Structural Empowerment: Teaching and Role Development

SE7: The organization facilitates the effective transition of registered nurses and advanced practice registered nurses into the work environment.

SE7a: Provide one example, with supporting evidence, of how the organization facilitates effective transition of new graduate nurses into the nurse practice environment. Describe how the transition process is evaluated for effectiveness.

Introduction

Partners eCare (eCare) was a comprehensive initiative to implement a shared electronic health record (EHR) system at all Partners HealthCare-affiliated academic medical centers, hospitals, physician offices, rehabilitation centers and home health providers by 2017. eCare builds off of Epic software, which addresses various aspects of hospital's operations, including population health management, patient engagement and revenue cycle management. Once it is fully-operational, eCare will support more than 60,000 clinical and administrative professionals across the system.

Based on the experience of Massachusetts General Hospital (MGH) training and implementation experts, as well as the experience of other large medical centers implementing the eCare system, nurses in general care were expected to require sixteen classroom hours of training. Nurses in specialty areas (e.g., critical care, oncology) would need an additional 4 hours of training. In addition, there was recognition that nurses would need protected time to practice with the system in the eCare “playground.” The playground is a virtual environment that allowed nurses to take the content presented in the classroom and apply it using simulated exercises in order to become more comfortable with the new system.

Jeanette Ives Erickson, RN, DNP, NEA-BC, FAAN, Senior Vice President for Patient Care and Chief Nurse, and members of the Nursing & Patient Care Services (N&PCS) Executive Committee recognized the need to continue to provide high quality patient care as staffs were trained in order to gain competence in the use of the new system by the time MGH was scheduled to “go live” on April 2, 2016. Rather than rely on external agencies to provide temporary staffing during the training as other institutions had, the decision was made to hire more than three hundred new graduate nurses as part of the eCare Nurse Residency Program. Human Resources placed ads for the positions beginning in May 2015 on such job boards as Linkedin, Indeed, JobVertise, JuJu and Simply Hired (attachment SE7a.a). The eCare residents were hired into temporary positions six to nine months prior to full eCare implementation but there was no commitment to a full time position post-implementation. However, eCare residents would be able to interview and be hired into vacant positions if they had effectively transitioned into the nursing practice environment. The effective transition of these nurses into the MGH practice environment is described below.
Facilitating the Transition of New Graduate Nurses into Practice

N&PCS has a long history of utilizing nurse residency programs to advance and support the strategic initiatives of the organization (e.g., opening of a new building, unit, and/or to fill vacancies). The Norman Knight Center for Clinical & Professional Development (Knight Center), a center within the Institute for Patient Care led by Gino Chisari, RN, DNP, spearheaded those initiatives. On April 9, 2015 the Knight Center team was charged with developing the onboarding experience to ensure an effective transition into practice of the new graduate nurses in the eCare Nurse Residency.

Chisari and members of the KNC team met to construct an onboarding experience which would meet their goal “to provide a supportive, caring, engaging, enriching and intellectually stimulating opportunity for a graduate/recently licensed nurse to be further educated and assimilated to the role of the nurse through this unique and innovative residency program.” To accomplish this goal, Chisari and his team recognized the need to supplement the traditional onboarding curriculum (attachments SE7a.b) with additional professional development programs including:

- **Leadership at the Bedside**
  In this session, the nurse resident will explore the difference in management versus leadership, and begin to recognize the skills and competencies associated with each and to incorporate them as strategies for developing and implementing plans of care.

- **Conflict Engagement and Resolution**
  In this session the nurse resident will adopt and apply a minimum of one core concept of conflict engagement during a conflict situation in the work place.

- **Resiliency Training**
  In this session, the nurse residents’ will be given strategies to care for extremely complex and challenging patients. Through this session the nurse resident will explore how their personal beliefs, values, and spirituality, whether religious or not, may influence their ability to effectively meet the spiritual and emotional needs of patients and self. These situations are known to cause moral and spiritual distress in new nurses which in turn contributes to nurses experiencing many different emotions and feelings.

- **Therapeutic Skills to help families facing serious illness**
  In this session the nurse residents will explore the psychosocial care of patients and families. Providing therapeutic care to families is an essential component of nursing practice and one of the most meaningful aspects professional nursing practice and yet it can be challenging for new nurses. Topics for this session include: negotiating difficult conversations at end of life, interacting with distressed and treatment interfering patients/families. The session will include
opportunities for the nurse residents to practice reflection and navigating professional boundaries.

- **The writing and discussion of narratives**
  Through this session the nurse resident will be introduced to the MGH narrative culture and spend time exploring the use and meaning of narratives. Each nurse resident will be provided with an outline on how to write their own clinical narrative, examples of narratives written by other new nurse and directions on when to submit their own narrative.

Chisari and his team devised a training plan which was comprised of three unique segments:

**Onboarding**: A faculty-led experience with the goal of orienting the nurse resident to MGH, N&PCS, and domains of practice. The length of the onboarding experience varied based on the experience level of the eCare residents, though all received the additional professional development programs outlined above. A total of 333 eCare residents were hired and onboarded in three waves:

- **Wave 1**: June 15, 2015 to September 15, 2015. This wave included nurses who had six months of experience but who had not practiced as a Registered nurse during that time. Because of this lapse in practice, the Knight Center built in programs on assessment and review of systems.
- **Wave 2**: September 10, 2015 to November 13, 2015. This wave was comprised of new graduate nurses.
- **Wave 3**: December 9, 2015 to December 22, 2015. This wave was comprised of new graduate nurses.

**Preceptorship**: A unit-based experience with the goal of teaching the nurse resident the nursing practice requirements for a designated patient population. During their preceptorship, the nurse resident worked with their assigned preceptor to learn the skills and behaviors needed to become a competent nurse. The preceptor evaluates the resident’s skill attainment and increase in confidence level and decides when the resident is allowed to assume greater autonomy in the delivery of patient care and interaction with the team. A preceptor’s evaluation of Courtney Talcott, RN, BSN, a clinical nurse on General Surgery (Ellison 7) documents Talcott’s ability to: effectively manage a patient care assignment; utilize resources; work as a part of a team; and, communicate effectively *(attachment SE7a.c).*

**Clerkship**: A period during which the nurse resident is authorized by the unit-based leadership to care for patients independently while still benefiting from ongoing support, mentoring, coaching and other educational experiences.
Evaluating the Transition

Recognizing an opportunity to evaluate the effectiveness of the eCare residents into practice beyond the traditional method of a preceptor evaluation, Chisari and his team searched for a way to capture how the eCare residents perceive their transition into the professional role. While Chisari and his team were interested in the eCare residents' comfort in performing the technical skills of nursing practice, they also recognized that the effective transition into practice must include the development of professional skills that would support their work not only with patients and families but also with the interdisciplinary team. To that end, Chisari reviewed the Readiness to Practice and Graduate Nurse Experience surveys developed by Kathy Fink, MS, RN, and Regina Fink, PhD, RN, FAAN, AOCN.

The Casey-Fink Readiness to Practice Survey (2004) was developed to identify the stresses and challenges experienced by new graduate nurses as they entered into clinical practice. Using this survey, would ensure that Chisari had a reliable and valid tool to evaluate eCare residents' comfort in performing skills; caring for patients; their clinical decision-making, as well as working with members of the team. This survey was administered via an online survey, to eCare residents at the start of their onboarding experience and served as a pre-measure.

To capture the eCare residents' experiences as they transitioned into their professional role, Chisari utilized the Casey-Fink Graduate Nurse Experience Survey (2008) which surveys how graduate nurses perceive their competency, their confidence, and the factors that contribute to strengthening or undermining their successful functioning in the professional role of the nurse. The online survey was administered to the eCare residents following their onboarding, at one, two, three and four month intervals during their residency. The measurements spanned from June 15, 2015 to April 2016.

In reviewing the results from the Casey-Fink Graduate Nurse Experience Survey in aggregate, Chisari and his team found that while the eCare residents showed that they were gaining steady confidence in performance of skills, caring for patients and working with the team, three specific items in the survey indicated significant improvement from the second to fourth post measure. They were:

- “Confidence Communicating with MD” increased from 82% to 98%
- “Opportunities to Practice Skills and Procedures” improved from 88% to 96%
- “Comfort Knowing What to do for a Dying Patient” improved from 50% to 70%

In addition, the percentage of respondents who disagreed with “Difficulty Prioritizing Patient Care Needs” increased from 81% to 94%, representing a reduction in those agreeing that they experienced difficulty from 19% to 6% (attachment SE7a.d).

As a summative evaluation measure of effective transition into the practice setting, Chisari and members of MGH nursing leadership focused on the number of eCare residents who were offered full-time employment as members of the nursing service at
MGH. Being offered a position would mean that the eCare resident fully met the standards and expectations for being a registered nurse at MGH. In a summary table provided by Nursing & Patient Care Services Management Systems & Financial Performance, the following disposition of the 338 eCare residents who were part of the three waves were reported: 269 (79.5%) were offered clinical nurse positions and accepted, 28 (8.3%) left for other employment, 36 (10.6%) terminated and 5 (1.5%) were not recommended for hire.

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<th>Category</th>
<th>Total Number</th>
<th>Percentage</th>
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<tr>
<td>Hired</td>
<td>269</td>
<td>79.6%</td>
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<tr>
<td>Left for Other Employment</td>
<td>28</td>
<td>8.3%</td>
</tr>
<tr>
<td>Terminated</td>
<td>36</td>
<td>10.6%</td>
</tr>
<tr>
<td>Not Recommended for Hire</td>
<td>5</td>
<td>1.5%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>338</strong></td>
<td><strong>100.0%</strong></td>
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The results of the Casey-Fink survey as well as the high number of residents who were hired (79.6%) into permanent positions reflect that the eCare Residency was an effective method to acculturate and transition new graduate nurses into the professional nurse role at MGH.

**References**