



Practice Pearls

Transitioning from Education to Practice: Associate Degree Program, Senior Clinical at a Skilled Nursing Facility, a Pilot Program¹



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ABSTRACT

Over the last 4 years, there has been a shift in where associated degree registered nurses (ADNs) are being employed. There has been an increase of ADN graduates employed at skilled nursing facilities on a local, regional, and national level in the United States. Graduate surveys from the last 4 years demonstrate that the number of our graduates working at the skilled/subacute nursing facilities had increased to 33%–37% from 10%–15% and had decreased at the acute care facilities to 18%–21% from 35%–40%. The faculty felt we needed to modify our clinical teaching to enhance the knowledge and preparation of the graduates. A pilot program was developed by the nursing faculty in collaboration with the nursing staff at a skilled/subacute nursing facility to help the graduates transition into these facilities. The pilot program utilized the Massachusetts Board of Higher Education core nursing competencies and the nursing process. The intent of the partnership program was to promote learning in an environment where graduates will seek future employment and provide safe and quality care to the residents.

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Introduction

Over the last 4 years, there has been a shift in where associated degree registered nurses (ADNs) are being employed. There has been an increase of ADN graduates employed at skilled nursing facilities locally in Massachusetts, regionally in New England, and nationally in the United States. At our community college, graduate surveys demonstrated that the number of graduates employed in skilled nursing facility had increased to 33%–37% from 10%–15% over 4 years. During the same timeframe, the number of graduates employed in acute care decreased to 18%–21% from 35%–40%. Fig. 1 indicates where our graduates were employed 6 months after graduation comparing the acute care facilities and the skilled nursing/rehabilitation facilities.

The faculty recognized that based upon this data, we needed to modify our clinical teaching to enhance the knowledge in long-term care and preparation of the graduates for employment. The nursing faculty and I developed a pilot program in collaboration with the nursing administration at the skilled nursing facility. This partnership

was designed to help the graduates transition into the skilled nursing facilities by utilizing the nursing process and the Massachusetts Board of Higher Education core nursing competencies as a framework for the provision of care to residents in long-term care. The intent of the partnership was to promote learning in an environment where our graduates may be employed in order to learn how to provide safe and quality care to the residents. A *partnership*, defined in 2009 by the National League of Nursing, is “an alliance between individual or groups in which all parties mutually develop goals, collaborate to achieve these goals, and benefit from the alliance” (Adams & Valiga, 2009, p. 184). There has been an increase need to rethink clinical affiliations and form partnerships, and this has been noted in the literature (Pearson, Wyte-Lake, Bowman, Needleman, & Dobalian, 2015; Tranmer & Silva e. Silva, 2016; Tuppal, Reñosa, & Al Harthy, 2017).

Research has determined that nursing graduates need improved competencies in the following areas: taking initiatives, managing multiple responsibilities, delegating, rapport with patients and families, medication administration, patient advocacy, interdisciplinary team communication, and the ability to work as a team member (Institute of Medicine [IOM], 2011; Nursing The Executive Center, 2008).

Standard 4.9 of the Accreditation Commission for Education in Nursing (ACEN) requires that student clinical experiences and practice learning environments are evidence based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes (ACEN Standards, 2017).

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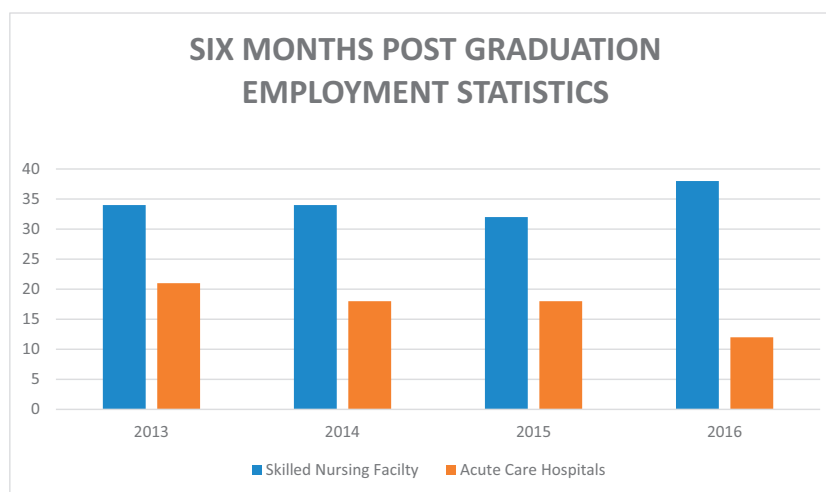


Fig. 1. Six months post graduation employment statistics.

As graduate surveys confirmed that our students needed a clinical experience to better transition them to practice, we conducted a literature review to determine best practice for long-term care experiences. Information about creating a clinical experience for senior nursing students in a skilled nursing/rehabilitation facility proved scant. Consequently, I enrolled in a gerontological nursing institute designed to help faculty develop strategies for clinical experiences in skilled nursing facilities (Massachusetts Senior Care Foundation & University of Massachusetts Lowell, School of Nursing, 2013). There, I learned the importance to provide a geriatric clinical experience, utilize resources from the National League for Nurses Advancing Care Excellence for Seniors program, and meet the needs of older adults.

Armed with this helpful information, the faculty discussed creating a pilot program partnership. We spoke with graduates who were employed at skilled nursing/rehabilitation facilities to assess their transition process. They informed us that the orientation of the facility was too short, lasting only 2 weeks. We learned that the first day of orientation, generally a review of the policies and procedures, was followed by 2 weeks of training on the nursing unit with a preceptor. Most of the orientation was learning the policies and procedures for medication administration, admissions, discharges, transfers, and order transcription. Graduates felt that this was not enough time to feel confident caring for the residents. They also noted that it was difficult to transition from their last semester in their senior year when caring for two to three patients in the acute care setting to 10 to 20 residents in a skilled nursing facility. As new nurse, they had difficulty caring for multiple residents, prioritizing tasks, delegating, and mastering the complexity of patient assessments.

Our next step was to locate a skilled/subacute nursing facility, which provided quality care to their residents as indicated by their quality ratings from the Massachusetts Department of Health and Human Services. We looked at other criteria as well, including the number of registered nurses (RNs) employed, ability to provide a variety of higher level nursing skills, and for us to provide care during a 12-hour shift. The transition to second year students emphasized delegation, prioritization, organization, and time management for multiple residents in which the facility was able to provide to our students. We selected a facility that met our criteria, one that the nursing program utilized for first year students.

All fourth semester senior students were informed of this new clinical opportunity. The students were given an explanation of the pilot program (the hours, the days, and expectations). Students were given the option of participating in this pilot program or

assignment to an acute care facility. The opportunities for delegation, prioritization, team work and collaboration, and leadership were outlined as representative of the nursing role at these types of facilities. Students were informed of current hiring practices and were encouraged to consider employment in long-term care and subacute facilities upon graduation. Emphasis was placed on the students' readiness for employment by participating in this pilot.

There were two groups of seven students in the pilot program. Students were scheduled for 12 hours a week, including a 1-hour conference. Each week, each student had a different clinical responsibility. Each student had the opportunity to administer medications with an RN or Licensed Practical Nurse (LPN) to 20 to 30 residents, perform nursing assessments and treatments to all residents, and work with the unit manager.

The students set goals for themselves each week. Most students set a goal for the first week of administering medications to five residents safely and then increasing the medication administration by five residents each subsequent week with the assistance of the nurse. Students demonstrated delegation skill by directing their peers to perform assessments such as listening to lung sounds and taking vital signs. These students also delegated to the certified nurse assistants (CNAs) to obtain a resident's weight and to feed a resident. Students demonstrated prioritization while administering medications and deciding which patient to administer first of their assigned five residents. In a critical situation, a student demonstrated the ability to prioritize by delegating to another student to provide orange juice and a snack for the resident with the low blood glucose while the student assessed the lung sounds and saturation of oxygen and, then, administered the prescribed nebulizer treatment. Management skills were practiced while administering the medications in the allotted time safely and accurately.

Other students were responsible for assessments on the unit worked closely with the student administering medications. The student completed the vital signs, glucose readings, and assessments of the residents for the student administering the medications. This student communicated the information to the student administering the medication and was responsible for documenting this information. This student was responsible for assessing the trends of the resident data and providing nursing interventions as needed.

The student who was responsible for assisting the nurse with the residents provided a focused assessment prior and after the treatments. The students performed respiratory assessments, wound care, application of vacuum-assisted closure dressings, gastrostomy

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