An Evidence-Based Transition to Practice Model for Nursing

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NCSBN’s Mission

The National Council of State Boards of Nursing (NCSBN) provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Background…

NCSBN 2002 & 2004 Employer Studies: “Yes definitely” to survey question regarding novice graduates being prepared to provide safe and effective care:

- 40% (2002) & 41.9% (2004) - BSN graduates
- 35% (2002) & 41.9% (2004) - ADN graduates
- 30% (2002) & 32.9% (2004) - PN graduates
Advisory Board Company (2008) 
Surveyed
5,700 frontline nurse leaders
400 nursing deans/directors/chairs

90% academic leaders believe their new students are prepared.
10% of health system nurse leaders believe new nurses are prepared.

Advisory Board Study
Biggest Improvement Needed:
Follow up
Initiative
Quality improvement
Time management
Tracking multiple responsibilities
Conflict resolution
Delegation
Background…

Research varies

- Kovner (2009) – 26% in two years
- Before economic downturn, as high as 35 to 60%
- What’s next? (Auerbach, Buerhaus & Staiger, 2011)

The Perfect Storm Brewing…

- Expertise gap (Orsolini-Hain & Malone)
- 10% staff are new graduates
- 50% turnover from 2011-2020 (Dracup & Morris, 2007)

Practice Expectations: Hit the Ground Running!
Transition to Practice: A Missing Piece in Nursing

Lack of Transition Programs Affect Safety and Quality
- Patient safety
- Competency
- Retention
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 Modules
 SIX MODULES FOR THE PLOT PROGRAM

 - Preceptor training
 - Patient-centered care
 - Communication and teamwork
 - Evidence-based practice
 - Safety improvement
 - Informatics

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Model

- Modules highly interactive with videos, links to Websites, articles, knowledge check exercises, and simulated practice scenarios
- Central to model is the preceptor relationship – preceptor is trained
- Communication via Website for intervention participants

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Celebration!
Transition to Practice Study

Longitudinal, randomized, multi-site study comparing patient outcomes in organizations that use our transition model versus those that use their transitional method.

Unique Study

- Sites were randomized to control or intervention
- Non-hospital sites (ambulatory care, home health, public health and long-term care)
- LPNs
- Outcomes based study

Maintaining Integrity of Research

- Research Advisory Panelists – external, renowned researchers for oversight of study
- Three State coordinators
- Site coordinators at each hospital/non-hospital site
Maintaining Integrity of the Study

- Kickoff meetings for both phases
- Monthly conference calls
- Monthly newsletter
- Discussion boards for intervention nurses

Research Advisory Panel

Participants

1. Jane Barnsteiner, PhD, RN, FAAN – University of Pennsylvania
2. Mary Blegen, PhD, RN, FAAN – UCSF
3. Mary Lynn, PhD, RN – University of North Carolina, Chapel Hill
4. Elizabeth Ulrich, EdD, RN, FACHE, FAAN – past researcher with Versant; now consultant, Texas
Other Consultants

- 15 module writers
- Statistician: Lou Fogg, PhD, Rush College of Nursing, Chicago
- Health Care Economist: Tricia Johnson, PhD, Health Systems Management, Rush University, Chicago
- L.C. Williams & Associates Research Group

Research Objectives

Phase I - Primary:
- To determine whether newly licensed nurses’ participation in NCSBN’s TTP model improves safety and quality outcomes.

Phase 2 – Primary
- To determine whether it is feasible to implement a standardized TTP model in non-hospital sites.
Phase I
- Internal Validity
- RNs only
- Hospitals: rural, suburban, urban, consortia
- Phase I ended on December 31, 2012
- 1294 nurses; 2572 preceptors

Phase II
- External validity
- RNs and LPNs
- Long-term care, home health, public health, and ambulatory care
- Phase II will end October 31, 2013
- 34 nurses; 60 preceptors

Benefits of this program:
- Input from new grad nurses:
  - Felt more welcomed
  - Enjoyed the additional education
  - Loved having a preceptor
  - Goal is to have better resident outcomes
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**Challenges or Areas of Opportunity:**
- Time management
- Turnover of staff
- Turnover of the leadership team

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**Lessons Learned**
- Release time is important
- New nurse modules should be gradually taken
- Hospitals embrace transition to practice more than other settings because of lack of resources

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**Lessons Learned**
- Computer time in non-hospitals can be a challenge
- Preceptors may need more background information in the modules
- Consider a hybrid of online vs. face-to-face
- Support of administration essential