



AHRQ Grant Final Progress Report

Title of Project: Building an Evidence-Based Transition to Nursing Practice

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Organization: Foundation for Nursing Excellence

Inclusive Dates of Project: April 21, 2005 – April 20, 2006

Federal Project Officer: Stanley Edinger

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Grant Number: 1 R13 HS015958-01

BUILDING AN EVIDENCE BASED TRANSITION TO NURSING PRACTICE

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Building an Evidence-Based Transition to Nursing Practice *Structured Abstract*

Purpose: Convene a one-day research development conference to gather evidence about current transition to practice programs for new nurses entering the workforce, develop consensus on competencies needed by new nurses, as well as identify available and additional tools needed to measure their clinical competence development. Invitees included researchers, practitioners, educators and employers who are stakeholders in the transition of nurses from school to work.

Scope: Research findings from National Council of State Boards of Nursing and NC Center for Nursing reveal dissatisfaction among employers with the ability of newly licensed nurses to provide safe and effective care. Within their first 6 months of practice, approximately 49% of RNs and 41% of LPNs reported involvement in errors – the majority being medication-related. There is also evidence that a significant proportion of newly licensed nurses are not receiving adequate orientation as they move into the workforce.

Methods: Plenary sessions regarding current transition programs and research related to the competencies of nurses entering the workforce were followed by small group work to build consensus on core competencies needed by new nurses, identify available measurement tools and gaps in measuring these competencies.

Results: 32 competencies for new nurses were named and prioritized, tools and techniques to measure 14 of these competencies were identified, and measurement gaps plus other challenges were identified for future work in building an evidence-based transition from school to work.

Key Words: Evidence-based, competence development, measurements, transition from school to work, nurse residency.

Purpose

The goal of this small conference grant was to convene a one-day research development conference focused on building valid and reliable measures of clinical competence for new nurses. The conference was designed to bring together researchers, practitioners, educators and employers who are stakeholders willing to develop a research agenda that focuses on transition of nurses from school to work. Conference outcomes included:

- The development of a preliminary ‘tool kit’ of competency measures for new nurses that are currently available and can be used in demonstration projects to evaluate program success.
- Clearly designate additional measures that need to be developed to fill the gaps in our current “tool kit.”

These outcomes will be of benefit to researchers, educators, practitioners and employers who are directly involved in developing and implementing transition to practice programs for new nurses.

Scope

Background and Context: Research from the National Council of State Boards of Nursing reveals widespread dissatisfaction among hospitals, nursing homes and home health care agencies with the ability of newly licensed nurses to provide safe and effective care. When asked if newly licensed nurses were prepared to provide safe, effective care, only 42% of these employers gave positive ratings to associate degree or baccalaureate degree graduates. New nurses from diploma program were rated positively by 49% of employers, while only 33% gave new LPN graduates a positive rating (Smith and Crawford, 2004a). Similar results were found in a survey of nurse employers conducted within the state of North Carolina by the NC Center for Nursing. The Center for Nursing study showed that only 49% and 46% of employers, respectively, were satisfied with the general level of preparation among new RN graduates and LPN graduates recently hired. (North Carolina Center for Nursing, 2002).

In related research focused on practice and professional issues among new nurses, the National Council of State Boards of Nursing has found that about 49% of new RNs and 41% of new LPNs (those in their first 6 months of practice) had been involved in errors – the majority of them related to medication errors (Smith and Crawford, 2003). These results are supported by the work of Blegen, Vaughn and Goode (2001) who found that hospital units with less experienced nurses had more medication errors and more patient falls than units with more experienced staff. Foley, et al. (2002) suggests that less experienced nurses also have higher failure-to-rescue rates. New RNs involved in errors rate themselves lower than their colleagues not involved in errors on their level of preparation in these areas: administration of medication to large groups (10 or more); making decisions about client care based on assessment and diagnostic testing; providing direct care for 6 or more clients; supervising care delegated to others; knowing when and how to call a physician; working effectively with a health care team; understanding the pathophysiology underlying clients’ conditions; understanding the pharmacological implications of medications; synthesizing data in making decisions; using information technology to enhance the care provided; and appropriately using research findings in providing care (Smith and Crawford, 2004b).

There is also evidence that a significant proportion of newly licensed nurses are not receiving adequate orientation as they move from student status into their professional roles. Smith and Crawford (2004b) find that 27% of RNs and 28% of LPNs reported an inadequate orientation. A self-assessment by newly licensed nurses in North Carolina revealed that 63% of RNs and 77% of LPNs felt their first job orientation met their needs only somewhat or not at all (North Carolina Center for Nursing, 2001). In spite of the fact that the national Institute of Medicine states that “...it is not reasonable to expect that all nurses (especially those newly licensed) will come to a place of

employment possessing the knowledge and skills needed to practice at a high level of expertise.” their recent report “Keeping Patients Safe” (IOM, 2003) cites evidence from the AHA, JCAHO, and researchers that shows a reduction of orientation programs for new nurses due to cost pressures.

Even when orientation programs exist, they are rarely equal in quality or duration. The National Council’s survey of nurse employers found that about 69% of all the employers they surveyed offered some type of orientation, preceptorship, or internship to new RNs and LPNs. Eighty one percent of hospitals, 73% of home care agencies and 67% of long term care facilities offered such programs, but the length differed substantially by setting: hospitals average 6.7 weeks while long term care programs averaged 3.1 weeks for new RNs. LPNs received similar types of programs, but their duration tended to be shorter (Smith and Crawford, 2004a).

The critical role played by nurses in the interception of errors makes the issue of competence among newly licensed nurses an important element for improving patient safety. It will become even more important over the next twenty years as large portions of the current nursing workforce (up to 50% in some areas) reach retirement age and take their expertise with them when they leave the bedside. The result will be a nursing workforce that is relatively inexperienced.

A recent Task Force on the North Carolina Nursing Workforce sponsored by the North Carolina Institute of Medicine addressed this concern by recommending that the Board of Nursing convene a group to study options to improve school-to-work transitions for new nurses (NCIOM, 2004). Similar efforts are underway across the country and in foreign countries. Iowa has recommended that educators and employers collaborate to clearly define entry level expectations for both the RN and LPN (Iowa Board of Nursing, 1997). Nursing workforce planners in Vermont recognized the need for a transition to practice experience that would provide a standardized experience that includes educational support, competency development and skill evaluation for newly licensed nurses. Their program is designed to be applicable across the entire continuum of care. And the College of Nurses of Ontario has developed a program to transition foreign-educated nurses into practice in any setting within the province of Ontario.

Many of the transition to practice programs currently in effect for new nurses are struggling with the problem of how to develop and apply a standard measure or measures of competence, given the broad range of clinical skills needed by nurses and the great variety of clinical settings in which they practice. Several conceptual models of competence exist to guide the work (e.g. Benner’s Novice-to-Expert model, Lenburg’s Competency Outcomes and Performance Assessment model), but very little has been done to develop objective, reliable and psychometrically sound measures that can be used in a variety of clinical settings and for nurses from different education backgrounds. These factors led to the planning and implementation of a research development conference to move toward consensus around core competencies for nurses entering professional practice and identify valid competency measures. Completing this work is the first logical step to designing demonstration projects that test the efficacy of residency models.

Participants: There were a total of 108 participants at this invitational conference. These experts included nursing researchers, nurse educators, nurse employers, educational specialists, psychometricians, and practicing nurses, all of whom had some experience in measuring clinical competence. Conference participants shared their expertise either from the podium, as panel members, or as part of a participative audience.

Methods:

The conference was the mechanism by which the grant objectives were met. The speakers and their respective purposes are as follows:

- Dr. David Leach, Executive Director of the Accreditation Council for Graduate Medical Education (ACGME). Dr. Leach, who was the keynoter, reviewed 10 years of research conducted to identify core competencies for physicians. He highlighted progress to this point, impact on physician residency requirements, and described how competency is measured in a rapidly changing health care environment.
- Dr. Nancy Spector, the Director of Education at the National Council of State Boards of Nursing. Dr. Spector summarized the results of on-going, longitudinal research designed to identify the competencies needed by nurses within the first five years of practice. This research effort is the only one of its kind currently underway in the United States. The goal is a comprehensive understanding of the knowledge and skills actually demanded of nurses early in practice.
- Dr. Mary Lynn, Associate Professor at the School of Nursing, University of North Carolina Chapel Hill. Dr. Lynn explored the complex issues involved in identifying appropriate measurement instruments for assessing both new graduate competency and transition program effectiveness. She used her experience as the evaluation analyst for the multi-site nursing residency program being implemented by the University Health System Consortium to highlight some of the issues. In addition, she discussed some general issues of instrumentation and research methodology.
- Anne Coghlan, Executive Director of the College of Nursing of Ontario, Susan Boyer, Project Director of the Vermont Nursing Internship Program, and Dianne Marshburn, Administrator for Nursing Research and Special Projects at Pitt County Memorial Hospital in Greenville, NC, participated in a panel discussion. The panel addressed their experiences in identifying adequate and appropriate measures of competence for use in their programs.
- Cindy Craven and Carol Ricker, both from Highpoint Regional Health System, discussed outcomes that were expected and that have been achieved as a part of an ongoing nurse residency program at Highpoint.

Breakout sessions: Prior to the conference, participants were asked to submit their perspectives on what specific competencies are most important for new graduates making the transition from school to work. A total of 153 statements, covering 14 different topic areas, were received prior to the conference. These statements were reviewed, summarized and collapsed into an unduplicated list of 18 competency statements.

After hearing these presentations and assimilating the issues, conference participants met in small break-out groups, each with a facilitator and recorder. These sessions were intended to do the significant work of the conference by using the expertise of each of the attendees. Using the 18 competency statement mentioned earlier, the group members were asked to develop responses to the following questions:

- What are the 'core' competencies demanded of new nurses as they enter the workforce for the first time?
- What tools are currently available to measure those core competencies in new nurses?
- Which of the core competencies currently lack adequate measures?

Participants could add additional competencies to that list if they felt important topics had been overlooked. Each group then voted on which of the competencies discussed within their group are most important for new nurses to possess. Once placed into their priority positions, each statement was reviewed and participants identified existing assessment tools or techniques currently in use to measure that competency. When no specific tool or technique could be identified, participants suggested a best method or technique

Results:

The priority outcome is the *"Preliminary Tool Kit of Competency Measures for New Nurses"* reported in Attachment A, which presents these results in tabular form as follows:

- Column 1 identifies the number of votes each competency statement received, and thus its relative importance to conference participants.
- Column 2 lists the competency statement being evaluated.
- Column 3: identifies existing techniques and tools currently being used to measure that specific competency among nurses, to the best knowledge of those attending the conference.
- Column 4 categorizes the types of measurement techniques or methods that are judged to be most appropriate for that specific competency.

The summary shows that we were able to identify either existing tools or well-defined techniques, or both, for the 10 competencies considered most important for new nurses as they enter the workforce. Several other competencies also appear to have available measures. Altogether, we were able to identify available measures or techniques for 14 of the 32 competencies identified by conference participants. Some of those measurement tools are contained in proprietary packages (i.e. the Performance-Based Development System) or require expensive equipment (i.e. patient simulators) and that may present some barriers to adoption. However, we were also able to identify some measurement tools that are widely available at little or no cost.

The next stage in this project will be to gather together as many of the available measurement tools as possible and to examine their functionality, validity and reliability for use in measuring specific types of competency among new nurses. The fine work done by ACGME in their Outcomes Project will be a considerable resource both in terms of structure and content as we pursue better assessment techniques and measurement tools in our quest to improve the competence of new nurses making the transition from school to work.

As a result of the outcomes of this project we have been approached to present our work at the National Invitational Conference of Executive Nurse Leaders to be held in June 2006. The conference is sponsored by The Institute for Nursing Healthcare Leadership, an organization that brings together the Harvard affiliated nursing community through planning and administration of joint programs.

Publications and Products:

- *“Preliminary Tool Kit of Competency Measures for New Nurses” Attachment A*
- Article to be submitted to the Policy, Politics and Nursing Practice Journal.
- Presentation titled “Building an Evidence-Based Transition to Nursing Practice, A North Carolina Initiative” at North Carolina Nurses Association “Nurses 2005 Convention”.
- Pending presentation at the 2006 invitational conference sponsored by Institute for Nursing Healthcare Leadership Conference
- Invitation to present at 2006 Collaborative Research Conference sponsored by East Carolina University and University Health Systems of Eastern Carolina.

ATTACHMENT A: Preliminary Tool Kit of Competency Measures for New Nurses

Votes Recv'd	Competency Statement	Available measurement tools and techniques	Appropriate techniques and methods
42	perform a basic assessment and identify abnormal findings	<p>problem based scenarios - contact Pam Edwards at Duke Hospital</p> <p>Performance-Based Development System (PBDS) - contact Dorothy Del Bueno @ Performance Management Services</p> <p>standardized performance assessment tool - contact Excelsior University and University of Colorado SON</p> <p>Simulators (e.g. Sim Man) - manufactured by Laerdahl and Miti</p> <p>standardized patient scenarios - contact your local medical school and ACGME</p>	<p>Direct Observation/ Clinical scenarios / Video taped assessment / Observation in clinical settings / Observation in a scripted situation / skills checklists</p>
27	use effective communication techniques (verbal, non-verbal, and written) when interacting with patients, families, visitors, coworkers, and other health care professionals	<p>360 degree evaluation - contact ACGME and The Advisory Board</p> <p>PBDS - Performance Management Services, Inc.</p> <p>Process Recording - source not identified</p> <p>Measures and Tools from the Studer Group (Quinton Studer)</p> <p>Standardized patient scenarios - check your local medical school</p>	<p>Reflective journals / Interviews of patients and health care professionals to see if communication effective / case scenarios with preceptor observation / patient satisfaction surveys / complaints reported to NC BON / complaints from other providers / written documentation / incident reports / direct observation (including video) / chart reviews / pre and post testing of patient knowledge / employer performance evaluations / tools from the communication industry</p>
25.5	recognize events and situations that are an imminent threat to patient safety and intervene appropriately	<p>PBDS - Performance Management Services, Inc.</p> <p>Simulator (e.g. SIM Man) - Laerdahl and Miti</p> <p>Performance checklist - no source cited</p> <p>360 degree patient review - ACGME</p> <p>JCAHO audit transfers to higher level of care - JCAHO</p> <p>Return demonstrations for ACLS and BLS - no source cited</p>	<p>PDA Clinical Logs - standardization is key / Preceptor direct observation / Safety stop (what did you see unsafe today) / mock code scenarios / variance / case studies / review of adverse events / Agency of Healthcare Research and Quality / Sean Clark and Linda Aikin (University of Pennsylvania) may also serve as resources for tools and ideas.</p>
21	recognize when the care demands of a patient have exceeded the new nurse's capability and request assistance	<p>PBDS - Performance Management Services, Inc.</p> <p>Simulator (e.g. SIM Man) - Laerdahl and Miti</p> <p>360 degree patient review - ACGME</p>	<p>Direct observation / self-assessment (e.g. reflective journal) / role playing / preceptor evaluation / variance report / adverse patient outcome (risk management data) / case studies / sentinel event evaluation / incident reports / patient outcomes</p>

Votes Recv'd	Competency Statement	Available measurement tools and techniques	Appropriate techniques and methods
17.5	evaluate patient responses to treatment and modify treatment appropriately	PBDS - Performance Management Services, Inc. Simulator (e.g. SIM Man) - Laerdahl and Miti	Direct observation / clinical scenarios / written documentation / shift change report / case studies / problem-based case studies / chart reviews / review of the plan of care / communication with physicians
17	prioritize, with assistance, patient care activities in order to provide safe care in a timely manner	Critical Thinking Module (on-line) - contact National Council of State Boards of Nursing (see www.learningext.com) NCLEX review questions - contact National Council and National League for Nursing PBDS - Performance Management Services, Inc. unnamed tool from RosaLinda LeFevre's work on the nursing process ACLS simulation - no source cited In-basket exercise (i.e. management exercise to prioritize list of daily tasks) - no source cited Chart audit of appropriate administration times of medications	Preceptor observation / standardized patients / simulations / chart review / blended learning / case studies / tests / case study scenarios / time & motion studies
16	administer medications correctly, provide patient education regarding the medication, and assess patient responses	NLN Medication Assessment Tool - available through Meds Publishing Medication Administration Made Easy - available through Meds Publishing Pharmacology Made Easy - available through Meds Publishing Simulator (Sim Man) - Laerdahl and Miti	Careful observation / pencil and paper test / chart audits / med error rates / patient satisfaction surveys / documentation / documentation of patient education
11	provide a safe environment for patients, coworkers, and themselves	Environment of Care standards - contact JCAHO National Patient Safety Goals - contact National Institute of Medicine Nurse Practice Act - contact NC Board of Nursing PBDS - Performance Management Services, Inc.	self-report / dialog with preceptor / documentation / mock causalities / mock epidemiological outbreaks / role playing / simulated learning / evaluation of nurse sensitive indicators (e.g. med errors, falls, needle sticks, back injuries, etc.)
10	use current knowledge and experience to analyze information and make a correct plan of action based on that information	PBDS - Performance Management Services, Inc. Critical Thinking Module (on-line) - contact National Council of State Boards of Nursing	Paper and pencil test / direct observation / documented plan of care / dialogue with preceptor / critical incident review / audit admission assessment / case studies

Votes Recv'd	Competency Statement	Available measurement tools and techniques	Appropriate techniques and methods
10	collaborate with the other professionals, patient and family to optimize patient outcomes	Heinemann tool in "Collaboration: A Healthcare Imperative" by Toni J. Sullivan, McGraw-Hill, 1998	
6	accurately document assessment information and patient care activities in a timely manner according to agency protocols		Direct observation accompanied by chart audit / concurrent documentation by nurse and preceptor / cognitive test about what should be included in documentation / organizational protocol for documentation / audit and assess overtime
6	articulate and integrate the ANA code of ethics and standards of practice into their delivery of patient care	360 Assessment - ACGME Simulator (e.g Sim Man) - Laerdahl and Miti ANA code of ethics - contact ANA	paper and pencil (or computer) test / direct observation / portfolio method (exemplars of how they have demonstrated their commitment to code of ethics) / case studies
3	delegate to another health care worker tasks that are within that worker's knowledge, skill, and scope of practice, and monitor the outcome of the delegated task		Preceptor observation / paper and pencil test / coworker interviews / assignment sheet / documentation of task
3	communicate what is, and what is not, within their legal scope of practice as set forth by the North Carolina Board of Nursing		paper and pencil (or computer) test / ability to access the information on legal scope of practice / case scenarios / role playing / write a short paper on the scope of practice of different members of the health care team
3	engage in ongoing professional development to promote quality outcomes	NDNQI data collection tools - contact National Database of Nursing Quality Indicators NCBON reflective practice tools - contact NC Board of Nursing Reflective Practice tools developed by the Ontario College of Nursing	professional development portfolios (need to use a standardized format for structure of the portfolio, Dr. Carrie Lenburg pilot testing tool for this currently)
1	incorporate available technology into the delivery of patient care		
1	understand and apply the principles of evidence-based		

Votes Recv'd	Competency Statement	Available measurement tools and techniques	Appropriate techniques and methods
	practice		
1	Identify and address the psycho-social needs of the patient.		
1	integrate professional standards and values in practice	360 degree evaluation - ACGME Reflective practice tools - NC Board of Nursing and Ontario College of Nursing	professional portfolio / case studies / simulations
1	Incorporate practice-based learning and recognize need for improvement		
1	integrate regulatory requirements and accepted protocols into the delivery of patient care		
1	organize, with assistance, expected workload in order to provide safe care in a timely manner		
1	Conduct self assessment of professional learning needs and participate in the development of a learning plan		
0	collaborate with experienced nurses, and the patient, to determine and meet the patient's educational needs		
0	apply leadership skills consistent with their role and experience level	self assessment leadership tool - currently under development - contact Elaine Scott, East Carolina University	
	provide care that addresses the cultural needs of the patient		

<i>Votes Recv'd</i>	<i>Competency Statement</i>	<i>Available measurement tools and techniques</i>	<i>Appropriate techniques and methods</i>
0			
0	teach patient and significant others relevant aspects of healthcare and health promotion		
0	collaborate with other members of the health care team in meeting patient needs		
0	utilize resources in a cost-effective manner		
0	implements treatments according to accepted standards of practice		
0	cooperate with interdisciplinary team to provide care		
0	Ability to advocate for patient's rights		

“Building An Evidence Based Transition to Nursing Practice”

AGENDA

Morning Session

- | | | |
|--------------|--|--|
| 8:15 | Welcome and Opening Remarks | <p><i>Polly Johnson, RN, MSN, Executive Director</i>
NC Board of Nursing and Chair, Foundation for Nursing Excellence</p> <p><i>Brenda Cleary, PhD, RN, FAAN, Executive Director</i>
North Carolina Center for Nursing</p> <p><i>Gail Mazzocco, EdD, RN</i>
Statewide AHEC Nursing Liaison
UNC-CH School of Nursing</p> |
| 8:30 | Keynote Address: 10 Years of Research: Critical Issues in the Transition of New Health Care Professionals into the Work Place | <p><i>David Leach, MD, Executive Director</i>
Accreditation Council for Graduate Medical Education</p> |
| 9:30 | Identifying and Measuring Critical Competencies among New Nurses | <p><i>Nancy Spector, RN, MSN, DNSc, Director of Education</i>
National Council of State Boards of Nursing</p> |
| 10:00 | Break | |
| 10:15 | Measuring the Impact of a Multi-Site Transition Program for New RNs | <p><i>Mary Lynn, RN, PhD</i>
Associate Professor, UNC Chapel Hill</p> <p>School of Nursing and Evaluator, AACN/UHC Nurse Residency Program
UNC-Chapel Hill</p> |
| 11:00 | Measuring Outcomes in Existing Transition Programs to Improve New Nurse Competency | <p><i>Anne L. Coghlan, RN, MSN, Executive Director</i>
College of Nursing, Ontario, Canada</p> <p><i>Susan Boyer, RN, MEd, Project Director,</i>
Vermont Nursing Internship Program</p> <p><i>Dianne Marshburn, RN, MSN, CNA Administrator, Nursing Research and Special Projects</i>
Pitt County Memorial Hospital</p> |

“Building an Evidence Based Transition to Nursing Practice”

AGENDA

Afternoon Session

- 12:30 Lunch and Speaker Panel:** *Cindy Craven, RN, BSN*
Expected and Achieved Outcomes in the High Point Regional Residency Program *Carole Ricker, RN, BSN*
Staff RN who have completed the High Point Residency Program
- 1:30 Breakout session:**
If NC instituted an evidence-based statewide residency program for newly licensed RNs and LPNs:
(Speakers and conference attendees will be assigned to breakout groups of 25 or fewer to answer three questions)
Note: See legend in back of program for room assignments
- *Identify and prioritize the core competencies needed by new graduates*
 - *Identify the measures that are currently available for each of the high priority competencies*
 - *Identify the gaps in measurement i.e., which competencies have no measures or only a few*
- 3:15 Break**
- 3:30 Identify the next steps in building an evidence-based transition to practice** *Polly Johnson, RN, MSN, Executive Director*
NC Board of Nursing and Chair, Foundation for Nursing Excellence
Brenda Cleary, PhD, RN, FAAN, Executive Director
North Carolina Center for Nursing
Gail Mazzocco, EdD, RN
Statewide AHEC Nursing Liaison
UNC-CH School of Nursing
- 4:00 Reports from Breakout groups** *Linda Lacey, BBA, MA, Associate Director, Research*
NC Center for Nursing
- 4:30 Open Discussion and Feedback**
- 5:00 Adjourn**

Objectives of the Conference

As nursing grows more complex, with a greater need for new graduates to “hit the ground running” and in anticipation of the large drain of expertise that will occur as older nurses retire, it becomes imperative that North Carolina find a way to incorporate new nurses into the workforce as quickly as possible, but also ensure their ability to provide safe and competent care. The purpose of the conference is to:

- *identify core competencies needed by new nurses in all practice settings.*
- *begin to develop a measurement “tool kit” that can be used in a wide variety of health delivery settings to assess competence among new nurses with varied levels of education.*

A select audience of health care researchers, practitioners, educators and employers are participating in today’s conference. The long range goal will be to identify the best models for an evidence based transition to practice in order to improve patient safety and increase the retention of new nurses.

Your participation is important to the outcome of this conference!

Polly Johnson, RN, MSN, Executive Director
 NC Board of Nursing and Chair
 Foundation for Nursing Excellence

Brenda Cleary, PhD, RN, FAAN, Executive Director
 North Carolina Center for Nursing

Gail Mazzocco, EdD, RN
 Statewide AHEC Nursing Liaison

This conference is supported, in part, by a grant from Agency for Health Research and Quality (AHRQ)

Building An Evidence Based Transition to Nursing Practice
September 20, 2005
List of Participants

First Name	Last Name	Organization
Gale	Adcock	NC Board of Nursing Raleigh, NC
Kim	Andersen	Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Oakbrook Terrace, IL
Thomas	Bacon	NC Area Health Education Centers Program Chapel Hill, NC
Sindy	Barker	NC Nurses Association Raleigh, NC
Cherry	Beasley	NC Center for Nursing Raleigh, NC
Polly	Bednash	American Association of Colleges of Nursing (AACN) Washington, DC
Patricia	Benner	Berkeley, CA
Sandra	Best	NC Board of Nursing Raleigh, NC
Patricia	Beverage	National Federation of LPNs Jacksonville, NC
Billy	Bevill	NC Center for Nursing Raleigh, NC
David	Boer	NC Center for Nursing Raleigh, NC
Diana	Bond	NC Nurses Association Raleigh, NC
Susan	Boyer	Vermont Nurse Internship Project Windsor, VT
Anita	Brown	Cabarrus College of Health Sciences Concord, NC
Sandy	Bullock	Capital Health Management Group Charlotte, NC
Susan	Bumgarner	Catawba Valley Medical Center Hickory, NC
Jenny	Burns	Carolinas HealthCare System Charlotte, NC
Kathy	Chastain	NC Board of Nursing Raleigh, NC
Kathryn	Clark	NC Center for Nursing Raleigh, NC
Brenda	Cleary	NC Center for Nursing Raleigh, NC
Anne	Coghlan	College of Nurses of Ontario Toronto Ontario, Canada
Kathy	Cordial	NC Board of Nursing Raleigh, NC
Debra	Coston	NC Board of Nursing Raleigh, NC

First Name	Last Name	Organization
Cindy	Craven	High Point Regional Health System High Point, NC
Tremonteo	Crawford	Randolph Hospital Asheboro, NC
Gail	Davis	Southeastern Regional Medical Center Lumberton, NC
Barbara	Dodson	Watts School of Nursing Durham, NC
Kristen	Dubay	NC Institute of Medicine Durham, NC
Barb	Edson	Medical Review of NC Cary, NC
Pamela	Edwards	NC Board of Nursing Raleigh, NC
Martha	Engelke	East Carolina University - National League of Nursing Greenville, NC
Barbara	Ewing	NC LPN Association Durham, NC
Janice	Floyd	NC Board of Nursing Raleigh, NC
Ann	Forbes	NC Board of Nursing Raleigh, NC
Beverly	Foster	NC Board of Nursing Raleigh, NC
Kristi	French	Carolinas HealthCare System Charlotte, NC
Karen	Frush	Duke University Medical Center Durham, NC
Mary Ann	Fuchs	Duke University Medical Center Durham, NC
Julie	George	NC Board of Nursing Raleigh, NC
Carole	Gibson	Richmond Community College Hamlet, NC
Jesse	Goodman	NC Division of Facility Services Raleigh, NC
Debbie	Green	Moses Cone Health System Greensboro, NC
Rachel	Hall	Wayne Community College Goldsboro, NC
Patricia	Hayes	NC Area Health Education Centers Nurses' Council Winston-Salem, NC
Van	Haygood	Catawba Valley Medical Center Hickory, NC
Kathryn	Heilig	NC Hospital Association Cary, NC
Julie	Henderson	Northeast Medical Center Concord, NC
Linda	Hofler	University Health Systems of Eastern Carolina Greenville, NC
Linda	Horton	NC Hospital Association Cary, NC

First Name	Last Name	Organization
Mary	Howard	NC Board of Nursing Raleigh, NC
Elizabeth	Isler	NC Community College System Raleigh, NC
Lin	Jacobson	National League for Nursing New York, NY
Scott	Jenkins	UNC-Chapel Hill Office of the President Chapel Hill, NC
Polly	Johnson	NC Board of Nursing Foundation for Nursing Excellence Raleigh, NC
Kristie	Jones	Blue Cross Blue Shield of North Carolina Durham, NC
David	Kalbacker	NC Board of Nursing Raleigh, NC
Phyllis	Knight-Brown	Wake Forest University Baptist Medical Center Winston-Salem, NC
Barbara	Knopp	NC Board of Nursing Raleigh, NC
Cathleen	Krsek	Commission on Collegiate Nursing Education Oak Brook, IL
Linda	Lacey	NC Center for Nursing Raleigh, NC
David	Leach	Accreditation Council Graduate Medical Education Chicago, IL
Carrie	Lenburg	Roan Mountain, TN
Suling	Li	National Council State Boards of Nursing Chicago, IL
Paula	Lynn	Catawba Valley Medical Center Hickory, NC
Mary	Lynn	UNC-Chapel Hill Chapel Hill, NC
Dianne	Marshburn	Pitt County Memorial Hospital Greenville, NC
Myrtle	Mayfield	Watts School of Nursing Durham, NC
Gail	Mazzocco	Statewide Area Health Education Centers Nursing Liaison UNC-Chapel Hill School of Nursing Chapel Hill, NC
Jill	McArdle	Medical Review of NC Cary, NC
Kay	McMullan	NC Board of Nursing Raleigh, NC
Janice	McRorie	Foundation for Nursing Excellence Raleigh, NC
Tammy	Mengel	High Point Regional Health System High Point, NC
Connie	Milliken	NC Council of PN Educators Supply, NC
Carolyn	Moffett	NC Board of Nursing Raleigh, NC

First Name	Last Name	Organization
Donna	Mooney	NC Board of Nursing Raleigh, NC
Judith	Moore	New Hanover Regional Medical Center Wilmington, NC
Mavis	Moss	NC Board of Nursing Raleigh, NC
Jen	Nooney	NC Center for Nursing Raleigh, NC
Ann	North	Greensboro Area Health Education Centers Greensboro, NC
Linda	Opdyke	Mercy School of Nursing Charlotte, NC
Sonda	Oppewal	UNC Chapel Hill School of Nursing Chapel Hill, NC
Donna	Owen	Carolinas Medical Center Charlotte, NC
Judy	Prowitt	Duke University Health System Durham, NC
Gale	Pruett	NC Nurses Association Raleigh, NC
Carole	Ricker	High Point Regional Health System High Point, NC
Joyce	Roth	NC Board of Nursing Raleigh, NC
Cheryl	Sarna	Northeast Medical Center Concord, NC
Elaine	Scott	East Carolina University Greenville, NC
Dennis	Sherrod	NC Nurses Association Raleigh, NC
Pam	Silberman	North Carolina Institute of Medicine Durham, NC
Elaine	Smith	UNC-CH School of Nursing Chapel Hill, NC
Nancy	Spector	National Council State Boards of Nursing Chicago, IL
Karen	Stallings	NC Area Health Education Centers Program Chapel Hill, NC
Donna	Steele	Association for Home and Hospice Care Raleigh, NC
Bernadette	Sutherland	Kentucky Board of Nursing Louisville, KY
David	Swankin	Citizen Advocacy Center Washington, DC
Kelly	Swauger	Wake Forest University Baptist Medical Center Winston-Salem, NC
Carol	Swink	NC Board of Nursing Raleigh, NC
Annie	Taft	Statewide Area Health Education Centers Nursing Chapel Hill, NC
Sue	Taylor	Pitt County Memorial Hospital Greenville, NC

First Name	Last Name	Organization
Linda	Thompson	NC Board of Nursing Raleigh, NC
Stacy	Thomson	Wake Forest University Baptist Medical Center Winston-Salem, NC
Mary	Tonges	UNC Hospitals Chapel Hill, NC
Carol	Walker	NC Board of Nursing Raleigh, NC
Alexis	Welch	NC Board of Nursing Raleigh, NC
Polly	Welsh	NC Health Care Facilities Association Raleigh, NC
Ramona	Whichello	Mission St. Joseph's Health System Asheville, NC
Barbee	Whisnant-Burgess	Carolinas Medical Center Charlotte, NC

Total Participants = 108

**Building an Evidence-Based Transition to Nursing Practice
September 20, 2005**

Summary of Evaluations N=71

Your input is valuable. Please take a few moments to complete this evaluation tool and leave it in the box at the program registration desk.

Please rate the effectiveness of this conference to:

<i>Objective</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>No Response</i>
Identify and prioritize core competencies needed by new nurse graduates	33	27	6		5
Identify measures currently available for each of the high priority competencies	27	28	10		6
Identify gaps in current available measurement for high priority competencies	22	28	10	2	9

Please rate the effectiveness of each presentation.

<i>Speaker</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>No Response</i>
David Leach, MD	61	8			2
Nancy Spector, RN, MSN, DNSc	32	36	2		1
Mary Lynn, RN, PhD	58	10	1		2
Anne L. Coghlan, RN, MSN	26	39	5		1
Susan Boyer, RN, MEd	36	29	6		
Dianne Marshburn, RN, MSN	25	34	8		4
Cindy Craven, RN, BSN	25	34	2		10
Carol Ricker, RN, BSN	28	34	4		5

Please rate the audiovisuals/handouts for this program

<i>Presentation</i>	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>No Response</i>
10 Years of Research: Critical Issues in the Transition of New Health Care Professionals into the Work Place	44	25			2
Identifying and Measuring Critical Competencies Among New Nurses	37	28	4		2
Measuring Outcomes in Existing Transition Programs to Improve New Nurse Competency	37	27	5		2
Expected and Achieved Outcomes in the High Point Regional Residency Program	31	37			3
Reports from Breakout Groups	19	15	6		31

The physical environment was comfortable and conducive to accomplishing the objectives of the conference 66_yes 5_no

The breakout session was effective and contributed to accomplishing the objectives of the conference 64_yes 5_no 2_no response

Comments Related to Speakers/Audiovisuals/Handouts

1. The speaker from Vermont seemed disorganized.
2. I would have liked to have a copy of the additional slides in presentation from Vermont.
3. The keynote speaker was exceptional. Great content. (2)
4. Great variety in the speakers. Dr. Leach and Mary Lynn were outstanding.
5. Dr. Lynn's presentation was good, but I didn't think it fit well with the content of the conference.
6. Taking notes without the slides was difficult; would have liked all related handouts at the time each presenter was speaking (5).
7. Handout/slides from National Council were very interesting.
8. Dr. Lynn was interesting and entertaining.
9. All [presenters] were well prepared and knowledgeable. Actually built on each other's presentations.
10. Breakout room facilitators were exceptional.

Additional Suggestions or Comments:

1. List of participants and contact information would be helpful (3)
2. Good dialogue – need more.
3. I do not believe that most staff development staff have the knowledge of psychometrics that would support development of measures. Need more information on this.
4. Sample of tools that Boyer discussed
5. Bibliography from speakers would allow us to follow up on take home ideas.
6. Need more information about available measures.
7. Great job!
8. This is a very important topic for both practice and academia. I'd like to hear more about AACN program
9. This was an exhausting but extremely stimulating day. We know so much of these concepts – moving forward will be interesting and challenging.
10. Disaster plans for new graduates when not on the job?
11. Please ask that phone be muted.
12. We need to begin by defining various parts of the meta paradigm. I have one used by the BON, but we need to do this for continued conversation. Within our discussion we should look at documents germane to practice and build on work already done in NC. This will help us to move faster. Both of these things need to be considered as we start developing the tool kits.
13. Well done. Great to see practice and education and regulatory working together.
14. The breakout groups were a good beginning, but raised a lot of questions as we all had different assumptions.
15. Many participants did not clearly understand today's practice environment. For the future I think that broader involvement of those in the practice setting is appropriate (3).
16. The "gaps in measurement" content really wasn't discussed at all.
17. The vision is an incredible one. It will be important in the continued safe and quality service that is provided to our citizens and I was happy to be able to be involved in this ground work.
18. Excellent forum to tease out a very difficult subject
19. This is a good start to identify competencies for new graduates
20. Measurement may be difficult to obtain for some.
21. Very important topic.
22. Thanks, Polly, for her vision and crossing boundaries that have existed for years.

23. I very much enjoyed this conference. I have been researching the topic of a nurse (new grad, new hire, to new area of practice, or those re-entering the work force) residency programs. This conference just validated my research. Thanks.
24. A very good conference. Should be a high priority for nurses.
25. Suggest follow up mailing/emailing re: access to resources noted today so we can better educate ourselves about possible spin-offs or collaboration partnerships for future grants/demo projects.
26. Use electronic polling equipment in the future; report from breakout sessions could have been emailed to participants.
27. Need to define more carefully "new graduate" (2)
28. I strongly endorse this initiative. It is long overdue!
29. Excellent workshop. Overall, excellent! Great group of speakers and participants. (2)
30. Small group session did not need as much time as allowed.
31. The report from breakout format not effective. Could send out to participants.
32. Very crowded; chairs too close together; next conference need tables with chairs in all sessions. (14)
33. Thanks for the leadership displayed in getting this task off the ground.
34. FYI – Ireland has recently introduced a transition to practice requirement as a condition of licensure.
35. Thank you for the opportunity to participate.
36. Morning session was excellent. Afternoon breakout session was not as helpful. Group facilitator was not clear as to exactly how to proceed with the group work.
37. More interactive sessions.
38. The breakout sessions did not seem to be well planned; was too long (2)
39. As this process develops, providing support for nurses who work in the hospital corporate/cultures is important. The hospital bureaucracy will only address the bottom line. Nurse residency requires a significant amount of "non-productive" time. All the more reason nurses need to have "evidence" to support innovation.
40. Morning session – not able to see screen, especially bottom half from back of room. Lunch session set up was good. Small group work – enjoyed the varied membership. I was hoping to do more of this type of activity today.
41. It is difficult to remain productive until 5:00 pm. I think we should have wrapped up at 4:00pm, do evals and adjourn no later than 4:30pm.
42. I feel the ideas was around competencies and feel we've spent the least amount of time on discussing this outside of work groups.
43. Good examples of programs related to new nurse transition.
44. Great conference. The information presented provides excellent first steps toward new grads gaining the skills needed to be successful as they transition to new roles. Simulated tools would be timely and effective in helping new grads "to think". A medical video game presenting patient, situational scenarios would be creative and useful.
45. The conference was excellent. However, I believe that we have enormous work to identify core competencies. I do believe this is the right approach to determine core competencies and assist the new nurse as well as preceptors.
46. Why are you not using competencies identified by presented models/practices (eg COPA, PBDS Graduate Competencies)? Nursing has difficulty "valuing" work done by others. "Always starting over"
47. The challenge is going to be to identify how nurses will be practicing in the future.