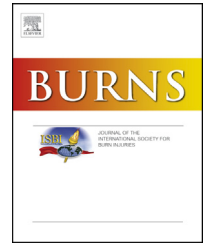


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# Implementation and outcomes of an evidence-based precepting program for burn nurses

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## ABSTRACT

**Introduction:** There is significant nationwide interest in transitioning new and new-to-specialty nurses into practice, especially in burn care. Lack of a structured transition program in our Burn Center was recognized as a contributing factor for nursing dissatisfaction and increased turnover compared to other hospital units. Employee evaluations exposed a need for more didactic instruction, hands-on learning, and preceptor support. The goal of this project was to implement an evidence-based transition to practice program specific to the burn specialty.

**Material and methods:** The Iowa Model of Evidence-based Practice served as the model for this project. A working group was formed consisting of nurse scientists, clinical nurse leaders, clinical nurse specialists, lead preceptors, staff nurse preceptors and wound care coordinators. A systematic review of the literature was conducted focusing on nurse transition; preceptor development and transitioning nurse training programs with competency assessment, ongoing multifaceted evaluation and retention strategies were created.

The evidence-based Vermont Nurses in Partnership (VNIP) Clinical Transition Framework was selected and subsequent education was provided to all Burn Center leaders and staff. Benchmarks for basic knowledge assessment (BKAT) and burn wound care were established among current staff by work site and education level to help evaluate transitioning nurses. Policies were modified to count each preceptor/transitioning nurse dyad as half an employee on the schedule. Multiple high-fidelity simulation scenarios were created to expand hands-on opportunities.

**Results:** From September 2012–December 2013, 110 (57% acute care nursing) Burn Center staff attended the VNIP Clinical Coaching Course, to include 34 interdisciplinary staff (rehabilitation, education, respiratory therapy, and outpatient clinic staff) and 100% of identified preceptors (n=33). A total of 30 new nurses participated in the transition program: 26 (87%) completed, 3 (10%) did not complete, and 1 (3%) received exception (no patient care). Transitioning nurses achieved passing BKAT scores (n=22; 76%) and WC scores (n=24; 93%);

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individual remediation was provided for those failing to achieve unit benchmarks and transition training was modified to improve areas of weakness. Transitioning nurses' weekly competency progression average initial ratings on a 10 point scale (10 most competent) were  $5 \pm 2$ ; final ratings averaged  $9 \pm 1$  ( $n=25$ ) ( $p < 0.0001$ ).

**Conclusions:** An evidence-based team practice approach toward preceptorship created a standardized, comprehensive and flexible precepting program to assist and support transition to specialty burn practice for experienced nurses. Use of objective metrics enabled ongoing assessment and made training adaptable, individualized, and cost effective. Application of this standardized approach across our organization may improve consistency for all transitions in practice specialty.

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## 1. Introduction

Introducing nursing staff into a clinically demanding, high-stress Burn Center environment without ensuring baseline competence and proper training compromises nurse retention and could cause patient care to suffer [1,2]. Retention is also affected by nursing burn-out due to the physically and emotionally demanding burn work environment. Over time, this turnover can result in a nursing shortage. Historically, Burn Centers nationwide have experienced a consistent nursing shortage, which is alarming given the strong correlation between nursing shortages, adverse patient outcomes, and inpatient hospital mortality [3,4]. High turnover of burn specialty nurses represents a very real and present danger to patient safety. Due to the high level of specialization and limited professional experiences available outside of Burn Centers, finding new, qualified staff is difficult and often newly hired burn nurses benefit from additional specialized training. One estimate places the turnover cost to an organization for replacing and training a specialized nurse at over \$85,000 [5].

In 2011, the 40-bed U.S. Army Institute of Surgical Research (USAISR) Burn Center experienced a nursing turnover of 33.6%. The acute care units, the Burn Intensive Care Unit (BICU) and the Burn Progressive Care Unit (BPCU), were most affected. After further examination, the lack of a structured transition and training program was recognized as a contributing factor for nursing dissatisfaction and increased turnover. Consequently, clinical leaders identified the need for a standardized method of selecting, training, and evaluating preceptors for new staff members, to facilitate role transition. A comprehensive evidence-based transition program for experienced nurses new to the burn specialty was identified as a potential solution [1,6]. The goal of this performance improvement project was to identify and implement such a program within the USAISR Burn Center to reduce the incidence of nursing turnover within this demanding healthcare environment and ensure optimal patient care.

## 2. Material and methods

### 2.1. Concept development and initiation phase

A multi-disciplinary research team, including clinical nurse specialists (CNS), nurse educators, BICU and BPCU experienced

preceptors and unit leaders, wound care team members and nurse scientists gathered to collectively identify the best approach for a comprehensive transition program for new nurses hired into the complex burn environment. The Iowa Model of Evidence-Based Practice to Promote Quality Care was used to guide the project and to identify a solution to the problem trigger [7,8]. First, a systematic review of the literature was performed which focused on transition in practice of the experienced nurse [9]. Journal club team meetings were held to grade the level and quality of evidence in the articles. The team then developed a nurse transition program based on the best evidence. A proposal was submitted to the Tri-service Nursing Research Program (TSNRP) and a two-year award was granted to implement the transition program within the BICU and BPCU. The project encompassed five distinct phases: program development, preceptor development, program benchmarks, evaluation of training with focus on competency assessment of the transitioning nurse, and program sustainment.

### 2.2. Program implementation phase

Based on the literature review, the Vermont Nurses in Partnership (VNIP) Clinical Coaching Transition Framework was the only evidence-based nursing program available; this served as the foundation for the Burn Center program [9,10]. A one-year site license was obtained from VNIP, which included an individualized on-site training course, consultation services, four months of teleconference and cyber-support, and access to all materials, including the Preceptor 2nd edition workbook.

The VNIP trainer traveled to the Burn Center and provided a customized 3-day "train-the-trainer" course for stakeholders, preceptors, and unit leaders. The first two days of training focused on the Clinical Coaching Course for preceptor development and included the following topics: roles, responsibilities and resources; concept of novice to expert progression; delegation and responsibility; elements of competent practice; teaching and learning in the workplace; communication for preceptors; interpersonal issues; tools and experiences of coaching; assessment and critical thinking; and the collaborative work environment. An additional day focused on VNIP resources and validated tools to assess competency. The VNIP training program provided validated, evidence-based program content, including the 2-day Clinical Coaching Course (18.5 contact hours of learning; Fig. 1) consisting of pre-assignments (5 contact hours), an in-person training

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