"You want to do what?!"-Remodeling new graduate nurse orientation to eight hour day shifts

**The University of Kansas Hospital**

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Objectives

• Describe the unique needs of the millennial new graduate nurse
• Define strategies for improving quality of a new graduate nurse on-boarding process
• Analyze one organization’s journey to a transition to practice model
Millennial Nurses
“My Mom said I can change the world...”

- **Wants**
  - Positive Reinforcement
  - Recognition
  - Flexibility
  - Mentorship
  - Make a global difference
  - Change the world
  - Master jugglers..

- **Needs**
  - Lessons on professionalism
  - Structure
  - Ongoing feedback and support
  - Meaningful work

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Knowing your audience

• Mean age of news grads at TUKH=23 years old

• Other considerations:
  – Second career nurses
  – Stereotypes: Not every millennial is narcissistic and self-absorbed...

• Developing a orientation model with these considerations in mind
What we know about new grads?

• Most studied groups of nurses
  – Residency programs
  – New grad burnout
  – The lived experience
• Baccalaureate generalist nurse- Nursing Education
• Benner’s Novice to Expert
• Lacking polish...
Onboarding New Graduates

STRATEGIES FOR IMPROVING QUALITY
Background

- Increase efficiency of the orientation process
- Decrease orientation costs by at least 10%
- Improve participant satisfaction
- Increase clinical reasoning
What is the “Transition To Practice?”

The transition to practice describes the entire first year of the lived experience of becoming a nurse. They are truly transitioning from a student to a licensed professional. The transition to practice includes the preceptorship but is not limited by this short period of time. It is rather the entire first year of becoming a colleague within the nursing unit.

(NCSBN, 2013)
Definitions

• **Orientation**- a defined period of time including hospital, department of nursing, and electronic health record training

• **Preceptorship**- time spent at the bedside with a designated goal of learning the defined competencies of nursing in the specific practice area

• **Residency**- Monthly support through seminar and small group for new graduates, including implementation of an evidence-based practice project

• **Transition to Practice**- All of the above along with ongoing unit level leadership support and coaching
Overview of the Timeline

• Initial proposal
• Literature Review
• A multilevel steering team, named the Transition to Practice (TTP) Steering Team
• Reformat of the educational process, preceptor program, and orientation curriculum was also completed
• Evaluation metrics
  – Casey-Fink New Graduate Nurse Experience Scale, the Lake Clinical Expertise Scale, nurse sensitive quality indicators and patient satisfaction scores and overall cost savings.
Program Proposal TTP

• 8 hour preceptorship for on-unit orientation all new graduate nurses in inpatient areas
• Based on # of shifts rather than # of weeks
• 7-3:30 (when possible)
• Monday through Friday (when possible)
  – Units may utilize 11a-7p or 3p-11p to provide necessary orientation (i.e. Direct recoveries)
  – Weekend shifts may be utilized at the discretion of the manager/educator to provide consistent preceptor

• Full Implementation Summer 2014 Cohort
  – Piloted Fall 2013-Winter 2014 New Hires
Steering Team Development

- The right people at the table
- Director sponsor
- Key representatives from varied practices area
- Engaging stakethrowers
- Realizing “we’re all in this together”
- Group norming
WHO’S IN CHARGE HERE?

Do I have to be here?

We’re just not gonna do this on our unit because we have a specialty population.
Review of Literature/White Paper

- NCSBN
- AACN Essentials of Baccalaureate Education
- CCNE
- UHC/AACN NRP
- Benner’s Novice to Expert
- QSEN
- 8 hrs vs 12 hrs
- Day vs Night Shift
- # of Preceptors
Preceptor Boot Camp

ARE YOU READY FOR BOOT CAMP?
At the Elbow Concept

• What is “at the elbow”?  
• Why is it important?
So, How’s that working for you?

PROGRAM OUTCOMES
TTP Outcome Measures

- **Quantitative and Qualitative Satisfaction Survey Data**
  - PreceptORS
  - Nurse Managers
  - Nurse Educators
  - PreceptEES

- **Casey Fink Graduate Nurse Experience Scale**

- **Financial Metrics**
5 Days/8 Hour Shifts

Tools

Suggestions for Improvement

Manager

Educator

Preceptor
5 DAYS A WEEK/ 8 HOUR SHIFTS
8hr-shifts provided a consistent, repetitive learning environment to teach the routines of patient care.
The number of 12-hour shifts was adequate for the preceptee to assimilate into the team and the workflow of a 12-hour shift.

Nurse Educator:
- Adaptation to 12 hour shifts (34.78%)
- Effective integration into assigned shifts culture (58.33%)
Repetition of 5 days a week

Using Weekends as a Strategy

More in Touch with CNEs

Weekly Meetings

5 days/ 8-hr shifts-Strengths
More 12 Hour Shifts

Scheduling
Classes Challenging

PreceptEEs are tired

Need More
Night Shifts

Need more flexibility and guidelines for customizing

More 12 Hour Shifts

Scheduling

Specialty Unit Application Support
- PeriOp
- ED
- Outpatient
- Mat Child

5 days/ 8-hr shifts - Areas for Improvement
TOOLS
### Daily Clinical Evaluation Tool

#### Orientee Name: ____________________________

#### Review Weekly Clinical Progress Summary and Goals From Previous Week

<table>
<thead>
<tr>
<th>Preceptor Name:</th>
<th>Initial: ___</th>
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<tbody>
<tr>
<td>Preceptor Name:</td>
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<table>
<thead>
<tr>
<th>Date:</th>
<th>Shift #</th>
<th>Preceptor Initial:</th>
<th>Check out time:</th>
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<tbody>
<tr>
<td>1</td>
<td>D</td>
<td>A</td>
<td>S</td>
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#### Patient Centered Care

Recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.

Prioritizes care, manages time and delegates appropriately.

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### Feedback

- Keep calm
- It's not personal, it's strictly business
One mark of a great educator is the ability to lead students out to new places where even the educator has never been.

- Thomas Groome

UNIT EDUCATORS
“Ok. So if I have 11 new grads that are here 5 days a week and the core staffing for this unit is 7 nurses each day...and each new grad is supposed to have how many preceptors?

Wait a second. Is this a common core math problem?!”
NURSE MANAGERS
Unit Educators say:

How did your nurse manager notify you of the volume of new graduates that were being hired?

• Most had verbal discussions
• Some were not involved in the hiring process at all
• Others were extremely engaged and participated in the interview process.
The critical link

PRECEPTORS
At the elbow

Preceptor Support Strategies

Preceptor Continuity

Preceptor is Awesome

“What If”

Preceptors giving feedback

PBC helpful

Preceptor Strengths

Preceptor is helpful
Preceptors are Burnt Out

Too many preceptors

Preceptors giving feedback

Preceptor Buy-In, Enculturation, Ownership

Need Preceptor Standards

Communication Between Preceptors

Preceptor Opportunities
Our most important stakeholder:

**NEW GRADUATE NURSES (PRECEPTEES)**

"True leadership must be for the benefit of the followers, not to enrich the leader."

- John C. Maxwell
Casey Fink 2013
Financial Overview

- Units Reviewed 41, 42, 45, 64, CTP, CVP, and SICU
- 3 Cohorts
  - Summer 2013 (Baseline)
  - Winter 2014 (CVP & SICU)
  - Summer 2014 (N = 143)
- Evaluation periods
  - Orientation Start Date – Hospital Start Date
  - Orientation End Date – Last Day of Precepted Shifts
- Kronos Reports
  - Aggregate (64 RNs)
  - Critical Care (6 RNs)
  - Progressive Care (40 RNs)
  - Acute Care (18 RNs)
TTP - Avg Total Cost Savings

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<th>Aggregate</th>
<th>Critical</th>
<th>Progressive</th>
<th>Acute</th>
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<tr>
<td>Baseline</td>
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13.94%    25.23%  16.57%  3.96%
TTP - Avg Differential Cost Savings

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<th>Critical</th>
<th>Progressive</th>
<th>Acute</th>
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<td>Cohort #3</td>
<td>$693.40</td>
<td>$586.05</td>
<td>$506.96</td>
<td>$996.74</td>
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- Aggregate: 39.27%
- Critical: 54.62%
- Progressive: 51.39%
- Acute: 27.69%
Financial Summary

• Unit level process being developed for each manager to monitor impact of TTP.

• Estimated Total Cost Savings extrapolated from this sample:

\[
$1431.01 \times 200 = \$286,202.00
\]

for Summer 2014 and Winter 2015.

• Scheduling Guidelines in the Model & CNE Scheduling Decision Tree
ACTION REVISIONS
BASED ON THE DATA
THE UNIVERSITY OF KANSAS HOSPITAL
ADVANCING THE POWER OF MEDICINE®
UC Engagement

Handoff Report

Missed opportunities after 1530

Need a Mentor/Learning Guide

Need to prolong DON “0” to do less on unit

Skills Lab-Basics before the floor

Opportunities for Improvement

Quality/Unit Data

Didactic classes help

Shadow Experiences

ECCO

Difficult Transition to New Model
Educators/Preceptors (key stakeholders) are still reluctant to the process

Unit Coordinators NOT included in initial education

Preceptor Resisters
- More days having someone with them
- Cramming 12 hours into
- That’s not how I was taught
- Feeling New Grads are being “Cheated”

Educator Resisters
- Based off of peer perception/Manager acceptance of the process
- Stringency of guidelines
- Trying to convince preceptors of somethings they don’t agree with

Scheduling so labor intensive
- One schedule can take up to four hours
- Complexity of preceptor placement
- Scheduling of Classes
- Not Enough Good preceptors

My manager/fellow educators doesn’t support this so why should I

Stringency of guidelines

Lack of preceptor continuity due to inability to use weekends

8 Hours
- At the Elbow
- 5 days a Week

Minimal Preceptor Support

Underlying lack of true understanding of the process and paperwork and confidence to implement
Summary

• TTP Model achieved goals:
  – **Financial**, reduction in cost of orientation by 10%
    • Projected: Summer 2015 & Winter 2015 > $286,202.00
    • Forecast Summer 2015 (N = 180) $257,527.00
  – A nurse who can safely care for a typical patient assignment *(advanced beginner)*
  – Maintained > 93% retention of CNE’s currently
Recommendations: People

• Continue to support unit level approach to TTP: NM, UE, Preceptor, UC
  – Clarify roles & responsibilities
  – Support Preceptors & their Development
    • Preceptor Competency Options
    • Attendance at Boot camp and other relevant classes
    • Mentoring / Recognition

• Support development of **Educator AND Unit Coordinator** as a Preceptor Mentor
  – Recognize time commitment of Educator as key facilitators of staff development
  – *Help me, Help You: A Leader’s Guide to Preceptor Burn Out*
Recommendation: Sustainability ★

• Utilize scheduling guidelines defined in TTP Model and CNE Scheduling Decision Tree
• Monitor outliers / trends that prevent 10% strategic goal:
  – Evening, night, weekend, -shifts
  – Extended orientations
  – Maximum number of CNEs
  – Preceptor pay
References


References (continued)

Contact Information

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