflect this onboarding practice find the greatest level of success. Evidence-based practice establishes a sound foundation in these theories and continued advancement of these processes is needed to meet the current healthcare environment.

Project Objectives

Development of an evidence-based orientation program for the newly graduated nurse is one of the highest priorities necessary to address the retention needed to maintain a safe working environment in the acute hospital care setting. Current statistics show high numbers of nursing turnover within the first year of practice. The perception of the novice nurse is a lack of preparation to manage complex situations in independent practice and a lack of resources to continue the development of necessary skills. The project aims to evaluate current practice and develop a model for successful orientation and introduction into the independent practice environment of the bedside nurse.

1. Development of evidence-based guidelines for an orientation model that transitions the newly graduated nurse to independent practice in the acute care hospital setting.
2. Develop a comprehensive plan that will utilize the available resources present in today's workforce to onboard newly graduated nurses.
3. Develop a comprehensive plan to monitor the success of the orientation program over a 12-month period of time.
4. Develop a comprehensive plan on how to adjust the orientation program if the outcomes are less than desirable.

Theoretical Framework

The Novice to Expert Model is the theoretical framework for this DNP Scholarly Project. In 1982 Patricia Benner developed the Novice to Expert Model generated from the Dreyfus Model of Skills Acquisition (Hall-Ellis & Grealy, 2013). While the Dreyfus Model focused on the continuum of skill development, Benner adapted the theory to focus on nursing development related to knowledge, skill acquisition, clinical competence, and overall comprehension of patient care. Successful transition through stages of the model is accomplished by combining theoretical training and experiential learning (Ozdemir, 2019). Skill development founded in knowledge and theory produces competency-based understanding. The NGN forms the ability to comprehend the reason the skill is implemented and the overall effect on patient outcomes.

Orientation programs must have structure while allowing individuality in accomplishing each step toward success. Benner's Model utilizes a competency-based approach to orientation while allowing for individual cadence progression as milestones are met (Ozdemir, 2019). The NGN should reach a level of advanced beginner after approximately six months of professional development with a large majority of time under the supervision of a preceptor (Hampton et al., 2020). Benner's model was chosen by analyzing a variety of programs that institute competency-based training and the results of the training reveal improvement in the ability of the newly graduated nurse to provide clinical care, critical thinking development and interdisciplinary communication improvements (Chen et al., 2022). Benner addressed all points of professional development as the nurse enters practice in the acute care setting.

Another advantage is Benner's model is circular rather than linear and learners do not necessarily move through each stage without a need to restart as each new concept is introduced.

Novice is the beginning level to each skill and the nurse enters the stage with little, if any, previous experience. Advanced beginner level is accomplished in the first year or two of practice (Benner, 1982). When the new nurse completes precepted orientation they have not reached the level of competence according to Benner's model. This requires repeated exposure to skills or assessment findings which ultimately becomes easily recognized and interpreted by the clinician (Murray et al., 2019). Continued development is enhanced with mentoring and the use of resources such as experienced peers.

Along with Benner's theoretical framework the project will utilize the Plan-Do-Study-Act (PDSA) quality improvement structure. PDSA was first introduced in the 1920s by Walter Sherward. This model is frequently used in healthcare improvement projects as it allows for continual change as outcomes are reviewed and studied for opportunities to strengthen a plan (Katowa-Mukwato et al., 2021). PDSA will create a platform for further development of the orientation program.

Design and Method

Establishing Baseline Date

Initial data is gathered using surveys, focus groups, and interviews to assess the experiences and perceptions of the new nurses in a hospital setting. The goal of the focus groups is to understand their perceived success in transitioning to independent practice. The groups will be comprised of the current population of nurses who have completed orientation but are still within the first year of independent practice on a medical-surgical acute care unit. The purpose of this initial data collection is to provide a baseline understanding of the existing orientation processes and its ability to successfully onboard NGN into the practice environment (Chen et al.,

2022). The survey, focus group and interview methodology will be used to evaluate the redesigned orientation program.

Current State

The unit of focus for project implementation uses a traditional orientation program consisting of competency checklists to be completed over the entire span of orientation along with weekly goal development identified by the orientee and their preceptor. There is a cadence of meetings with the nurse manager and orientee occurring in weekly intervals to review the processes and procedures the NGN accomplished and to review the goals set for the following week. Healthcare organizations expect the NGN to be able to translate theory to practice and provide quality care safely as they enter the workforce (Murray et al., 2019). The transition from student to practicing profession is a journey, not an inherent ability at graduation.

New Structure

The major interventions of change include preceptor development and preparation in conjunction with a married state methodology of orientation. Using Benner's model of novice to expert, the new program will incorporate married state precepting to accommodate individual developmental needs with a competency-based structure. The married state orientation model creates a partnership between the preceptor and orientee (Figueroa et al., 2013). They work as one unit taking a full patient load as a team. In the early stages, the orientee is watching care delivery and learning the steps of task while incorporating critical thinking as interventions are delivered to the patient. The preceptor teaches each task by example and transitions that task to the orientee over time as they work in unison. As the orientee progresses the paradigm begins to shift, and the NGN becomes the leader of the team, and the preceptor is the observer (Figueroa et al., 2013). Support to the nurse is continuous to assure patient safety is maintained.

Implementation

PLAN: The PDSA cycle is based on scientific methods for continual process improvement. PDSA follows a cycle of planning goals and successful measures, implementing the actions, studying the results and implementing improvements. The cycle begins again as recent changes enter the process (Brau et al., 2019). Beginning with discovery, a baseline plan to obtain needed information related to project goals begins. To accomplish data collection, a survey administered to currently employed nurses in a medical-surgical unit of an acute care hospital will collect preliminary information. The criterion for participation is the NGN who completed orientation and is practicing independently at the bedside and is employed less than one year. The survey data will be synthesized to identify themes related to success and barriers to the current orientation process.

Information will be organized into categories and create the framework of identified barriers. Next, we will align the barriers with the new structure to evaluate where the new process will respond to correct the barriers. For example, current practice identifies the need for preceptors as a greater presence at the bedside in the early stages of orientation whereas Married State orientation maintains support at the bedside during the first six weeks of practice as the preceptor and orientee work in tandem. Institutional Review Board (IRB) approval completed and included in Appendix B.

DO: The second phase of the PDSA cycle requires implementing the proposed plan. In this phase the Married State Model will be implemented on the same med-surg pilot unit (Figueroa et al., 2013). The NGNs will be at the start of their orientation process and follow the cadence of the new program assuring the first 6 weeks are completed as a side-by-side experience of orientee and preceptor. The transition of tasks to the NGN will be based on the

individual's ability to progress toward assumption of these duties. A daily journal along with a competency-based orientation guide listing skills necessary to practice independently will be used to document progress and will be maintained by the two. If a skill on the checklist is encountered, the team will note whether the action is demonstrated by the preceptor, demonstrated by the orientee with guidance or demonstrated by the orientee independently. The precepting nurse, orienting nurse and nurse manager will meet weekly to review progress. The process is not changed during implementation to evaluate the effectiveness of the interventions (Connelly, 2021). Continuity in approach is important to evaluate the effectiveness of the interventions.

STUDY: The third phase of PDSA is the core of the project. Although a survey will be conducted at the end of the orientation program, understanding the effect of the married state orientation throughout the process is critical to the development of a final product. The "Study" portion is the most intense in data collection and will provide the evidence needed to fine tune the program (Connelly, 2021). Studying progress throughout implementation will also provide evidence of course corrections needed as identified in the pre-cohort surveys.

ACT: The cycle reignites with the fourth phase as opportunities for improvement are studied, analyzed and then placed in the project workflow if alterations need to occur (Brau et al., 2019). Changes will be made based on the success or failure of the implemented processes and the cycle will begin again.

At the completion of the orientation cycle, the subjects will participate in the same survey the initial group completed to assess how the changes in practice affected the outcome. Along with the implementation of the Married State Preceptor Model, a preceptor class will be held for those participants who will work with the NGN. The class will provide the logistics of how the

program is designed and explain the orientation pattern they are to follow. Each preceptor will spend one day with the pilot unit's Clinical Educator put in the role of the orientee to experience the expected process.

Timeline

The timeline for the project is outlined in Appendix C. Beginning with an assessment of current practices for orientation and onboarding of NGNs, the team will seek to understand the current programs barriers to success along with the positive impacts on transition to practice. Identification of barriers will be accomplished with a post orientation survey. Possible survey questions will follow the Casey Fink 2023 transition survey. The Casey Fink survey is designed to evaluate transition-to-practice program outcomes of an orientation program. The survey focuses on eight sub-scales that include role confidence, patient care management, satisfaction with support roles, stress management, resilience, commitment to the organization, and preceptorship (Casey & Fink, 2021). The content of this survey meets all the criteria the DNP project identifies as a positive outcome to orientation programs.

Following the survey and analysis of data, the preceptors who will be responsible for the orientation process will receive education to maintain consistency in the program's implementation model. The NGN participants will be identified in two cohorts on two separate med-surg units in the same acute care hospital and their orientation will be in tandem to allow for comparison of data. Four NGNs along with four trained preceptors will engage in the study. At the completion of the initial cohorts, data will be collected by means of a post orientation survey to identify measures of success as well as opportunities for improvement as defined by the PDSA implementation process. The total timeline for project completion is eight months.

Budget

Most of the cost is invested human hours and categorized in Appendix D. The DNP student, Nurse Managers, preceptors, and NGNs are all included in this portion of the budget and the hours include planning, analyzing and educational hours as well as actual orientation hours on the hospital unit. The simulation lab will allow for education in a non-threatening environment lending to the ability to correct and evolve the preceptor's skills. Office supplies are included as each orientee is provided with an orientation binder and checklist for competency-based progression. The mean cost of replacing a staff RN for Ohio hospitals according to the Ohio Nurses Association was $52,350 in 2021. A 7.5% increase in the prior year is projected to continue an upward trend without intervention (Bell et al., 2023). Retention is a key focus in the outcome of orientation success.

Outcome & Analysis

The Casey-Fink Graduate Nurse Survey was administered to the subjects who completed a traditional new graduate nursing orientation plan and within the first year of practice. The subjects approved to survey completion in response to a letter inviting them to participate. The letter explained the DNP project goal and the need for a baseline evaluation of traditional orientation design as it applies to transition to independent practice. See Appendix E for the full survey. The survey measures confidence in performing nursing skills by evaluating eight sub-categories including role confidence, managing patient care, support, role satisfaction, stress/burnout, resilience, organizational commitment, and preceptorship. The survey is updated as the authors find relevant changes in the healthcare environment that influence transition to care for the newly graduated nurse (Casey & Fink, 2021). Utilization of the Casey Fink survey

will provide a path to ongoing evaluation and development as the orientation restructure continues to evolve.

The results of the survey were calculated and revealed a less than desirable transition to practice as measured to the benchmark. In the areas of organization and support, the NGNs in group one was significantly less confident in independent practice compared to their peers.

Four NGNs scheduled to begin orientation were paired with the preceptors chosen to implement the new pathway. Participants began in December of 2024 following the structure of the married state process developed and taught to the preceptors. An example can be found in Appendix E. The pathway included all points of the competency-based skills checklist with expanded guidance on weekly milestones and expanded explanation of process completion points.

A weekly meeting between the NGN, the preceptor and manager focused on progress and areas of improvement needed to independently assume each skill. Accountability to the orientee and preceptor pair was consistent and evidenced by thorough written completion of the packet in detail. These meetings fostered a strong trust relationship between the couple and a mentor relationship began to form. Each orientee completed the full 12-week program.

Upon completion of orientation the NGNs completed the Casey Fink Survey. Results were collated and benchmarked with current national data and compared to those of the prior group. The data showed improved results in all areas pertaining to organization and support questions. Key questions in these categories captured the focus of the study's aim for improvement including role transition and unit orientation experience with their preceptor. The survey results of the participants included in the new process were significantly improved from those of the traditional orientation and were either at or near the national benchmark. See

Appendix G for the initial survey of traditional orientation as compared to the end of orientation results for the married state pathway participants.

Limitations & Barriers

Preceptor recruitment was limited due to the lack of experienced staff to orient NGNs. Most RNs on the target unit had less than two years of experience. During the preceptor class it was evident selected nurses came with poor habits regarding bedside skills and less than favorable critical thinking ability. The timeline to begin onboarding new nurses did not allow re-education of the participating nurse preceptors. Level-setting skills and quality care would provide a more conducive learning environment. To offset this deficit, Clinical Managers worked in tandem with the couple for the first three weeks to guide the preceptors as they worked with the NGNs and fortify the experience.

Another barrier is the sample size of participants in the study. The sample is small and does not include diversity in educational preparedness. Diversity in educational background provides depth to the research related to transitions to independent practice and creates comparison points to consider with project evolution and development. Insufficient academic preparation may result in poor skill development when applying learned theory to bedside technique (Sterner et al., 2021). The NGNs in this research group were associate degree prepared. Comparing associate degree programs to bachelor's degree programs and registered nurse to licensed practical nurse candidates would result in additional insight and potentially alter results.

Project Development

To improve the married state orientation process, preceptor development was accomplished with an eight-hour class. The class included didactic content and simulated role

play as well as competency assessment review. Consideration of the current experience level of nurses in the selected group was evaluated to complete preparation of preceptors. A more rigorous preceptor class including an assessment of the student's current proficiency level, organizational capabilities and critical thinking skills will advance the curriculum. Future state will also include mentors for new preceptors to continue their advancement.

Opportunity to assess the NGNs' knowledge of hands-on skills prior to commencement of orientation will assist in directing an increase in exposure to procedures requiring more focused practice. This is accomplished with simulation in a controlled environment without risk to quality patient care on the unit. Simulation also provides a reduced stress environment while practicing procedures.

A formal process for matching a preceptor's teaching style to the orientees learning style should be considered. An assessment tool related to learning styles provides thoughtful matching (Pena et al., 2020). Satisfaction with orientation improves retention of the newly onboarded nurse. It is also a satisfier to the preceptor as they successfully engage a new team member.

Conclusion

Successful transition to practice flourishes with effective orientation. Novice to expert-based programs is considered best practice for the NGN entering the acute hospital setting. Preceptor development is essential to ensure skills are taught properly and safe, quality care is delivered. Orientation and Nurse Residency programs in tandem build a strong foundation of support and learning while engaging the new colleague in relationship development. The outcome of the tactics discussed ultimately improve retention, provide quality patient care and reduce costs to the organization. Mentor development will create a network of trust and resources for nurses entering the acute care workforce.

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Appendix A: Evidence Review Worksheet								
APA Citation: Murray, M., Sundin, D., & Cope, V. (2019). Benner's model and Duchscher's theory: Providing the framework for understanding new graduate nurses' transition to practice. Nurse Education in Practice, 34, 199–203. https://doi.org/10.1016/j.nepr.2018.12.003								
Conceptual Framework or Model	***Design or Method***	***Sample & Setting***	***Major Variables Studied & their Definitions, if any***	***Outcome Measurement(s)***	***Data Analysis***	***Findings***	***Level of Evidence***	***Quality of Evidence: Critical Worth to Practice***
Theoretical basis for the study: Benner's novice to expert model. Duchscher's stages of transition theory and transition shock model	**Fixed mixed method approach**	**Number of Characteristics: Exclusion Criteria: New grad nurse Attrition: Setting: Post orientation completion**	**Independent variables: IV1=understanding of safety IV2=quality care Dependent variables:**	**Scale(s) used: Reliability information (*alphas*, if any): Not clearly defined. Eluded that transitional models positively influence perception of safety and quality in the NGN**	**Statistical tests, if any: Qualitative analysis, if any: NA**	**Statistical findings, if any: Qualitative findings, if any: Nursing theories and models provide a benchmark to investigate safety and quality impact of nursing care.**	**VII**	**Strengths: clear comparison of theories used for transition. Limitations: No clear data collection specific to the result. Too vague. Risk or harm if implemented: No risk Feasibility of use in the project practice area: reference only, no clear outcomes or results.**
Annotated Bibliography statement (may be several sentences summarizing the article based upon the information above using professional APA writing style): This research focused on nurse transition directly related to quality outcomes and related several theoretical framework models to enhance independent practice development. Using a fixed method approach, a database was developed to analyze the newly graduated nurse's perception of understanding toward patient safety. The study concluded that nursing theories provide a framework to benchmark development of skills and knowledge as nurses transition to independent practice.								
Thematic Analysis Key Themes or FSP related significance:								

1. Compares multiple transition models including Benner's Novice to Expert, Duchscher's stages of transition theory and transition shock model, the Dreyfus model of skill acquisition and conceptualizes the value of the theories in newly graduated nurses' orientation.
2. Notes the value of these models in nurse retention and encourages the continued development of these theories to continue the evolution of nurse orientation and successful onboarding.
3. Validates the need to focus on patient safety outcomes related to perceived learning during orientation.
4. The implications of practice are aligned with the FSP outcome goals as they relate to achievement of confidence in the acute care setting post orientation.

Appendix A: Evidence Review Worksheet								
APA Citation: Sterner, A., Säfström, E., Palmér, L., Ramstrand, N., & Hagiwara, M. (2020a). Development and initial validation of an instrument to measure novice nurses' perceived ability to provide care in acute situations. BMC Nursing, 19(1). https://doi.org/10.1186/s12912-0200406-3								
Conceptual Framework or Model	***Design or Method***	***Sample & Setting***	***Major Variables Studied & their Definitions, if any***	***Outcome Measurement(s)***	***Data Analysis***	***Findings***	***Level of Evidence***	***Quality of Evidence: Critical Worth to Practice***
Theoretical basis for the study: Benner's novice to expert model	**Exploratory cross-sectional design**	**Number of Characteristics: Exclusion Criteria: more than one year of work experience in a hospital providing acute care Attrition: Setting: county and university hospitals in Sweden.**	**Independent variables: IV1= IV2= Dependent variables:**	**Scale(s) used: Reliability information (*alphas*, if any): Novice nurses perceived ability to provide care in acute situations and ability to make clinical judgment.**	**Statistical tests, if any: Qualitative analysis, if any: online surveys were tested for statistical significance by a 3rd party organization.**	**Statistical findings, if any: univariate testing against four response variables Qualitative findings, if any: experience in acute situations was the most prevalent determining factor in the novice nurse's confidence to respond in**	**V**	**Strengths: Strategic inclusion criteria and multisite study in similar clinical settings. Limitations: no evaluation tool of successful clinical skill success. Risk or harm if implemented: none Feasibility of use in the project practice area: Highly feasible with reliable tools for**

						acute situations.		**measure in a qualitative study.**

Annotated Bibliography statement (may be several sentences summarizing the article based upon the information above using professional APA writing style): Sterner, et.al (2020) developed a tool to test of the psychometric properties of the perception to care in acute situation (PCAS) and evaluated newly graduated nurses on this 17-item scale grouping the results into three factors. These factors included confidence in the provision of care, communication and patient perspective. Using a third-party organization, online surveys were conducted and tested for statistical significance. The quality of this study lacked the evaluation of clinical skill but quantified the newly graduated nurses' priorities to perceived success toward independent practice.

Thematic Analysis

Key Themes or FSP related significance:

1. The tool in this study was well developed and was tested on a healthcare region including 14 of 21 systems. The foundation is strong and could be used in conjunction with clinical skill evaluation to gauge overall preparedness of the newly graduated nurse entering practice.

2. The tool was electronic and allowed for control of points of testing. This model would be helpful in identifying areas of progress and or regression in the nurse's confidence level.

3. Inclusive of patient perceptions, identifying communication development of the newly graduated nurse as they interact with clients.

Appendix A: Evidence Review Worksheet

APA Citation: Graf, A. C., Jacob, E., Twigg, D., & Nattabi, B. (2020). Contemporary nursing graduates' transition to practice: A critical review of transition models. Journal of Clinical Nursing, 29(15-16), 3097–3107. DOI: 10.1111/jocn.15234

Conceptual Framework or Model	*Design or Method*	*Sample & Setting*	*Major Variables Studied & their Definitions, if any*	*Outcome Measurement(s)*	*Data Analysis*	*Findings*	*Level of Evidence*	*Quality of Evidence: Critical Worth to Practice*
Theoretical basis for the study: Kramer's reality shock theory, Benner's novice to expert, Duchscher's stages of	**Narrative critical literature review**	**Number of Characteristics: Exclusion Criteria: Attrition: Setting:**	**Scale(s) used: Reliability information (*alphas*, if any): Critical reviews of the four theories are reliable resources for continued development of**	**Statistical tests, if any: Qualitative analysis, if any:**	**Statistical findings, if any: Qualitative findings, if any:**	**V**	**Strengths: strength in clear, concise definitions of theories and comparisons to how they affect practice transition. Limitations: None identified. Risk or harm if implemented: no risk or harm Feasibility of use in the project practice area: valuable to project area and feasible for use. Addresses the changing educational**	

transition theory, Bridges transition theory			**transitions to care models.**				**environment and its impact to transition.**

Annotated Bibliography statement (may be several sentences summarizing the article based upon the information above using professional APA writing style): Graf, et al (2020) completed a critical review of transition theories and how they are applied in the newly graduated nurse orientation. A significant conclusion included the need for new graduates to finish their degree at a higher level of proficiency than in the current state. This factor leaves the employing organization responsible for some of the elementary skill education current bachelor's degree programs are lacking. There is a need for collaboration between the universities and hospitals to align their work in a manner that supports the transition to practice in the acute care setting. These adjustments would improve successful onboarding and reduce financial loss related to retention rates.

Thematic Analysis

Key Themes or FSP related significance:

1. Clearly defines the changes in academic preparation and identifies opportunities to collaborate with hospital systems for transitional success.

2. Tests the current evidence-based practice models of novice to expert transitions with valid comparison points for successful orientation completion.

3. Presents opportunity to further assess instructional preparation and consider a skill evaluation tool to understand individual points of orientation needs based on the newly graduated nurse's academic preparation.

Evidence Review Worksheet Assignment E								
APA Citation: Almada, P., Carafoli, K., Flattery, J. B., French, D. A., & McNamara, M. (2004). Improving the retention rate of newly graduated nurses. Journal for Nurses in Staff Development (JNSD), 20(6), 268–273. https://journals.lww.com/jnsdonline.								
Conceptual Framework or Model	***Design or Method***	***Sample & Setting***	***Major Variables Studied & their Definitions, if any***	***Outcome Measurement(s)***	***Data Analysis***	***Findings***	***Level of Evidence***	***Quality of Evidence: Critical Worth to Practice***
Theoretical basis for the study: Benner's novice to expert	**Quantitative and qualitative study**	**Number of Characteristics: Exclusion Criteria: experienced nurses onboarding Attrition: 47 participants reduced to 40 for those not completing the program Setting: 150 bed non-teaching community hospital**	**Independent variables: IV1=completion of a precepted program IV2=3 months of independent practice Dependent variables: improvement in retention**	**Scale(s) used: Reliability information (*alphas*, if any): ranking of aspects of the program**	**Statistical tests, if any: Quantitative analysis, if any: satisfaction with the program structure**	**Statistical findings, if any: Qualitative findings, if any: ranking of program aspects and factors of employment choice such as pay and shift availability.**	**IV**	**Strengths: Data gives credibility to program structure Limitations: only one care site studied. Unable to monitor precepting style for compliance to structure. Risk or harm if implemented: no risk, opportunity to improve the process. Feasibility of use in the project practice area: positive feasibility of use.**
Annotated Bibliography statement (may be several sentences summarizing the article based upon the information above using professional APA writing style): Literature review of retention rates of the newly graduated nurses identifies the opportunity to focus on preceptor development. Taking the orientation approach back to the foundation of those who provide individual training will provide the educational pathway and support necessary for successful transition to independent practice. Utilizing only one care site limits the study as well as no specific evaluation of preceptor style to monitor compliance to the structure.								

Thematic Analysis **Key Themes or FSP related significance:** **1.** Strong evidence of preceptor preparation and continuity of education at the bedside for the newly graduated nurse. **2.** The study did result in improvement of retention related to perception of the ability to confidently transition to independent practice. **3.** Strong foundational EBP to consider preceptor development as a portion of this FSP development.

Appendix A: Evidence Review Worksheet								
APA Citation: Gregg, J. C. (2020). Perceptions of nurse managers and nurse preceptors. Journal for Nurses in Professional Development, 36(2), 88–93. DOI: 10.1097/NND.0000000000000615.								
Conceptual Framework or Model	***Design or Method***	***Sample & Setting***	***Major Variables Studied & their Definitions, if any***	***Outcome Measurement(s)***	***Data Analysis***	***Findings***	***Level of Evidence***	***Quality of Evidence: Critical Worth to Practice***
Theoretical basis for the study: Benner's theory	**Needs assessment and data base search through CINAHL and Medline. Study by Berkow et al. 2009**	**Number of Characteristics: demographics, Likert scale rating to six overarching competencies ranked by nurse managers and nurse preceptors Exclusion Criteria: unclear. Attrition: Setting: 380 bed hospital with significant number of NGNs**	**Independent variables: IV1= nurse manager rankings IV2= clinical manager rankings Dependent variables: skill and knowledge result rankings**	**Scale(s) used: Likert Reliability strong when compared to the results of the replicated study. information (*alphas*, if any):**	**Statistical tests, if any: Qualitative analysis, if any: password protected surveys through the test site organization. Likert scale was used for the following six overarching competencies: Clinical knowledge, technical skills, critical thinking, communication, professionalism and management of responsibilities**	**Statistical findings, if any: Qualitative findings, if any: This replicated study was compared to the original model. The findings included 2% to 10% increases in nurse manager and nurse preceptor satisfaction in the six competencies.**	**V**	**Strengths: Limitations: lacks span of those studied as it is isolated to one medical center and the subjects did not have significant diversity of race and ethnic background in the population. Risk or harm if implemented: Feasibility of use in the project practice area: This study shows great potential in looking beyond the results generated with the NGN and includes the managers and preceptors. This**

								adds to the project significantly.

Annotated Bibliography statement (may be several sentences summarizing the article based upon the information above using professional APA writing style): Key stakeholders in the hiring, orientation and retention of newly graduated nurses is heavily weighted toward nurse managers and the preceptors engaging in their onboarding. Focus on novice to expert theoretical framework a needs assessment was conducted to understand the current strategies of the nursing education department. The study was conducted at a 380-bed hospital and focused on management and unit preceptors. Demographics were obtained and questionnaires were quantified based on Likert scoring was utilized. Limitations to this research includes the evaluation of the program was rated through the education department and not individualized to specific preceptors.

Thematic Analysis

Key Themes or FSP related significance:

1. Includes the perception of key stakeholders in the outcome of orientation related to technical and critical think skill development.

2. Identifies key areas of independent practice competency most prominently for newly graduated nurses to practice confidently, including skill based accomplishments, communication skills and the ability to manage assignments successfully.

3. This FSP project will benefit from consideration of individual preceptor and manager evaluation to build upon the more generalized focus of this study.

Appendix B

OTTERBEIN

UNIVERSITY

INSTITUTIONAL REVIEW -BOARD

Original Review
D Continuing Review
D Amendment

Dear Dr. Hummer,

With regard to the employment of human subjects in the proposed research:

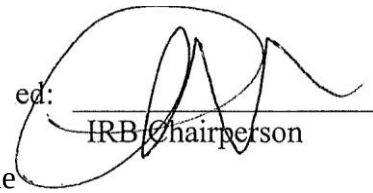
HS #24/25-66 Hummer & Takach: Development of an Evidence Based Practice Orientation Model for Newly Graduated Nurses

THE INSTITUTIONAL REVIEW BOARD HAS TAKEN THE FOLLOWING ACTION:

E] Approved
D Disapproved
☐ Approved with Stipulations*
☐ Waiver of Written Consent Granted
☒ Limited/Exempt/Expedited Review
O Deferred

*Once stipulations stated by the IRB have been met by the investigator, then the protocol is APPROVED.

l . As Principal Investigator, you are responsible for ensuring all individuals assisting in the conduct of the study are informed of their obligations for following the IRB-approved protocol.
2. It is the responsibility of the Principal Investigator to retain a copy of each signed consent form for at least four (4) years beyond the termination of the subject's participation in the proposed activity. Should the Principal Investigator leave the university, signed consent forms are to be transferred to the IRB for the required retention period.
3. If this was a limited, exempt, or expedited review, there is no need for continuing review unless the investigator makes changes to the proposed research.
4. If this application was approved via full IRB committee review, the approval period is one (l) year, after which time continuing review will be required.
5. You are reminded you must promptly report any problems to the IRB and no procedural changes may be made without prior review and approval. You are also reminded the identity of the research participants must be kept confidential.



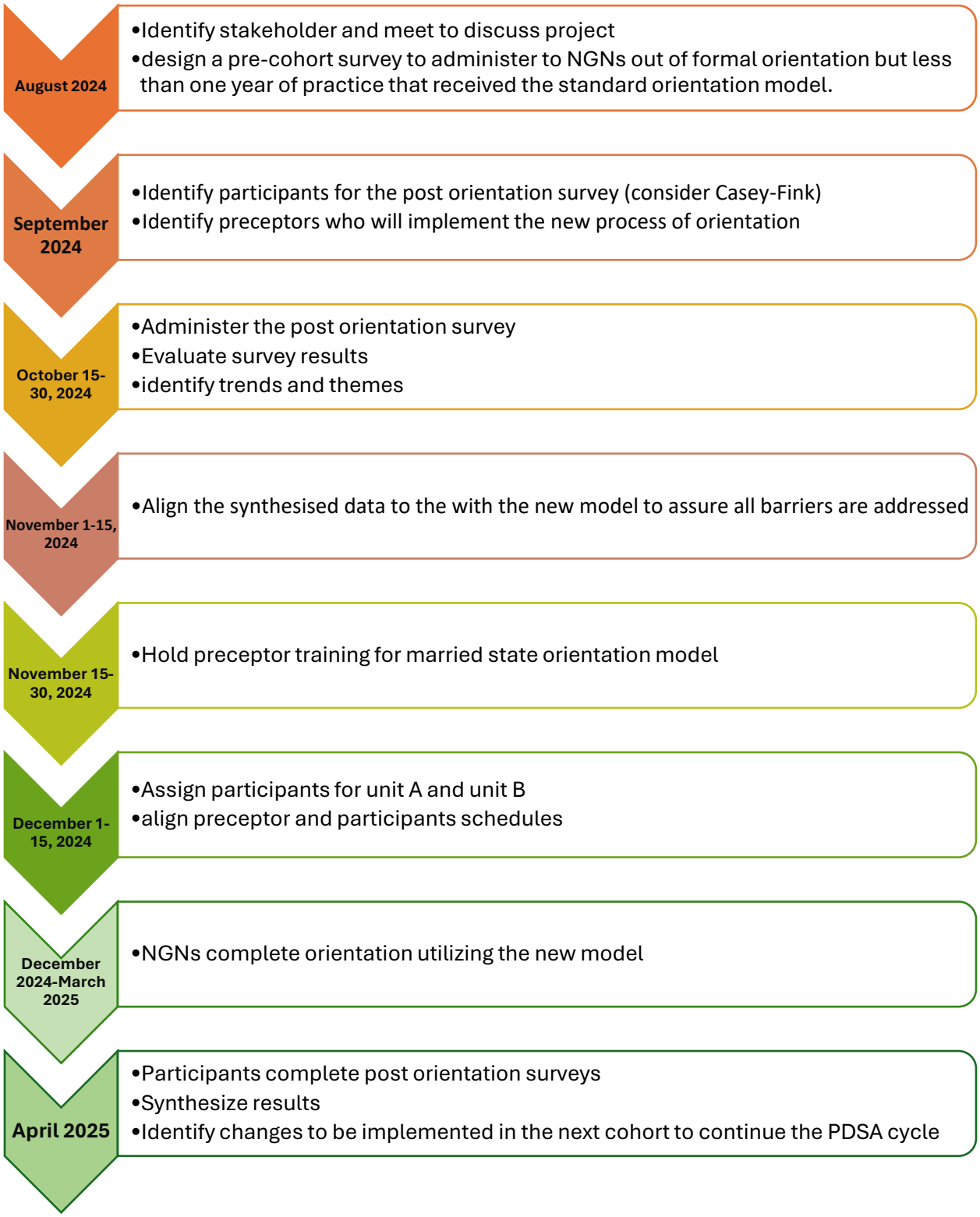
Signed: _____ _____

IRB Chairperson

Date:

Appendix C

Timeline for Implementation



Appendix D

Budget

Expense Detail	Base Salary	Hours	Total Cost
DNP Student	$103	120	$12,360
Project Team Nurse Manager 1	$46.94	40	$1877.60
Project Team Nurse Manager 2	$46.94	40	$1877.60
Project Team Preceptor 1	$40.36	408	$16,466.88
Project team Preceptor 2	$40.36	408	$16,466.88
Project Team Preceptor 3	$40.36	408	$16,466.88
Project Team Preceptor 4	$40.36	408	$16,466.88
NGN participant 1	$36.35	400	$14,540
NGN participant 2	$36.35	400	$14,540
NGN participant 3	$36.35	400	$14,540
NGN participant 4	$36.35	400	$14,540
Office Supplies • Orientation packets • Preceptor class material	NA	NA	$300
Sim lab use @ 150/hour	NA	10	$1500
Total Cost			$141,942.72

Appendix E

Casey-Fink Graduate Nurse Experience Survey© (revised 2023)

Kathy Casey, PhD, RN, NPD-BC and Regina Fink, PhD, APRN, AOCN, CHPN, FAAN

Section I – Role Transition Experience

The following are questions about your experience as you transition into the professional nursing role. All responses are anonymous and will be kept confidential. Please select the response that best describes your recent clinical experience.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I am confident prioritizing patient care needs.				
2. I feel confident delegating tasks to others.				
3. I am comfortable making suggestions to the physician/provider on changes to the plan of care.				
4. I feel confident communicating with physicians and other providers.				
5. I feel confident using best evidence when making clinical decisions.				
6. I feel confident communicating a plan of care with patients, families, and caregivers.				
7. I have confidence in my clinical decision-making skills.				
8. I can accurately recognize changes in my patient's condition.				
9. I can complete my patient care assignment on time.				

10. I feel confident managing my patient workload.				
11. I can organize my time effectively to complete my patient care tasks.				
12. I can prioritize competing tasks during my shift.				
13. I feel supported by my peers.				
14. I feel comfortable asking for help from other nurses on my team.				
15. Co-workers are available to help me during new situations and procedures.				
16. I feel supported by the nurses in my clinical practice area.				
17. My team works well together during stressful shifts.				
18. I feel safe asking my co-workers questions.				
19. I am satisfied with the clinical practice area I am working in currently.				
20. I feel valued for the work I do.				
21. My team debriefs after difficult clinical situations.				
22. I have resources at my work to help me manage my stress.				
23. I am satisfied with my current role in nursing.				
24. I feel that I am a valued member of the health care team.				
	Strongly Disagree	**Disagree**	**Agree**	**Strongly Agree**
25. I feel included in my clinical practice area.				

26. I would recommend nursing as a career to a friend.				
27. I consistently feel overwhelmed by my workload.				
28. I consistently feel high levels of stress while at work.				
29. I feel exhausted at the end of my shift.				
30. I am experiencing stress in my personal life that is affecting my work.				
31. I feel overwhelmed by the patient acuity in my clinical practice area.				
32. I feel stressed because of my workload.				
33. I feel comfortable if I need to handle bullying from others.				
34. I feel comfortable managing incivility from co-workers if/when it occurs.				
35. I feel confident handling stressful situations on my own.				
36. I tend to bounce back quickly after difficult clinical situations.				
37. When faced with difficult tasks, I am certain that I will accomplish them.				
38. Even when things are tough, I believe that I can perform my role quite well.				
39. I feel a strong commitment to stay at this organization.				
40. This organization's values align with my professional values.				
41. I am likely to be working at this organization in one year.				

Preceptorship (Unit Orientation)

If you are no longer on orientation, please select not applicable.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
42. My preceptor provides feedback about my work performance.					
43. My preceptor helps me to develop confidence in my practice.					
44. My preceptor guides my ability to make clinical decisions.					
45. My preceptor helps me learn from my mistakes.					
46. My preceptor helps me become familiar with my clinical practice area routines/policies.					
47. My preceptor helps me integrate into my clinical practice area.					
48. My preceptor engages me in critical thinking opportunities.					

Section II – Learning Needs Assessment of Skills

*Please rate your confidence in doing these **skills** using the following scale:*

	Not Confident	Somewhat Confident	Highly Confident	Not relevant to my practice area
1. IV starts				
2. Phlebotomy				
3. Blood product administration				
4. Central line care				

5. PCA pump management				
6. Nasogastric tube care				
7. Tracheostomy care				
8. Giving handoff report				
9. Chest tube care				
10. EKG/telemetry rhythm interpretation				
11. Calling a Rapid Response				
12. Participating in a Code Blue				
13. Reporting abnormal lab values				
14. Caring for a dying patient				
15. Urinary catheter insertion				
16. Wound care				
17. Documenting a plan of care				
18. Patient discharge process				
19. Suicide screening				
20. De-escalating a violent patient/family				
21. Managing ethical dilemmas				
22. Reporting errors in care				
23. Managing patients with substance use withdrawal				
24. Assessing patients for pressure injury				
25. Reporting bias/discrimination in the workplace				

Section III - Demographics

Please complete the response that represents the most accurate description of your individual professional profile.

1. **Age:**
    a. 20-24 years
    b. 25-29 years
    c. 30-34 years
    d. 35-39 years
    e. 40-44 years

f. 45-49 years
g. 50-54 years
h. 55-59 years
i. 60-64 years
j. ≥ 65 years

2. **Gender:**
    a. Female
    b. Male
    c. Non-binary, transgender, or gender fluid
    d. Other (please specify) _____
3. **Race/Ethnicity** (select what **best** matches your own identity)**:**
    a. American Indian or Alaskan Native
    b. Asian
    c. Black or African American
    d. Hispanic or Latino
    e. Native Hawaiian or other Pacific Islander
    f. White or Caucasian
    g. 2 or more ethnicities
    h. Other (please specify) _____
4. **Select your primary practice setting:**
    a. Inpatient
    b. Outpatient/Ambulatory
    c. Home Health Care
    d. School Nurse
    e. Public Health
    f. Skilled Nursing Facility
    g. Long-Term Care
    h. Other (please specify) _____
5. **Select your clinical practice area:**
    a. Adult Medical/Surgical

b. Adult Behavioral Health
c. Adult Emergency Department
d. Adult Oncology
e. Adult Orthopedic
f. Adult Telemetry
g. Adult Step-down
h. Adult ICU (cardiac, medical, neuro, surgical)
i. Geriatrics
j. Pediatrics Medical/Surgical
k. Pediatric Oncology
l. Pediatrics (intermediate care)
m. Pediatric ICU
n. Pediatric Emergency Department
o. Pediatric/Adolescent Behavioral Health
p. Hospice/Palliative Care
q. Burn Unit
r. Float Pool
s. Labor & Delivery
t. Mother/Baby (ante-post-partum care)
u. NICU/Newborn Nursery
v. Perioperative, PACU, Pre-operative, OR)
w. Transplant
x. Rehabilitation
y. Urgent Care
z. Other (please specify) _____

6. Pre-Licensure Nursing Degree obtained:

a. Diploma
b. Associate
c. Traditional Bachelors (BSN)
d. Accelerated Bachelors (BSN)
e. Masters in Nursing (MSN, MS, MN)

7. Additional Non-Nursing Degree obtained:

a. Yes
b. No

8. **Previous health care work experience (e.g., nursing or medical assistant, unit secretary, EMT):** a. Yes

b. No

9. **What is your scheduled work pattern?**
    a. Straight days
    b. Straight nights
    c. Rotating days & nights
    d. Other: _____

10. **Looking back to your unit orientation, how many preceptors did you work with?** a. 1-2

    b. 3-5
    c. 6-8
    d. ≥ 9

11. **How many weeks was your unit orientation?**

    a. I am currently in my unit orientation
    b. ≤ 5 weeks
    c. 6-8 weeks
    d. 9-12 weeks
    e. 4-5 months
    f. ≥ 6 months

12. **Have you precepted new hires in your clinical practice area**?
    a. Yes
    b. No

13. **Have you functioned as a charge nurse**?

a. Yes
b. No

14. Do you have a clinical mentor to help guide your professional development?

a. Yes
b. No

15. Are you currently participating in an evidence-based practice project in your program/clinical practice area?

a. Yes
b. No

16. What time are you taking this survey?

a. Beginning of the program
b. Middle of the program
c. End of the program

Please share any comments or suggestions you have about your residency, fellowship, or orientation program:

Appendix F

Medical Surgical Registered Nurse | Orientation Pathway

Name: _____ Unit: _____ Nurse Manager: _____

Primary Preceptor: _____ Clinical Educator: _____

PHASE ONE	PHASE TWO	PHASE THREE
During Phase One, the orientee and preceptor should work together during all aspects of care to promote learning and opportunities for knowledge sharing and skill improvement. At the end of week 5 (Phase 1), the orientee RN should demonstrate safe, routine care of the patient, including managing orders, documenting fully, performing assessments and interventions, performing skills as available, and communicating with other staff and team members. Preceptor involvement with most/all aspects of care is expected up to this point. Phase 2 will focus on broadening the skill set, deepening critical thinking, and promoting independence from preceptor.	At the end of week 10 (Phase 2), the orientee should demonstrate less reliance on their preceptor. Routine care planning and patient management should be largely independent and the orientee should be able to consistently identify when preceptor involvement is necessary. Communication with staff, providers, patients, and families should continue to improve and should be delivered confidently. Preceptor involvement is still consistent, but to a lesser degree. The preceptor and orientee should prioritize together what tasks can be completed independently and what tasks require support. The orientee should be increasingly comfortable asking questions and requesting assistance from people other than the preceptor. Delegation should continue to occur for appropriate tasks. Phase 3 will focus on independence, critical thinking, anticipation, and overall function as a competent nurse.	At the end of week 12 (Phase 3), the orientee RN should demonstrate consistency in care, maintaining a focus on basic skills and tasks while building critical thinking skills and clinical judgment. Communication with team members and providers should occur independently with preceptors involved as a resource for support. There is one week left of orientation to build confidence and work on any specific skills that need addressed prior to practicing independently.

Instructions:

- The orientee and preceptor will document goals and outcomes daily
- It is the responsibility of the orientee to have this packet completed at the end of their orientation
- The Orientation Pathway will be returned to the manager after orientation to be placed on file
- Due to classes and scheduling, orientation can be flexible. Please track your time appropriately each week.

Patient Assignment

Clinical Week 1 Unit Days 1-3

Dates:

_____
_____
_____

*1st clinical week spent **shadowing** preceptor(s) and assisting as comfortable*

Clinical Experiences:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Administrative: meet staff, tour unit, computer systems & passwords
- ☐ Familiarize with room setup and equipment
- ☐ Learn to locate policies (review checklist attached)
- ☐ Observe assessment skills
- ☐ Observe documentation
- ☐ Observe medication administration
- ☐ Observe labs and interpretation
- ☐ Observe provider communication
- ☐ Discuss fall prevention tool, white board, and room signage
- ☐ Discuss pain scales, assessments, and treatment
- ☐ Observe ordered skills and treatments
  - ○ IV/Central Lines
  - ○ Oxygen modalities
  - ○ Dressings
- ☐ Discuss antibiotic infusions
- ☐ Discuss electrolyte replacement
- ☐ Confirm Pyxis access
- ☐ Discuss medication wasting
- ☐ Discuss CHG bathing
- ☐ **Update Competency Based Assessment (CBA)**

Expected Outcomes

- ♦ Observes the work of the preceptor and participate as able
- ♦ Demonstrates professionalism in communication and appearance
- ♦ Demonstrates universal precautions & PPE
- ♦ Demonstrates patient safety
- ♦ Demonstrates appropriate medication wasting
- ♦ Discusses organizational skills
- ♦ Practices shift report with preceptor
- ♦ Demonstrates beginning competence with computer programs

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds & Equipment:

_____
_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 2

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 2 Unit Days 4-6

Dates:

_____
_____
_____

Case Load:
Manage 1 patient with thorough Preceptor involvement

Type of patient:
- 1 stable patient

Clinical Experiences:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Choose patient to meet previous goals
- ☐ Accesses Lexicomp via EMAR
- ☐ Lab monitoring and interpretation
- ☐ Perform skills/treatments as ordered:
  - IV/central lines
  - Oxygen modalities
- ☐ Simple wounds
- ☐ Demonstrate order review and acknowledgement
- ☐ Practice phlebotomy as able
- ☐ Glucometer use
- ☐ IV pump use (clearing volumes)
- ☐ Review all monitors and alarms
- ☐ Discuss CAUTI/CLABSI Bundles
- ☐ Discuss VTE prophylaxis
- ☐ Tube system
- ☐ Keep rooms and unit clean
- ☐ **Update CBA**

Expected Outcomes

- Cares for 1 lower acuity patient with preceptor oversight
- Demonstrates professionalism in communication and appearance
- Demonstrates improving organizational skills
- Demonstrates improving competence with computer programs
- Performs initial/admission assessment with assistance
- Demonstrates safe and knowledgeable medication administration
- Performs patient education with assistance
- Demonstrates increasing comfort with assessment scales and interventions
- Practices shift report with preceptor
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____

Areas for Improvement / Concerns:

_____
_____
_____
_____

Goals for Week 3

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 3
Unit Days 7-9

Dates:

_____
_____
_____

Case Load:
Manage 1-2 patient(s) with Preceptor involvement

Type of patient:

- 1 stable patient
- Patient requiring oxygen therapy
- Patient requiring IV fluids
- Patient requiring telemetry monitoring

Clinical Experiences:

_____
_____
_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Begin developing routine
- ☐ Discuss withdrawal of care/Code Status changes
- ☐ Discuss DNR vs. DNR-CCA
- ☐ Discuss Code Blue/Rapid Response
- ☐ Review IV Guidelines for several medications
  - Heparin/Insulin
- ☐ Set up suction
- ☐ Complete lab interpretation and interventions
- ☐ Review CLABSI/CAUTI bundles
- ☐ Discuss Hester Davis Scale, BMAT, and interventions
- ☐ Discuss Braden Scale and interventions
- ☐ Discuss potential bedside procedures and preparation
- ☐ **Update CBA**

Expected Outcomes

- Care for 1-2 patients of lower acuity with preceptor oversight
- Demonstrates professionalism in communication and appearance
- Demonstrates improving organizational skills
- Demonstrates improving competence with computer programs
- Performs initial/admission assessment with minimal assistance
- Demonstrates safe and knowledgeable medication administration
- Performs patient education with minimal assistance
- Demonstrates increasing comfort with assessment scales and interventions
- Practices shift report with preceptor prior to shift change
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 4

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 4
Unit Days 10-12

Dates:

_____
_____
_____

Case load:
Manage 2 patients with Preceptor involvement

Type of patients:
1 stable patient
1 moderately stable patient

- Patient requiring oxygen therapy
- Patient requiring IV fluids
- Consider patient with continuous infusion of medication
- Patient requiring telemetry monitoring

Clinical Experiences:

_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Demonstrate prioritization of patient care and needs with preceptor input and oversight
- ☐ Review Call Light functions
- ☐ Discuss restraint policy
- ☐ Initiate orders and appropriate documentation
- ☐ Seek opportunities to complete skills (IVs, lab draws, 12-Lead EKGs, foley placement etc.)
- ☐ Draw ordered labs per policy
- ☐ Seek admission/discharge opportunities
- ☐ Incorporate ongoing telemetry interpretation to daily care
- ☐ Practice telemetry application, pacer confirmation, and discuss lead placement
- ☐ Review CMU admission process
- ☐ **Update CBA**

Expected Outcomes

- Cares for 2 patients of mixed acuity with preceptor oversight
- Demonstrates professionalism in communication and appearance
- Demonstrates organizational skills
- Demonstrates competence with computer programs
- Performs initial/admission assessment with minimal assistance
- Demonstrates safe and knowledgeable medication administration
- Performs patient education
- Demonstrates experience with assessment scales and interventions
- Provides and receives concise and thorough bedside report
- Seeks assistance from appropriate resources when needed
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 5

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 5
Unit Days 13-15

Dates:

_____
_____
_____

Case load:
Manage 2-3 patients with Preceptor involvement

Type of patients:
2 moderately stable patients

- Patients requiring oxygen therapy
- Patients requiring IV fluids
- Consider patients with continuous infusion of medication
- Patients requiring telemetry monitoring

Clinical Experiences:

_____
_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Patient admission/discharge/transfer
- ☐ Line, tube, and drain management and documentation
- ☐ Discuss tracheostomies and care
- ☐ Review wound documentation
- ☐ Discuss BIPAP therapy
- ☐ Discuss hypertensive urgency and PRN medication (IV Guidelines)
- ☐ Discuss CIWA and monitoring parameters
- ☐ Discuss dysrhythmias
- ☐ Discuss Nurse-Driven foley algorithm
- ☐ Review C-Diff sample collection process
- ☐ Review Urine Culture algorithm and ANA algorithm
- ☐ Discuss morgue care
- ☐ Discuss the role of Case Management
- ☐ Discuss CBI (care and documentation)
- ☐ **Update CBA**

Expected Outcomes

- Cares for 2-3 patients of mixed acuity with preceptor oversight
- Demonstrates professionalism in communication and appearance
- Demonstrates organizational skills
- Demonstrates competence with computer programs
- Performs initial/admission assessment with minimal assistance
- Demonstrates safe and knowledgeable medication administration
- Performs patient education
- Demonstrates experience with assessment scales and interventions
- Provides and receives concise and thorough bedside report
- Seeks assistance from appropriate resources when needed
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 6

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Phase One Completion:

During Phase One, the orientee and preceptor should work together during all aspects of care to promote learning and opportunities for knowledge sharing and skill improvement. At the end of week 5 (Phase 1), the orientee RN should demonstrate safe, routine care of the patient, including managing orders, documenting fully, performing assessments and interventions, performing skills as available, and communicating with other staff and team members. Preceptor involvement with most/all aspects of care is expected up to this point. Phase 2 will focus on broadening the skill set, deepening critical thinking, and promoting independence from preceptor.

Please comment below regarding overall experience, performance, strengths, and areas of concern.

Orientee Comments:

Preceptor Comments:

Manager and/or Educator Comments:

Patient Assignment

Clinical Week 6
Unit Days 16-18

Dates:

_____
_____
_____

Case load:
Manage 3 patients with Preceptor oversight

Type of patients:
2 stable patients
1 moderately stable patient

- Patient requiring oxygen therapy
- Patient requiring IV fluids
- Consider patient with continuous infusion of medication
- Patient requiring telemetry monitoring

Clinical Experiences:

_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Identify resources other than preceptor
- ☐ Review what experiences are still needed with preceptor and notify Educator
- ☐ Identify and complete required documentation with minimal preceptor involvement
- ☐ Discuss CorTrak procedure
- ☐ NG/PEG tube management
- ☐ Line, tube, and drain management and documentation
- ☐ Discuss tube feeding orders
- ☐ Discuss peripheral line vs. central line use and policies
- ☐ Discuss/explore chest tube care, maintenance, and documentation
- ☐ Communication with patient family as appropriate
- ☐ **Update CBA**

Expected Outcomes

- Cares for 3 patients of mixed acuity with preceptor oversight
- Demonstrates professionalism in communication and appearance
- Demonstrates organizational skills
- Demonstrates competence with computer programs
- Performs initial/admission assessment with minimal assistance
- Demonstrates safe and knowledgeable medication administration
- Performs patient education
- Demonstrates experience with assessment scales and interventions
- Provides and receives concise and thorough bedside report
- Seeks assistance from appropriate resources when needed
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 7

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 7
Unit Days 19-21

Dates:

_____
_____
_____

Case load:
Manage 3-4 patients with Preceptor oversight

Type of patients:
1 stable patient
2 moderately stable patients

- Patients requiring oxygen therapy
- Patients requiring IV fluids
- Consider patients with continuous infusion of medication
- Patients requiring telemetry monitoring

Clinical Experiences:

_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Discuss LOOP notification and parameters
- ☐ Review all equipment available on the unit
- ☐ Preceptor to provide documentation feedback
- ☐ Review frequency of documentation and assessments
- ☐ Discuss Sepsis Alert and treatment bundle
- ☐ Identify needed documentation to support titrations as applicable
- ☐ **Update CBA**

Expected Outcomes

- Cares for 3-4 patients of mixed acuity with preceptor oversight
- Demonstrates professionalism in communication and appearance
- Demonstrates organizational skills
- Demonstrates competence with computer programs
- Performs initial/admission assessment with minimal assistance
- Demonstrates safe and knowledgeable medication administration
- Performs patient education
- Demonstrates experience with assessment scales and interventions
- Provides and receives concise and thorough bedside report
- Seeks assistance from appropriate resources when needed
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 8

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 8
Unit Days 22-24

Dates:

_____
_____
_____

Case load:
Manage 4 patients with Preceptor oversight

Type of patients:
4 moderately stable patients

- Patients requiring oxygen therapy
- Patients requiring IV fluids
- Consider patients with continuous infusion of medication
- Patients requiring telemetry monitoring
- Consider trach patient

Clinical Experiences:

_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Discuss Stroke Alert and response
- ☐ Review telemetry rhythm changes and lethal rhythms
- ☐ Reference IV guidelines for common medications
- ☐ Discuss frequency of glucose monitoring orders
- ☐ Seek opportunity for post-procedure recovery if applicable
- ☐ Discuss skin care products and specialty beds
- ☐ Wound documentation including images
- ☐ Discuss oxygenation devices
- ☐ Review fluid restriction
- ☐ Review Critical Results Policy
- ☐ **Update CBA**

Expected Outcomes

- Cares for 4 involved patients with less preceptor involvement
- Demonstrates professionalism in communication and appearance
- Demonstrates improving organizational skills
- Demonstrates improving competence with computer programs
- Performs initial/admission assessment with minimal assistance
- Demonstrates safe and knowledgeable medication administration
- Performs patient education
- Demonstrates experience with assessment scales and interventions
- Provides and receives concise and thorough bedside report
- Seeks assistance from appropriate resources when needed
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 9

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 9
Unit Days 24-27

Dates:

_____
_____
_____

Case load:
Manage 4-5 patients with Preceptor oversight

Type of patients:
4 moderately stable patients

- Patients requiring oxygen therapy
- Patients requiring IV fluids
- Consider patients with continuous infusion of medication
- Patients requiring telemetry monitoring
- Consider trach patient

Clinical Experiences:

_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Discuss STEMI alert and response
- ☐ Discuss VTE prophylaxis
- ☐ Review what experiences are still needed with preceptor – communicate with Educator and Manager
- ☐ Discuss blood administration
- ☐ Review screening tools (sepsis, falls, skin)
- ☐ Review locations in the building
  - Lab
  - Pharmacy
  - Supply and Distribution
  - Radiology
  - Morgue
  - Employee Health
  - Security
- ☐ **Update CBA**

Expected Outcomes

- Cares for 4-5 patients with preceptor as a resource
- Achieves all previous outcomes
- Determines workflow independently
- Recognizes changes in patient status with minimal prompting
- Recognizes the need for intervention due to patient status
- Appropriately describes interventions and their indications
- Utilizes IV Guidelines and orders to manage infusions
- Demonstrates safe and knowledgeable medication administration
- Demonstrates experience with assessment scales and interventions
- Promptly carries out new orders and recognizes reasons for prioritization
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 10

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 10
Unit Days 27-29

Dates:

_____
_____
_____

Case load:
Manage 5 (full team) patients with minimal Preceptor oversight

Type of patients:
4-5 patients (full team)

- Patients requiring oxygen therapy
- Patients requiring IV fluids
- Consider patients with continuous infusion of medication
- Patients requiring telemetry monitoring
- Consider trach patient

Clinical Experiences:

_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Independently creates plan for day and organizes anticipated workflow
- ☐ Anticipates potential patient changes and adapts appropriately
- ☐ Independently completes charting
- ☐ Discuss unit scheduling process
- ☐ Discuss wound vac, complex wound treatment, and documentation as needed
- ☐ Manages and maintains patient's line, tube, and drain with competence
- ☐ Evaluate HealthStream for outstanding education modules
- ☐ **Update CBA**

Expected Outcomes

- Cares for 5 mixed acuity patients with preceptor only as a resource
- Achieves all previous outcomes
- Determines workflow independently
- Recognizes changes in patient status with minimal prompting
- Recognizes the need for intervention due to patient status
- Appropriately describes interventions and their indications
- Utilizes IV Guidelines and orders to manage medication infusions
- Promptly carries out new orders and recognizes reasons for prioritization
- Displays confidence in patient care
- Demonstrates independence and safety with medication administration
- Delegates appropriate tasks to UAPs/MSTs
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 11

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Patient Assignment

Clinical Week 11
Unit Days 30-32

Dates:

_____
_____
_____

Case load:
Manage full assignment with Preceptor as a resource

Type of patients:
4-5 patients (full team)

- Patients requiring oxygen therapy
- Patients requiring IV fluids
- Consider patients with continuous infusion of medication
- Patients requiring telemetry monitoring

Clinical Experiences:

_____
_____
_____
_____

Hours on the Unit:

_____

Weekly Clinical Expectations

- ☐ Receive and give report
- ☐ Assessment skills
- ☐ Medication administration
- ☐ Participate in MDRs
- ☐ Delegation as appropriate
- ☐ Care Plan and Education documentation
- ☐ Policy review and adherence for new or developing skills
- ☐ Provider communication

Ongoing Clinical Activities

- ☐ Meet goals from previous week
- ☐ Review what experiences are still needed with preceptor and communicate with manager
- ☐ Practice "what if" scenarios
- ☐ **Update CBA**

Expected Outcomes

- Cares for 4-5 involved patients with preceptor only as a resource
- Achieves all previous outcomes
- Determines workflow independently
- Recognizes changes in patient status with minimal prompting
- Recognizes the need for intervention due to patient status
- Appropriately describes interventions and their indications
- Utilizes IV Guidelines and orders to manage medication infusions
- Promptly carries out new orders and recognizes reasons for prioritization
- Displays confidence in patient care
- Demonstrates independence and safety with all medication administration
- Completes CBA to date

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Week 12

1. _____

2. _____

Employee: _____ Preceptor: _____

Manager/Clinical Educator: _____

Phase Three Completion:

At the end of week 11 (Phase 3), the orientee RN should demonstrate consistency in care, maintaining a focus on basic skills and tasks while building critical thinking skills and clinical judgment. Communication with team members and providers should occur independently with preceptors involved as a resource for support. There is one week left of orientation to build confidence and work on any specific skills that need addressed prior to practicing independently.

Please comment below regarding overall experience, performance, strengths, and areas of concern.

Orientee Comments:

Preceptor Comments:

Manager and/or Educator Comments:

Patient Assignment

Clinical Week 12

Unit Days 33-36

Dates:

_____
_____
_____

Case load:
Manage full assignment with Preceptor as a resource
Type of patients:
4-5 patients (full team)

- *Patients requiring oxygen therapy*
- *Patients requiring IV fluids*
- *Consider patients with continuous infusion of medication*
- *Patients requiring telemetry monitoring*
- *Consider trach patient*

_____

Weekly Clinical Expectations

- ☐ *Receive and give report*
- ☐ *Assessment skills*
- ☐ *Medication administration*
- ☐ *Participate in MDRs*
- ☐ *Delegation as appropriate*
- ☐ *Care Plan and Education documentation*
- ☐ *Policy review and adherence for new or developing skills*
- ☐ *Provider communication*

Ongoing Clinical Activities

- ☐ *Meet goals from previous week*
- ☐ *Should feel completely independent with patient care, charting, provider interactions and only utilizes preceptor as a resource*
- ☐ *Discuss change in patient status*
- ☐ ***Complete CBA and turn into Manager***
- ☐ ***Complete all outstanding education***

Expected Outcomes

- Cares for 4-5 involved patients with preceptor only as a resource
- Achieves all previous outcomes
- Determines workflow independently
- Recognizes changes in patient status with minimal prompting
- Recognizes the need for intervention due to patient status
- Appropriately describes interventions and their indications
- Utilizes IV Guidelines and orders to manage medication infusions
- Promptly carries out new orders and recognizes reasons for prioritization
- Displays confidence in patient care
- Demonstrates independence and safety with all medication administration
- Completes CBA and returns to manager

Outcomes Met: Yes: _____ No: _____

Positive Experiences / New Meds Given & Equipment Used:

_____
_____
_____

Areas for Improvement / Concern:

_____
_____
_____
_____

Goals for Continuing Practice:

1. _____

2. _____

Employee:_____Preceptor: _____

Manager/Clinical Educator: _____

Appendix G

Pre-implementation
Casey-Fink Survey results:
Organization
***Lower score is better**

I am having difficulty prioritizing patient care needs.
Study group (2.12)
Benchmark (1.98)

I feel overwhelmed by my patient care responsibilities and workload.
Study group (2.59)
Benchmark (2.39)

I feel I may harm a patient due to lack of knowledge and experience.
Study group (2.06)
Benchmark (1.89)

Support

I feel my preceptor provides encouragement and feedback about my work.
Study group (3.18)
Benchmark (3.45)

There are positive role models for me to observe on my unit.
Study group (3.41)
Benchmark (3.44)

My preceptor is helping me to develop confidence in my practice.
Study group (3.24)
Benchmark (3.44)

Post Implementation
Casey-Fink Survey results:
Organization
***Lower score is better**

I am having difficulty prioritizing patient care needs.
NGN Pilot (2.15)
Benchmark (2.18)

I feel overwhelmed by my patient care responsibilities and workload.
NGN Pilot (2.33)
Benchmark (2.37)

I feel I may harm a patient due to lack of knowledge and experience.
NGN Pilot (2.02)
Benchmark (2.06)

Support

I feel my preceptor provides encouragement and feedback about my work.
Initial survey (3.51)
Benchmark (3.53)

There are positive role models for me to observe on my unit.
Initial (3.48)
Benchmark (3.48)

My preceptor is helping me to develop confidence in my practice.
Initial (3.48)
Benchmark (3.54)

Benchmarking is derived from approximately 600 organizations across the United States including: Academic medical center, Community hospital, Teaching hospital, Rural hospital, and Ambulatory setting.