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Featured Article

# Optimizing Transition to Practice Through Orientation: A Quality Improvement Initiative

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## KEYWORDS

experiential learning;  
simulation;  
nursing orientation;  
transition to practice;  
adult learning theory;  
competency-based  
testing

## Abstract

**Background:** With dwindling nursing student placements in acute care facilities, increased pressure and responsibility have been placed on students to facilitate their transition to practice. Through the strategy of simulation-based orientation programs, the preparation to practice gap can be reduced. **Methods:** In 2013, London Health Sciences Centre embarked on a quality improvement initiative to revise their Central Nursing Orientation through the use of simulation and experiential learning.

**Results:** Five hundred twenty-one new nurse hires participated in the revised orientation program and were compared with 749 who participated in the original program. New nursing hires commented on improved confidence and preparation for the unit. Summative assessments resulted in 23.4% of new hires unsuccessful in their first attempt, 6% in their second attempt, and 0.5% in their third.

**Conclusions:** The successful development of a simulation-based orientation program provided our new nursing hires with a standardized approach for a successful transition to practice. Through this process, we also identified the continued learning needs during transition and the opportunity to engage with our academic institutions to better prepare our future nurses.

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Increasing demand and decreasing resources within health care has had a rippling effect on new nursing graduates. There is increased pressure on new nursing graduates to have the knowledge and experience within an acute care setting prior to graduation to facilitate their transition to practice (Teoh, Pua, & Chan, 2013). With dwindling placements and increased demand on staff,

facilitation of these experiences are limited. Identified by the nurses themselves, transition to practice struggles include “striving for a new professional self” and having the “know how” in regards to competencies and boundaries (Arrowsmith, Lau-Walker, Norman, & Maben, 2016). Duchscher (2009) relates to transition shock and the process of adjustment that is developmental, intellectual, sociocultural, and physical in nature. Benner, Sutphen, Leonard, and Day (2010) agree, acknowledging that new graduate nurses often present to the workforce with a defined practice—education gap. In a study performed by Berkow, Virkstis, Stewart, and Conway (2009),

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it was identified that even with variation in educational demographics of new hires, there was noted constancy in the greatest improvement needs to narrow the preparation—practice gap. These included complex skills, critical thinking, prioritization, and decision making (Berkow et al., 2009; Hommes, 2014). With the increased complexity and needs of our patients, it is crucial we discover a way to bridge this gap between what students learn in the classroom and how they apply it to their clinical practice (Olejniczak, Schmidt, & Brown, 2010; Yuan, Williams, & Fang, 2011).

### Key Points

- Through the strategy of simulation and experiential learning, we were able to develop an orientation program that provided our new hires with the appropriate resources and support for a successful transition, closing the gap through a standardized process.
- Utilizing an orientation program applying experiential learning methods can improve the competence and confidence of new hires during their transition to practice.
- Integration of competency-based assessments for all new hires can help identify and correct entry-level practice gaps to provide safe and quality patient care and reduce potential risks on patient care during transition to practice.

Both academic and health care institutions are responsible for developing nursing student's clinical competencies for entry into practice with schools focusing on curricula and health care institutions focusing on orientation and preceptor programs (Berkow et al., 2009; Liaw, Palham, Chan, Wong, & Lim, 2014; Teoh et al., 2013). New nursing orientation is central for new graduates to have a successful transition to nursing practice (Phillips, Kenny, Esterman, & Smith, 2014). Inadequate orientation programs can directly affect attrition rates, confidence, and satisfaction in new hires (Hommes, 2014). It can further impact the workload

on experienced nurses and patient safety (Hommes, 2014; Lamers, Janisse, Brown, Butler, & Watson, 2013; Zigmont et al., 2015). Yet, significant gaps in orientation have been identified including facilitators not accounting for the transition piece in the content of the orientation or the continued concern of new hires about being placed in clinical situations beyond their cognitive or experiential comfort level (Duchscher, 2009). Duchscher (2009) suggests addressing this gap through orientation programs focused on knowledge and practice related to transition. Yuan et al. (2011) identified the major focus of clinical education is facilitating the development of knowledge application, accurate clinical judgment, and skill development. Zigmont et al. (2015) proposed the primary goals for orientation include assessment of competency, incorporation of policy and safety

guidelines, and integration of new hires into the environment and culture while limiting the interruption of safe provision of quality patient care.

Simulation is a strategy defined as the interactions and transactions between learners, educators, leaders, environments, processes, and culture with the aim to improve and standardize patient-centered care. Simulation is an established crucial learning strategy in health care education for the development of clinical competency (Liaw et al., 2014). Jeffries and Rogers (2007) identified four major outcomes from simulation: gained knowledge, increased skill competence, increased learner satisfaction, and improved critical thinking. An integrative review of literature was performed by Olejniczak et al. (2010) on the use of simulation in graduate nurse orientation with three emerging themes identified: socialization to the professional role, competence and confidence in self-performance, and learning in a safe and supportive environment. Yuan et al. (2011) underwent a review of studies involving high-fidelity simulation and identified qualitatively a positive impact on confidence, development of critical skills, and overall better preparation for clinical practice. Hommes (2014) implemented a simulation curriculum within their nursing orientation process identifying an increased perceived confidence and competence level from all participants following the simulated activities.

Through the integration of experiential learning theory with the use of simulation in new hire orientation, Zigmont et al. (2015) was able to show enhancement in preparation of new RN staff and improved communication among administrators, staff, and orientees. Impacts included reduction in orientation length and gross financial savings. Further identification of inappropriate hires through their “red light” system demonstrated both financial and safety benefits to the unit and organization. Zigmont et al. (2015) agreed further research was needed on this competency based process to show validity and reliability.

Simulation-based education, through the ability to provide hands-on training, promotes community while increasing competence, autonomy, and motivation to learn (Zigmont, Kappus, & Sudikoff, 2011). Facilitation of the education is provided through educators and specialists within simulation. Learning cannot be forced, instead supported and explanations provided on the importance and relevance to practice (Zigmont et al., 2011). The potential impact of simulation-based education on care providers with continued learning needs has been identified and yet still requires further evaluation on the outcome of competency and transition to practice (Clark & Yoder-Wise, 2015; Liaw et al., 2014; Zigmont et al., 2015).

## Background

London Health Sciences Centre is one of Canada's largest acute care teaching hospitals. It is a multisite facility supported by over 3,500 nurses. On average, the institution

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