WALDEN UNIVERSITY
A higher degree. A higher purpose.

Walden University
ScholarWorks

Walden Dissertations and Doctoral Studies

Walden Dissertations and Doctoral Studies Collection

2015

Development of an Evidence-Based New Graduate Nursing Orientation Program for the Emergency Department

Mary Ellen Zaleski
Walden University

Follow this and additional works at: https://scholarworks.waldenu.edu/dissertations

 Part of the Nursing Commons

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Mary Zaleski

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Eric Anderson, Committee Chairperson, Health Services Faculty
Dr. Rhonda Kazik, Committee Member, Health Services Faculty
Dr. Ruth Politi, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2015

Abstract

Development of an Evidence-Based New Graduate Nursing Orientation Program for the Emergency Department

by

Mary Zaleski

MS, Walden University, 2012

AS Essex Community College, 1996

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2015

Abstract

The traditional new graduate nurse (NGN) orientation process places NGN with an experienced preceptor for 24 weeks and requires clinical skills checklists to be completed by the preceptor, a practice which is not an evidence-based practice for orienting NGNs. The purpose of this quality improvement project was to develop an evidence-based orientation to decrease time requirements and standardize the processes and evaluation of the NGN in the emergency department. The project was informed by Benner's novice to expert theory and focused on acquisition of clinical skills. The project team included 6 stakeholders: the Doctor of Nursing Practice student-leader, the unit manager, and several preceptors and novice nurses. The current evidence was identified utilizing various search terms via OVID, CINAHL, and MEDLINE. Five emergency department nurse residency programs and 7 rubric-based criterion articles were identified and evaluated. The team synthesized the available evidence to create the program. Resulting products included guidelines, evaluation rubrics, and projected pathways for ongoing development. Content validation was undertaken using peer review by 2 nurse scholars with area expertise, after which the project team revised all products based on feedback. Together, these products comprise an evidence-based solution to the problematic orientation of NGNs in the institution's emergency department. Adoption of methods that have proven valuable in undergraduate education, such as incorporation of syllabi and rubrics, may increase retention and improve clinical judgment in the NGN. These improved educational outcomes will, in turn, promote improved health outcomes for patients. Outcomes for the project will be monitored using retention rates and the results of the Casey-Fink Graduate Nurse Experience Survey.

Development of an Evidence-Based New Graduate Nursing Orientation Program for the Emergency Department

by

Mary Zaleski

MS, Walden University, 2012

AS Essex Community College, 1996

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

August 2015

Dedication

This project is dedicated to my husband Stephen A. Zaleski. His unflagging encouragement and support of my academic endeavors has made this project possible.

Acknowledgments

I would like to thank my committee chair, Dr. Stoerm Anderson, who facilitated this project. Without his guidance and feedback, the project would have been overwhelming. I would like to thank my committee member Dr. Rhonda Struck, and University Research Reviewer Dr. Ruth Politi, for their participation and feedback, which enriched the final product.

The concept of orientation guidelines was introduced to me by a director of the Emergency Department, Matthew Ansel, MA, RN, CEN. Mr. Ansel returned from an Emergency Nurses Association conference with a set a guidelines authored by Robert Clements, BSN, RN, CEN and Kristen Shaffer, MSN, RN, CEN and shared them with me. The guidelines provided the inspiration for the doctoral project.

The leadership of the Emergency Department at Saint Agnes Hospital has been most gracious, supporting the development of the guidelines with staff involvement and resources to provide for the most complete orientation program for the new graduate nurse. I would especially like to acknowledge the Director, Ms. Susan Hartman, MBA, BSN, RN, CEN, and the nurse manager, Carol Gallaher, MSN, RN, CEN. Participants in the work group formed for the development and finalization of the orientation guidelines who contributed above and beyond are Ashley Pennington, BSN, RN; Amanda Rocco, BSN, RN and Darleen Sullivan, BSN, RN, CEN--many thanks for the extended hours of work you contributed.

My last acknowledgements are perhaps the most heartfelt, the person who spent countless hours assisting me with editing, Michelle Hopson, MSN, RN. I could not have completed this without your assistance and encouragement. Lastly, Jennifer Anderson and Jennifer Hanssen, your formatting abilities provided the framework for my hard work to be displayed.

Table of Contents

List of Tables

Section 1: Overview of the Evidence-Based Project

Introduction

The transition from student nurse (SN) to new graduate nurse (NGN) is a journey the SN approaches with anxiety and unrealistic expectations, both of themselves and the health care setting in which they will practice as a professional nurse. As a profession there is an acknowledged gap in practice between the preparation of the NGN and actual workplace demands (Berkow, Virkstis, Stewart, & Conway, 2009). Workplace demands may be significantly higher in specialty practice areas, such as the emergency department, due to higher acuity patients and a faster pace. This situation further increases the stress placed on the NGN. In this "novice phase" (Benner, 1984), the NGN must reconcile actual and ideal behaviors while in the concrete, task-oriented phase of their practice. The NGN is focused on the rules and requires further professional development to be able to competently meet the care demands of the acute and critically ill patient (Cylke, 2012; Nelson et al., 2012).

The nursing shortage that dates back to the 1960s is compounded by the expected retirement of the current generation of practicing, experienced nurses. The demand for specialty-trained nurses has far exceeded the availability of experienced nurses and is only expected to grow with the retirement of this generation of nurses (Glynn & Silva, 2013; Theisen, 2013; Winslow, Almarode, Cottingham, Lowry, & Walker, 2009). While NGNs are not traditionally hired in specialty care settings, such as emergency departments, they are the largest pool of nurses from which to hire. The challenge lies in facilitating the NGN in her or his journey from "novice to competent" (Benner, 1984).

There is a wealth of research on the stressors that lead to the high turnover of NGNs. To ensure success, specialty areas such as the emergency department need further significant development in their orientation processes. The theoretical framework used for University Health System Consortium & the American Academy of Nurses (UHC/AACN) Nurse Residency Program (NRP) is Benner's model of skill acquisition in nursing, which outlines a progression from novice to expert (Benner, 1984). This framework provides for a flow of clinical skills and critical thinking acquisition, that builds level-by-level, as the nurse gains experience and clinical judgment. The traditional focus of the acute care setting has been on the completion of the traditional skills checklist and the ability to operate the technology that is used to monitor a patient's clinical presentation during orientation. The ability to effectively manage the care of the acutely ill patient requires much more than the management of technology (Benner, 1984). Benner's theoretical framework offers an effective model on which to base emergency department new graduate orientation programs (as cited in Valdez, 2008). Today's emergency room nurse is an integral part of the healthcare team and requires a specialized set of assessment skills with the ability to constantly reevaluate clinical conditions, and shift care priorities due to the "inherently unstable nature of the emergency room patient" (Wolf, 2005, p. 298). The specialized skills set required of the emergency room nurse includes the ability to complete rapid comprehensive physical assessments, recognize subtle changes in physical conditions, and anticipate the disposition of the patient while operating in a fast-paced, dynamic environment (Patterson, Bayley, Burnell, & Rhodes, 2010; Valdez, 2008). The rewards of facilitating

this journey are competent, engaged nurses who provide excellent care and directly improve patient outcomes.

Problem Statement

The problem addressed in the project is the current length of NGN orientation in the emergency department—20–24 weeks—and the lack of standardization and evaluation during the orientation process. Hiring and orienting NGNs in the acute care setting is costly for a facility; the average cost for the orientation of a NGN to a specialty area is estimated to be $64,000 (Winslow et al., 2009). The turnover rate for NGNs may be as high as 13% in the first year and can reach a peak of 37% by Year 3 in specialty areas; this costs the healthcare facility an additional $40,000 to $60,000 (Theisen, 2013). The potential financial costs associated with hiring and orienting NGNs in specialty areas has highlighted the need for better and more efficient orientation programs to supplement the University Healthcare Consortium (UHC)/ American Association College of Colleges of Nursing (AACN) Nurse Residency programs to teach the NGN how to be an emergency department nurse. It is only within the last decade that the NGN has been able to enter the specialty area of the emergency department without first gaining experience as a nurse in a lower acuity setting, such as a medical-surgical unit (Reddish & Kaplan, 2007). The first few months of a NGN's career are a critical period; they are the beginning of a professional career, and engagement and support provided during this period is essential for their success (Marshburn, Engelke, & Swanson, 2009).

Purpose Statement and Project Objectives

The traditional 6-month or 24-week orientation for NGNs has limited the ability of the emergency department to participate in the nurse residency program, and access

this large pool of nurses to fill current and future openings. The need for the project was determined through discussion with the manager and the director of the emergency department. Further discussion led to the development of the project objectives:

1. Develop an EB graduate nursing orientation program.
    a. Develop orientation guidelines with defined weekly clinical objectives and goals that are systems focused and supported by the Emergency Nurses Association's *Emergency Nurses Core Curriculum, Sixth Edition (2007) and Sheehy's Guide to Emergency Nursing*. The foundation content of the curriculum has been established in a position paper from the Emergency Nurses Association (ENA, 2011). The curriculum will be evaluated and expanded upon, based on institutional needs and specialties offered in the facility, such as a Bariatric Center of Excellence and Chest Pain Center Credentialing. The project will focus on the process of the orientation and curriculum delivery. The guidelines, clinical objectives and curriculum will begin with the most critical patients that will be seen and evaluated in the emergency department and progress to less critical patients as the NGN assumes responsibility for a larger patient assignment.
    b. Development of a standardized evidence-based evaluation rubric to project the progression of, and evaluate in formal evaluations, the orientation process. Formal evaluations are to be completed at scheduled periods during the orientation period to identify any areas of

concern during the orientation process. The rubric will be based on Benner's Novice to Expert theory (Benner, 1984).

2. Implementation and Evaluation Plan for the Project

Goals and Outcomes

The overall goal of the project was to increase the level of function of the NGN while decreasing the length of the orientation period. The development of the turnkey product the facility with the tools to complete a shorter (12-week) orientation process that is more focused and evidenced-based. The EB graduate nursing orientation program contains guidelines, weekly clinical objectives, and curriculum content that will function as an adjunct to the UHC/AACN NRP, and will focus on the community hospital setting. The standardized evidence-based evaluation rubric is based on Benner's Novice to Expert theory (1984), and includes performance assessments that use the dimensions of the learning model as well as a modified Lasater Clinical Judgment Rubric (LCJR) (Ashcraft et al., 2013; Walsh, Seldomridge, & Badros, 2008). The rubric is used to evaluate the progress of, and to project the progression of, the emergency room NGN. The formative and formalized evaluation allows the preceptor and educator to provide effective feedback to the NGN, including any areas that require additional support to meet the outlined goals. The projected pathway of characteristic development and acquisition functions solely as a guide for the NGN, preceptor and educator, because orientation should be individualized to the needs of the NGN. Early identification of areas in need of further development allows the educator and preceptor to design individualized interventions to help the NGN achieve the clinical objectives.

As the developer of the program, the role I filled was multifaceted and encompassed the experiences I have had as a clinical expert in the field of emergency medicine, as well as through focused interviews with experienced successful preceptors. Experienced and novice preceptors from the unit participated in the project team. The literature review assessed three different emergency room– based NGN residency programs to determine the potential structure and flow of the program.

Significance and Relevance to Practice

To fill the current and projected nursing vacancies, healthcare administrators have turned to the NGN as a potential solution. This has necessitated the need to reevaluate the traditional orientation process for the NGN. Using a standardized framework for the orientation of the NGN will provide for a more uniform experience for NGNs and their preceptors. The use of NGN NRPs has been successful in the transition of the NGN into the acute care setting. The field site is a member of the Maryland Cohort of the UHC Residency Program. All NGN nurses participate in the NRP and attend monthly residency classes as they complete (a) the curriculum designated by the UHC/AACN and (b) an evidence-based project that is presented at their graduation ceremony. This program and curriculum have demonstrated the ability to increase retention rates and improve nursing satisfaction scores; it is an effective program for teaching the NGN how to be a professional nurse and participation is required by the practicum site. The nurses within specialty units, such as the emergency department, need a supplementary program that will teach the NGN how to be an emergency department nurse (Wolf, 2005).

The UHC/AACN Nurse Residency Program is a critical model for NRPs. Its curriculum, a standardized evidenced-based framework, is designed to develop the nurse

leader at the bedside. The NRP is designed to assist in the transition of the NGN who enters the acute care facility as an advanced beginner to competent nurse within 1 year. The NRP model has been effective in increasing retention and nursing satisfaction rates (Fink, Krugman, Casey, & Goode, 2008; Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013; Goode, Lynn, Krsek, & Bednash, 2009). The framework of the UHC/AACN NRP is an excellent basis to develop specialized orientation programs for higher acuity specialty areas, such as the emergency department, to further increase retention and satisfaction rates.

Often, cohorts of four to seven nurses are hired, oriented, and educated on units in hospitals that participate in NRPs. Orienting this number of nurses simultaneously has resulted in the need for very structured orientation processes, carried out in a timely manner by trained preceptors. Orientation in the 12 weeks needs to improve so that high-functioning nurses result.

To assist in the transition from novice to competent nurse, the preceptor model has been effective (Croxon & Maginnis, 2009, p. 236). To provide the quality and supportive experiences the NGN requires to flourish, preceptors require (a) specialized training in evaluating clinical judgment and (b) effective methods to encourage the growth of this critical process (Lasater, 2011). The nurses who function as preceptors at the project site are required to attend an initial 4-hour preceptor course and a 2-hour refresher course every 2 years (Saint Agnes Hospital, 2012, p. 1). Emergency department preceptors receive additional training in the use of the orientation guidelines with their designated clinical objectives and evaluation rubric. The use of the guidelines and evaluation rubric will provide a standardized roadmap for preceptors and NGNs.

Preceptors who have received specialized training foster a cohesive practice for the orientation process (Sawtz & Enns, 2012). The use of the evaluation rubric with clearly defined characteristics for each level, along with the expected progression of the NGN, will provide the tools needed to ensure standardization in the orientation and evaluation of the NGN while supporting the preceptor.

Evidence-Based Significance of the Project

Multiple studies have been conducted on the use of NGN residency programs. The studies have proven that NRPs decrease turnover, promote the acquisition of leadership skills and the desire to improve practice through evidence-based interventions. The NGNs are evaluating the outcomes of the care provided and exploring options to improve quality even at the novice and beginner stages of nursing (Carmanica & Feldman, 2010).

The use of orientation guidelines with weekly clinical objectives, and required reading serve as a road map for the orientation process similar to a course syllabus. The objectives for each of the learning activities are clearly outlined and measurable so there are no surprises for the NGN (Friedman et al., 2013; Glynn & Silva, 2013; Goode et al., 2009). The orientation pathway or guidelines move the orientation processes away from the evaluation of tasks, and to the clinical decision-making process, and the development of clinical judgment skills. Identifying characteristics associated with the development of clinical judgment skills will elevate the evaluation process (Kidd & Sturt, 1995, p. 521).

The evaluation of the NGN has been limited to (a) completion of the traditional unit-based checklist and (b) the summative evaluation notes from the preceptor. There is an inherent problem with summative evaluation notes and task-based orientation

checklists, summative evaluation notes are single-point entries, and have not been demonstrated to be useful indicators of NGN' success or failure to acquiring clinical-judgement skills (Durkin, 2010, p. 64).

NGNs are familiar and comfortable with evaluation rubrics and the use of simulation, via their undergraduate work, to augment clinical practice. The use of familiar processes and the ability to visualize the predicted growth and development within the guidelines and evaluation rubric are expected to increase the NGNs' confidence, and comfort in clinical practice. Evaluation rubrics in simulation to evaluate clinical judgment have been in use since 2007. The LCJR is designed to organize nursing actions into Tanner's four phases of clinical judgment (Lasater, 2011; McKane, 2004; Tanner, 2006). Victor-Chmil and Larew (2013) successfully utilized the LCJR for the assessment of clinical judgement in simulation. However, there is no published research for the use of the LCJR to evaluate the assessment and progression of clinical judgment of the NGN. This prevents easy translation of the rubric to the evaluation of the NGN. This barrier is overcome by combining identified characteristics of each stage of Benner's Novice to Expert framework and Tanner's model of clinical judgment (2006) to create a modified LCJR for evaluation (Ashcraft, Opton, Bridges, Caballero, Veesart, & Weaver, 2013; Tanner, 2006; Victor-Chmil & Larew, 2013, p. 7).

Implications for Social Change in Practice

Clearly this project has implications for the unit and facility. The decrease in orientation time from 6 months to 12–16 weeks will allow the unit to participate in the hospital's NRPs in greater numbers 3 times a year, while standardizing the orientation process. Previously, opportunities to hire and orient the NGN were declining due the

length of the orientation process and the lack of resources to support the preceptor. The novice preceptor may also be affected by anxiety and apprehension when taking on the new role of preceptor (Walsh et al., 2008; Winslow et al., 2009). The use of the roadmap of guidelines and evaluation rubrics will allow nurses new to the role of preceptor to function with sufficient support and guidance (Friedman et al., 2013). The orientation guidelines and standardized evaluation rubric will assist in the transition of the competent and proficient nurse to the preceptor role and assist in the transition of the NGN to the advanced beginner. "Advanced beginner" has been determined by leadership to be an acceptable level for the emergency department nurse. The result of the implementation of the developed program will be an emergency department staffed with well-trained and competent nurses. The seasoned nurses on the unit will enjoy the stability of a full staff, rather than relying on overtime and floating nurses who are not vested in the unit.

The unit will also benefit from the increased numbers of nurses who have received the additional education and support of the NRP. Currently, interest and participation in evidenced-based projects has been lacking at the unit level in the emergency department. The seasoned nurse without a recent academic experience is not as comfortable with the EBP process. Through serving as an advisor to the NGN as they explore topics for the required evidenced-based project, the experienced nurses are engaged and motivated to explore the EBP process (Hillman & Foster, 2011). Nurses involved in quality and process improvement are engaged when they are able see to the NGN use the data produced from their audits to explore topics and areas for improvement. The nurses on the unit who thought evidenced-based projects to be

overwhelming or impossible may become engaged enough to attempt a project of their own.

The impact on the community will be the increased number of well-trained and prepared nurses to care for the facility's patients. Nursing leaders recognize a gap in the abilities and competence of the NGN to provide care for the acutely ill patient, and further programs are necessary to prepare him or her (Berkow, et al. 2009, p. 17). The community can only be improved by an increased number of competent and engaged nurses with improved patient outcomes and decreased morbidity and mortality. As the population continues to age, the numbers of patients presenting for care will increase. NGNs that are engaged and supported throughout their transition to practice are invested in their unit, facility, and community (Hillman & Foster, 2011).

Definition of Terms

New graduate nurse: "A nurse in first employment following the completion of registered nurse education in the United States" (American Nurses Credentialing Center [ANCC], 2006).

Nurse Residency Program: "a series of learning and work experiences designed to assist the baccalaureate- and master-degree nursing graduates as they transition into their first professional roles and become leaders" (University HealthSystem Consortium & the American Academy of Nurses [UHC & AACN], 2013, p. 2).

Emergency Nursing Orientation: "The emergency nursing orientation process is the acquisition of knowledge, skills, and attitudes using a variety of educational delivery methods essential to meet multiple learning styles. It is a competency and evidence-based method of learning that incorporates adult learning principles" (ENA, 2011, para. 4)

Preceptor: "An experienced, competent staff nurse, who functions as a teacher, advocate, and role model in guiding, directing, and overseeing the clinical practice and socialization of the NGN" (University Health System Consortium & the American Academy of Nurses [UHC & AACN], 2013, p. 19).

Assumptions and Limitations

An assumption of the project is that all new graduates at this facility will participate in the UHC/AACN NRP as a primary NRP. All nurses hired with less than 1 year of experience in the facility are hired as a Clinical Nurse I on the clinical ladder. Transition to Clinical Nurse II is achieved after 1 year of experience and completion of the NRP. The facility is participates in the Maryland Collaborative of the UHC/AACN NRP. The project assumes all NGNs will transition through several phases of development in the first year and the further support they receive from the orientation program will increase their confidence and clinical performance on the unit. Nursing leadership, consisting of the director and manager, has been very supportive of the development of the supplemental NRP.

The project is limited to NGNs in the emergency department. The outlined rubric and predicted progression of the NGN is not suitable for experienced nurses who will bring their own clinical judgment and patient care experiences with them regardless of a lack of experience in the emergency department. The rubric is not validated until tested with use. The implementation of the orientation program is a research opportunity for the facility. Potential limitations of such research are a lack of manager buy-in and internal support. If successful the framework can be generalized and adapted to other specialty areas.

Summary

Traditionally, facilities have not hired the NGN into specialty areas, such as the emergency department, due to the long orientation period and high turnover rate. The UHC/AACN NRP has demonstrated and validated the success of the NRP in increasing the retention and engagement of the NGN. The orientation program, allows the orientation process to be standardized and shortened to a more fiscally responsible period of 12–16 weeks. The formal evaluation rubric to be completed at designated time periods are designed to identify areas of concern promptly and to allow trained educators to intercede with individualized interventions to help the NGN achieve the outlined objectives. The expected result is high-functioning nurses for the emergency department.

Section 2: Review of the Scholarly Evidence

Introduction

The transition of the NGN into a competent member of the health care team has been the subject of multiple articles for the last 8–10 years. The high cost of turnover of the NGN has sparked the creation of multiple versions of NRPs. The literature review explores several versions of NRPs used in critical care and the emergency department. The Joint Commission has recognized the UHC/AACN NRP as a validated and evidenced-based model for the development of another NRP (UHC/AACN, 2013). The use of standardized orientation guidelines and an evaluation rubric is the next logical step in developing orientation standards for the NGN in the emergency department.

Search Strategy

The literature search to identify relevant articles for the project was conducted via OVID, CINAHL, and MEDLINE using the following keywords: *emergency nurse orientation, new nurse orientation guidelines, new graduate nurse orientation guidelines/program, emergency nurse orientation, and evaluation rubric for clinical judgement.* The searches were limited to the years 1994–2012. The results identified 65 articles and six doctoral dissertations. The research results were varied. Most articles referred to residency programs similar to the UHC/AACN NRP. None of the identified articles referred to a program supplemental to the UHC/AACN NRP. The articles on rubric development were simulation-focused as opposed to clinical practice evaluation.

The literature is organized and summarized by topic as it relates to the final products developed. Recommendations identified for the project follow the summarized articles .

New Graduate Emergency Room Residency Programs

According to the literature, most NGN orientation programs for the emergency department have been created as a complete program, not as a supplement to the UHC/AACN NRP. Few published studies validate an orientation program for the NGN in the emergency department setting. The articles discovered in the search were published from 1994 to 2010.

Kidd and Sturt (1995) used a single, longitudinal, descriptive correlation study to validate an emergency-room-based nursing orientation pathway. Evaluation characteristics were established for six clinical categories and four levels of proficiency, as well as a projected progression pathway. The eight participants required only 8 of the projected 12 weeks to achieve the highest level of proficiency, and performed independently. No further studies have sought to validate the program.

Glynn and Silva (2013) use a qualitative design to interview eight new graduates to evaluate the effectiveness of a NGN emergency room internship. The internship program was modeled after the UHC/AACN model and included much of the same curriculum with a focus on the emergency department. Three major new graduate expectations were identified for the internship, as discovered by survey. First, the NGNs expected that the internship would include the acquisition of new knowledge and skills including the ability to prioritize patients and interventions. The NGN also expected to become more proficient in their role as an ED nurse. Finally, the NGN expected assistance with role transition and developing confidence in their practice. The study identified the need for consistent preceptors early in the orientation process and didactic instruction on disease processes.

Patterson, Bayley, Burnell and Rhodes (2010) used a descriptive study to obtain both quantitative survey and qualitative interview results to evaluate an emergency room based orientation program. The 18 participants in the study found the program to be very helpful in acclimating to the emergency department. The emergency department was described as “chaotic, stressful and overwhelming at times” by the NGN. The program provided a needed support for the NGN. Recommendations for improvement included incorporating active teaching methods and early socialization on the unit.

Winslow, Almarode, Cottingham, Lowery and Waker (2009) provide an explanation for a NGN NRP orientation in the emergency room. This emergency department specific NRP utilized a model with structured didactic content, simulation and clinical experiences to educate the NGN. NGN progress was evaluated with a five-point Likert scale for evaluation of behavioral and skills goals of the internship program. The NGNs’ average rating pre-program was 2.95/5.00; upon completion, the average rating was 4.5/5.

Wolf (2005) provides an explanation of an orientation pathway and process for NGNs in the emergency department. The pathway utilizes a five-point Likert scale to evaluate the NGN orientation content and process. This is a small mixed methodology study involving eight nurses. NGN rated the experience as positive specifically relating to the ability to function independently and competently in the emergency department setting.

There is literature to support the use of new graduate orientation guidelines with designated weekly clinical objectives to guide the preceptor and NGN. Successful NGN orientation programs combine active learning processes to promote the acquisition of

new knowledge and skills. A gap in the literature is in validation of the programs through follow up research. Walsh et al. (2008) established a credible rubric for the general evaluation of the NGN in addition to validated LCJR. The specialty and broad knowledge base required of the emergency nurse demands additional elements be added.

Establishing a Formative Evaluation Rubric for the Orientation Process

The assessment of the competency of and the progression of learning in the NGN during the orientation process does not have a validated model in the literature identified, although the use of rubrics for evaluation purposes has been established in nursing education for both simulation and written work.

Durkin (2010) proposes moving away from the summative evaluation tool with clinical skills checklist that is limited as an evaluation measure. This practice is a single-point evaluation measure that can easily be impacted by bias and perception. The use of a scoring rubric for formal evaluation to measure progress throughout the orientation process has been transformative in the perceptions of the evaluation process and performance expectations of the NGN.

Lasater (2011) established the Lasater Clinical Judgment Rubric (LCJR) for the evaluation of the nursing student during simulation. The rubric is clearly defined and incorporates the four domains of clinical judgment established by Tanner (2006). There is no statistical research to support the rubric. The rubric is the established evaluation tool in nursing education for simulation.

Tanner (2006) completed a literature review and identifies four domains of clinical judgment: effective noticing, interpreting, responding and reflecting. Tanner supports the domains with conclusions reached from his literature review. Tanner

proposes that nursing clinical judgments are influenced more by what nurses bring to the situation than the objective data about the situation at hand. Sound clinical judgment requires baseline knowledge of the patient and engagement with the patient and clinical judgments are influenced by the context in which the information is received. Tanner proposes that nurses utilize a variety of reasoning patterns to break down information.

Victor-Chamil and Larew (2013) completed a literature review supporting the use of the LCJR as an evaluation tool for nursing performance in simulation. The author validates the LCJR as feasible to assess learning in cognitive, psychomotor and affective domains to meet outlined learning outcomes. The LCJR is currently in use in the nursing undergraduate education field to evaluate clinical judgment. The author recommends further research to validate the rubric to evaluate the registered nurse in settings other than simulation.

McKane (2004) proposed that evaluating clinical performance is subjective and difficult without established clinical objectives. The establishment of written clinical objectives can increase learner satisfaction, reduces subjectivity and promote learning. A demonstrated growth in clinical practice should be demonstrated throughout the orientation process.

Reddish and Kaplan (2007) used a single cohort study to establish a definition and criteria for competence assessment as a dynamic process to reflect current expectations and roles linked to the evaluation of outcomes. Reddish and Kaplan recommend that it is through the development and integration of both technical and cognitive skills into the nurses' practice paradigm that defines the transition from novice to expert. Clinical

characteristics observed in each stage are defined. Five discrete phases of development are described from novice to competent practitioner.

Walsh, Seldomridge and Badros (2008), proposed that criterion-referenced tools have been used to evaluate nursing students for 20 years. The use of a rubric would improve objectivity, standardize the evaluation process, and further assist the student in fully understanding the grading process. The successful use of a rubric requires a clearly defined performance elements/criteria, a clear description of what the performance looks like at each level, and a rating scale.

The use of the clearly defined characteristics placed in a rubric format to evaluate the progress of the NGN will be beneficial to the preceptor and educator allowing scheduled formative evaluation to occur in an objective manner. When deficits or a lack of progression is identified with formative evaluation measures educational simulations and learning activities can be designed to assist the NGN achieve the designated clinical objectives.. The development of the clinical skills and judgment abilities required in the transition from novice to competent require facilitated experience in the clinical setting. Walsh et al. (2008) established a credible rubric for the general evaluation of the NGN in addition to the validated LCJR. The specialty and broad knowledge base required of the emergency nurse demands additional elements be added to traditional rubrics.

The New Graduate Nurse Experience

The use of an NRP to facilitate the transition of the NGN in to the role of the professional nurse in the acute care setting is documented in multiple articles. Validation of the UHC/AACN for the NRP is completed most often with increased retention rates and decreased turnover rates as the evaluation criteria. The use of the Casey-Fink New

Graduate Nurse Experience Survey is well documented as a valid instrument to evaluate the experience of the NGN.

Berkow, Virkstis, Stewart and Conway (2009) report on a national survey conducted by the Nursing Executive Center to front line nurse leaders on NGN proficiencies across 36 domains. Nursing leaders acknowledge there is an identified gap in the ability of the NGN with only 10% rating the NGN as competent compared to academic leaders who rated the NGN as competent in the 36 domains.

Carmancia and Feldman (2010) focus the article on the positive results of the evidence-based project that is part of the UHC/AACN NRP. The benefits to personal practice and incorporation of the culture of evidence-based practice will positively impact patient outcomes through improved patient care. Evidenced-based projects completed by the NGNs in critical care included a focus on end of life care and implementation of a daily goal sheet in the medical intensive care unit. Neonatal intensive care unit residents developed parent education booklets on back to sleep after discharge and administering childhood vaccinations to the preterm infant.

Fink, Krugman, Casey and Goode (2008) describe the Casey-Fink Graduate Nurse Experience Survey revision that included the conversion of open-ended questions to a Likert scale evaluation. The study was utilized to validate the revision. The survey is utilized to evaluate most NRP including the UHC/AACN NRP. Key stressors for the NGN included work environment frustrations and confidence levels during the first six months. Suggestions for improving the experience for the NGN are made. Recommendations included fewer formal classes at the beginning of the program to allow for more clinical time, and additional time to discuss the concerns of the program.

Goode, Lynn, McElroy, Bednash and Murray (2013) completed an evaluation of the results of the Casey-Fink Graduate Nurse Experience Scale and outcomes from the graduate nurse program evaluation instrument were evaluated. A brief review of the UHC/AACN program, along with key curriculum topics were identified and explained as background information. Evaluation issues identified with the program include the completion of the web-based surveys utilized to gather data. Because completion of the survey was voluntary, compliance decreased across the program. Results from the surveys demonstrated the increase in the NGN perception of competence at the end of the program and increased retention rates.

Friedman, Cooper, Click and Fitzpatrick (2011) describe a specialized NGN critical care orientation program that is modeled after the UHC/AACN model with specific critical care components. The orientation model increased retention and decreased turnover. The study was completed as a retrospective descriptive evaluation and was utilized to obtain data and calculate financial impact.

Hillman and Foster (2011) use a descriptive style to outline their NRP and the revisions they have adapted in response to the evaluation surveys. The facility utilizes five different surveys to evaluate the NRP, one of which is the Casey-Fink Graduate Nurse Experience Survey. The survey results showed that retention rates have increased and turnover decreased as a result of the NRP. Recommendations from the surveys include using speakers that are content experts (not orientation speakers) consistent and well-prepared preceptors and increased simulation time.

Marshburn and Keehner (2009) use the Casey-Fink Graduate Nurse Experience Survey and the Performance-Based Development System to understand the NGN

perception of clinical competence and their actual performance. The findings of the study demonstrate a positive correlation between experience and the preparation for practice, and as NGN becomes more self-confident they are more likely to become successful in their performance. The existence of gaps between perception and performance lead to safety issues for patient care. The understanding of the relationship between the NGN perception and performance for educators is essential to design effective programs.

Sawatzky and Enns (2012) completed a cross-sectional survey as part of a larger survey to identify factors that predict the retention of nurses in the emergency department. Engagement in the unit is the key predictor to identify the intention to leave. As engagement increased in the NGN, so did the intention to stay. Higher levels engagement also increased job satisfaction. The survey has not been validated at this point in time, although it is cited as a reference for other studies.

Theisen and Sandau (2013) completed a critical review of the literature to identify psychomotor and cognitive competencies and provide suggestions for applying them to new graduates during the orientation period. Competencies identified during review included communication, leadership, organization, critical thinking and stress management. They further suggest that an NRP be utilized with orientation to provide education and support beyond the traditional orientation period throughout the first year of practice.

Valdez (2008) completed a literature review related to the lived experience of the NGN in the acute care setting and evaluating the post-licensure clinical education. The author identified the lack of research pertaining to the NGN in the emergency department setting. Two themes were identified in the literature review: culture shock and role

assimilation. The author identifies two themes that have been successful in aiding in the transition to practice, social support from preceptors and peers and improved orientation processes. The author provides a brief synopsis of Benner's Novice to Expert theory and suggests the theory as a framework for which to build the orientation processes.

Summary

NGNs are a pool of nurses that have a high risk for increased turnover and decreased engagement due to the difficulty in transitioning from the student nurse role to the competent nurse in the acute care setting. The participation in NRP has demonstrated the ability to increase nursing retention and satisfaction for the NGN. The programs provide content involving transitioning to practice, time management, prioritization, critical thinking, professional development and stress management, among others. In essence, NRPs bridge the identified gap for the transition of the NGN and teach them how to be professional nurses.

Theoretical Framework

The use of Benner's Novice to Expert theory will serve as the framework for the project. A tenet of the Benner theory is the development of nursing knowledge through clinical practice and experiential learning. The ability to conceptualize the patient and see the whole picture that is characteristic of the proficient nurse allows the nurse to prioritize the care needs and provide holistic care to the patient. The expectation is that all nurses will reach the proficient stage with time and experience. Not every nurse will develop the characteristics of the expert nurse.

The NGN nurse begins her professional career as an advanced beginner as opposed to a novice. The novice nurse is characterized as having no experience in the

situations in which they are expected to perform. The novice is not capable of providing safe care and requires continual verbal and physical cues (Benner, 1984). The NGN has completed an accredited nursing program and passed the required licensure exam which is established as the minimum standard for the professional nurse.

The advanced beginner has demonstrated a marginally acceptable performance as a result of the experience received as a student. They demonstrate efficient and skillful practice in select areas, and they require support and cues from the preceptor while their knowledge and practice base is developing. The advanced beginner is beginning to conceptualize the whole picture of the patient (Benner, 1984).

The competent nurse is able to provide care with coordinated efficiency. A distinguishing characteristic of the competent nurse is the patient care plan establishes the perspective of the care provided. The plan for reflects the ability have an abstract analytic contemplation of the patient problem. The care is provided within a suitable time period without supporting cues. As the nurse plans care for the patient priorities are identified rather than the stimulus-response-based interventions (Benner, 1984).

The proficient nurse can perceive the whole picture of the clinical situation. At this level the nurse is able to be proactive in their patient care rather than reacting to aspects of the clinical situation. The significant knowledge base acquired from clinical practice allows the proficient nurse to recognize subtle nuances in the clinical situation and identify when deviations from the normal progression occurs. The proficient nurse has a holistic understanding of the clinical situation and is able to accommodate the rapid changes in a plan of care based on subtle or rapid changes in clinical condition. The care

provided becomes more instinctual and decision-making is based on the developed instincts (Benner, 1984).

The expert nurse has an intuitive insight into the clinical situation and is able to zero in on the accurate problem without the deliberative process. The expert nurse has developed a deep understanding of the total clinical situation and the performance of care is fluid, flexible and highly proficient which allows for the rapid identification and response to individual situations (Benner, 1984).

Section 3: Approach

Introduction

The purpose of the project was to assemble and lead a project team in the development of an EB graduate nurse orientation program to provide the facility with a turnkey product for orienting NGNs in the emergency department. The final products for the facility include:

Clinical Orientation Guidelines including:

a. Defined weekly clinical objectives with appropriate curriculum content.
b. Evaluation rubric with designated characteristics to define level one (beginner) to level five (competent).
c. Projected pathway for NGN development of characteristics.

This program was designed so that the NGN can complete the orientation process in 12–16 weeks while still resulting in competent nurses. The final product provides the facility with the appropriate framework for orienting NGNs in the emergency department.

Project Design/Methods

The orientation guidelines and evaluation rubric model are designed to be offered as a supplement to the UHC/AACN residency program. As a supplement to the NRP, the project focused on the technical clinical skills, and clinical judgment skills the competent emergency room nurse must develop in order to ensure patient safety. The orientation guidelines contain weekly clinical objectives for the NGN and preceptor to focus on. There is a required curriculum, including medications to be reviewed, which will coincide with the clinical objectives each week. The clinical objectives for the week

standardize the orientation process for multiple orientees and preceptors who are be on the unit simultaneously.

This section outlines and summarizes the steps that were required to develop the program.

1. Assemble a project team.
2. Lead the team in a literature review.
3. Develop orientation guidelines and evaluation rubric.
4. Validate orientation guidelines and orientation guidelines and evaluation rubric.
5. Develop implementation plan.
6. Develop evaluation plan.

Project Team

The project required a team to be assembled consisting of members from the unit to engage the stakeholders. The early engagement of the leadership and nurses on the unit provided for the most effective program development, and allowed them to own the final products. Nurses on the unit have the clinical knowledge; skills and judgment required to function as a competent nurse on the unit and thus were valuable to the project. The engagement of the nurses allowed them to own the process that is critical in changing the culture of the unit (Needleman & Hassmiller, 2009). Members of the team were recruited from leadership and staff who have expressed interest in the project. The members of the team consisted of:

1. Student writer of the project: Functions as the project leader and facilitator
2. Leadership of the unit: Manager and Clinical Unit Coordinators

3. Experienced preceptors: two staff nurses who have demonstrated proficiency with precepting
4. Novice preceptors: two staff nurses who have started precepting within the last year
5. Staff nurses with only 1 year of experience

The logic model was utilized to guide the development of the project timeline and plan. The team met bi-weekly for 4–6 months to produce the project deliverables. The goal was to produce a turnkey product with an implementation and evaluation plan to complete a NGN orientation in the emergency department. In the first two meetings, the project team reviewed the background and available literature. The project was based on what was learned in the literature review.

Products of the DNP Project

Orientation Guidelines with Clinical Objectives

The orientation guidelines provide a framework for the orientation process. The topics of patient assignment and responsibilities for the NGN and preceptor are outlined. The guidelines designate weekly clinical and learning objectives with a systems focus. The first weeks are focused on the care of more critical patients who present in the emergency department such as stroke or cardiac patients.

There are formal educational sessions combined with simulation for the NGN during the orientation period to supplement the required curriculum content. The educational sessions provided an interactive review of the curriculum and offer opportunities for questions and facilitated discussions. The simulation scenarios are designed to allow the NGN to practice their assessment skills and clinical judgment

development in a safe setting. The NGN completes the assigned curriculum content, reviews highlights in the group setting, complete the simulation, debrief and return to the simulation in a different role. This allows the NGN to increase their confidence and improves their clinical practice (Marshburn, et al., 2009)

Standardized Evaluation Rubric

The standardized evaluation rubric to be developed is be based on Benner's Novice to Expert theory and includes scheduled formal performance assessments. The goal is to evaluate characteristics developed and demonstrated during practice, not the completion of a skills checklist. The completion of a skills checklist and summative evaluation notes do not adequately capture the development of clinical judgment and the clinical skills to care for patients competently (Walsh et al., 2010).

Validation of the Product

The final products produced by the development team provided the facility with a turnkey product for NGN orientation in the emergency department. To validate the final product a validation process was needed. The traditional method of submitting scholarly works for peer review is time honored and accepted in academia. This process has been in existence for "over 300 years" (Voight & Hoogenboom, 2012, p. 453). As the areas of expertise become more specialized with new technology and information, the need for validation through the peer review process has grown (Voight & Hoogenboom, 2012). The process of submitting the scholarly works to several content experts for the peer review process is particularly applicable to this project due to the innovative approach to NGN orientation in the emergency department. The peer review process is

very pertinent to “resisting novelty for novelty’s sake” while still appreciating the need to extend knowledge and improve our practice (Camfield, 2011, p. 6).

The peer review process allowed the turnkey products to be evaluated in a holistic practice while allowing for implementation feed back to the team. The feedback from the content experts allowed for the independent advice on implementation. The development team is restricted to a small 300-bed community hospital in Baltimore, Maryland.

The final product produced by the work team was submitted to three independent content experts. The content experts have demonstrated their scholarly expertise through the achievement of advanced degrees and certifications. Content Expert 1 is a Clinical Nurse Specialist who has completed her PhD and has served on the Clinical Practice Guidelines Committee for four years. Content Expert 2 is a Professor and Director of the Doctor of Nursing Practice program at the University of Nebraska. Content Expert 3 is a Clinical Nurse Specialist in a California urban trauma center. The content experts are known to the DNP candidate but there are no personal relationships between the candidate and the experts.

Project Implementation Plan

The team developed a proposed implementation plan for the project. Project implementation does require scheduling synchronization with the proposed UHC/AACN residency program and the hiring of new graduates. A Gannett chart was effective to communicate the time line for the implementation of the project and to monitor the process of implementation. The implementation of the project is limited to emergency department at this time.

Project Evaluation

The project team developed the evaluation plan for the project based upon the available literature. Proposed evaluation criteria established in the literature is length of orientation, turnover and retention rates and results of the Casey-Fink New Graduate Experience Survey. The time line of 12-16 weeks for orientation with an emergency department focused residency program has been demonstrated as reasonable in the literature (Glynn & Silva, 2013; Kidd & Sturt, 1995; Patterson, Bayley, Burnell, & Rhodes, 2010; Winslow, Almarode, Cottingham, Lowry, & Walker, 2009; Wolf, 2005). The team considered the available benchmarks from existing data collection. The turnover and retention rates are measures required by the UHC /AACN residency program and readily available to leadership. The Casey-Fink New Graduate Experience Survey is completed by all NGN at 3; 6, and 12 months as part of the UHC/AACN residency program and is a valuable tool to evaluate the NGN experience. There is not a control group to use as comparison; results will still provide valuable feedback on the lived experiences of the NGN in the emergency department. The focus of the project was to develop an evaluation plan for the facility to implement. The project will not require any direct data collection from the preceptor or orientee.

Project Cost and Projected Savings

The cost of the project needed to include the indirect costs of the project team activities, implementation and evaluation measures along with direct costs of the project such as printing costs and additional classroom time for the orientees and instructors. Experienced staffs who are content experts will teach in the program rather than orientation experts which is preferred by the NGN (Hillman &Foster, 2011) The current

clinical ladder requires participation in a unit based committee and the development of an educational offering every year. The current budget (see Tables 1 and 2) for the department includes 4 workshop hours each month for all nurses.

Table 1

Project Budget

Category of expense	**Indirect cost ($)**	**Direct cost ($)**
Project Leader & Facilitator Student Practicum Hours	0	
Project Team Salaries 8 team members (4 hours bi-weekly for 20 weeks; average hourly pay)	9,600 -1,920 (budgeted) 7,680 Total	
Additional Classroom time for the NGN During the orientation period (per NGN)		384
Instructor Classroom hours (Unit Hospital Educator)		704
Printing Costs: Curriculum & Guidelines		171
	9,600	1,259
Total cost		12,118

Table 2

Budgetary Savings

Classification (per NGN)	**NGN nurse Salary ($)**	**Preceptor Salary ($)**	**Classroom hours & printing costs ($)**	**Total ($)**
Traditional NGN orientation	19,872	25,900	0	45,792
Project orientation	9,936	12,960	555	23,451
Projected savings per NGN	9,936	12,960		22,341

Summary

The hiring and orientation of the NGN is costly for a facility. The projected savings of $22,341 per NGN, while increasing the level of function at the end of orientation is the desired outcome of the project. The current retention rate for the NGN in the emergency department is 30% at one year. The program will decrease the cost of the orientation while increasing the one-year retention of the NGN.

Section 4: Discussion, and Implications

Introduction

In this study, the lack of a standardized and timely orientation program for NGNs in the emergency department was addressed. An additional challenge is the limited number of competent and proficient preceptors for NGNs. The novice preceptor require similar support and guidance as the NGN (Friedman et al., 2013). The potential financial losses associated with the hiring and orienting NGNs in specialty areas, such as the emergency department, has focused attention on the need for more innovative and efficient orientation processes that the UHC/AACN Nurse Residency Programs alone cannot fill. The goal of the project was to develop an evidenced-based orientation program, including the necessary rubrics and pathways, along with implementation and evaluation plans so that the institution could carry the project forward without additional development or planning.

The products will expected to serve as a turnkey solution so that the institution could address the lack of standardization in NGN orientation in the emergency department. This section discusses the products of the project and the implications, strengths and limitations of each.

Primary Products

The orientation program for the NGN in the emergency department is designed as a supplement to the UHC/AACN Nurse Residency Program, a program that is effective at "teaching the NGN to be a professional nurse" (Goode et al., 2009 p. 143). The EB orientation program, however, is designed to teach the NGN how to be an *emergency department* nurse (Wolf, 2005).

In order to develop the primary and secondary products, a work group was formed from management and staff on the unit and led by myself. The members of the team included the unit manager, a Clinical Nurse IV (proficient preceptor), two competent preceptors, and two novice preceptors, along with myself.. The work group met to review several models and samples of unit-based residency programs as identified in the literature. The group identified the need for a ”road map” that was explicit in regards to the weekly goals for each NGN, as well as the clinical objectives, curriculum, and medication review needed to meet those goals. The group also recommended a patient assignment for the NGN each week. Each product is explained below.

Orientation Guidelines

The orientation guidelines have well-defined weekly goals and learning objectives, which are supported with clinical objectives. The assigned curriculum and computer modules are systems focused and supported by the Emergency Nurses Association *Emergency Nursing Core Curriculum, Sixth Edition 2007.* The curriculum can be completed either by book or online. The facility has chosen to purchase the books and loan them to the orientee for the orientation period. NGNs are responsible for the text and agree to replace the text if it damaged beyond the expected wear and tear. The curriculum assignments are supported with facility- and unit-based didactic and computer modules. The assignments recognize that the emergency department cares for patients across the life span and encompass all disease entities and acuities. The emergency department nurse must care for an “inherently unstable patient” (Wolf, 2005 p.298) and be adequately prepared for the task. The planning committee agreed with the project author to begin with the most critical and time sensitive systems the NGN might be

presented with, and progress to less acute and time sensitive systems as the NGN patient assignment increases. There is no guarantee that the NGN will be able to experience caring for a patient with every disease or injury. In order to compensate for the variability of the daily census of the emergency department, the NGN receives curriculum and a review of the care priorities of each patient scenario with the systems focus. The curriculum is supplemented with case reviews and simulation scenarios to provide experiential learning for the NGN. The planning committee recognized that Kolb's theory of experiential learning (1984) facilitated the development of critical thinking skills and provides the NGN with the opportunity to transform individual pieces of knowledge and skills into clinical practice (Lisko & Odell, 2010). After each increase in the patient assignment for the NGN, the assignment remains unchanging for three weeks for the NGN to gain independence and proficiency with the care demands of the assignment..Having recently graduated from an undergraduate program, the NGN is familiar with the concept of a syllabus and required reading that serves as a road map for a course. The orientation guidelines are designed to serve as a framework for the preceptor and orientee to guide the orientation process. The process of assigning learning activities that are clearly outlined and supported with measurable clinical objectives moves the focus of orientation away from subjective notes and the completion of a clinical skills list and into the clinical decision-making process.

The preceptor will continue to be responsible for the average emergency department assignment of three or four patients for the length of the orientation process. The orientation guidelines specify the patient assignment for the NGN each week. The focus for week one is learning the flow of the unit, the documentation system and

expectations for practicing in the emergency department. The orientation guidelines focus on advancing the NGN assignment slowly and logically from one urgent patient to a full patient assignment with increasing acuity and care demands.

The curriculum assignments are systems-focused and supplemented supported with facility- and unit-based didactic and computer modules. The assignments recognize that the emergency department cares for patients across the life span and encompass all disease entities and acuities. The emergency department nurse must care for an "inherently unstable patient" (Wolf, 2005 p.298) and be adequately prepared for the task. The planning committee agreed with the project author to begin with the most critical and time sensitive systems the NGN might be presented with, and progress to less acute and time sensitive systems as the NGN patient assignment increases. There is no guarantee that the NGN will be able to experience caring for a patient with every disease or injury. In order to compensate for the variability of the daily census of the emergency department, the NGN receives curriculum and a review of the care priorities of each patient scenario with the systems focus. The curriculum is supplemented with case reviews and simulation scenarios to provide experiential learning for the NGN. The planning committee recognized that Kolb's theory of experiential learning (1984) facilitated the development of critical thinking skills and provides the NGN with the opportunity to transform individual pieces of knowledge and skills into clinical practice (Lisko & Odell, 2010). After each increase in the patient assignment for the NGN, the assignment remains unchanging for three weeks for the NGN to gain independence and proficiency with the care demands of the assignment.

Evaluation Rubric

The evaluation rubric for the NGN is based upon Benner's Novice to Expert theory (1984). The NGN is an advanced beginner nurse upon graduating from nursing school and completing the licensure requirements. When the NGN enters a specialty critical care area such as the emergency department, they return to the novice level. The NGN has very limited or no exposure to the emergency department setting or the types of patients presenting therein. The planning group and unit management has determined the advanced beginner level to be the acceptable level of skill and knowledge for the NGN to practice safely in the emergency department at the end of orientation. The NGN will advance to the advanced beginner level through the process of orientation to the emergency department. It is not expected that the NGN will reach the competent level without the required two to three years of clinical experience as defined by Benner (1984). The advanced beginner nurse is able to care for their patients in a skillful and efficient manner, and their knowledge is developing and emerging. The defining characteristic of the competent nurse is the ability to anticipate changes in the patient's clinical condition before they occur. The competent nurse is flexible and capable in their approach to patient care anticipating potential declines in patient condition (Benner, 1984).

The planning group identified 10 domains to be defined and evaluated during the orientation process, each with five levels of characteristics. The desired characteristics and behaviors desired at the end of the orientation process were defined and the group worked backwards to define the emerging characteristics and behaviors. The process of working backwards allowed the group to determine the desired outcomes first then

systematically outline until a logical progression was determined. Level one characteristics require 90% direction and support from the preceptor. Upon reaching level five characteristics the NGN appropriately, consistently and independently provides patient care in the emergency department.

The utilization of the modified Lasater Clinical Judgment Rubric LCJR for the assessment and progression of the clinical judgment of the NGN in the academic setting has been validated and currently in use (Lasater, 2011). The lack of established research and validation of an evaluation rubric in the acute care setting exposes the evaluation process to the subjectivity of the evaluator. Through regular evaluation with the modified LCJR the evaluation remains objective and will capture the development of clinical judgment and the clinical skills to care for patients competently.

The utilization of the ten domains will allow preceptors and educators to provide effective feedback to the NGN and to identify any areas that require additional support to achieve the goal. The evaluation rubric and projected pathway are to function as a guide and framework for the educator, preceptor and NGN. The orientation process should be individualized to the needs of the NGN, and the NGN may progress at more accelerated or a steady process. Acceleration of the process should be approached with caution to not allow the details of the objectives each week to be lost in the desire to advance the patient assignment. The NGN should achieve the clinical objectives and assigned curriculum prior to advancing the patient assignment.

Through discussions of experiences with precepting the NGN the work group identified that it is common for the NGN to require more preceptor assistance and guidance with each increase of the patient assignment. If the NGN has reached level three

behaviors and characteristics while caring for the patient assignment of two patients, when the assignment is increased to three patients the NGN will require significantly more guidance and assistance. For example, the new graduate might revert to level two characteristics the first week of the increased patient assignment. This is an expected behavior and the NGN and preceptor should not feel discouraged or that there is a lack of progression for the NGN.

Implementation and Evaluation Plan

The implementation and evaluation plan are the secondary products of the project to provide the facility with a turnkey product. The implementation plan includes the development of the primary product, in addition to the process and timeline for the project. The work group completed the primary and secondary products on target with a deadline of March 20, 2015. The Orientation Guidelines provide a framework for the delivery of the curriculum and required additional assignments for the NGN. An Orientation Binder prototype was developed for the NGN and the preceptor to utilize during orientation. The NGN and the preceptor will receive the binder at the beginning of the orientation period along with the loaner copy of the ENA Core Curriculum.

Preceptor education includes the use of the orientation guidelines to provide the road map and timeline for the orientation process. The preceptor utilizes the guidelines and evaluation rubric to assign patients to the NGN and to provide the expected level of support for the NGN. The preceptor should individualize the process to the NGN, and the NGN may progress at a different than projected pace while maintain a steady progression. The Clinical Nurse IV and educators will provide assistance and direction

for failure to progress NGN. All product development, printing and preceptor education will be completed by May 30, 2015.

The project developer will transition the nurse manager and Clinical Nurse IV in the administration process by providing resources for the transition phase. The nurse manager and Clinical Nurse IV will implement the program and interviewing will begin in June for the August Cohort 6 hiring date. The plan is to hire six NGN for the August cohort. The manager and Clinical Nurse IV will meet monthly with the NGN and preceptor to follow the progress of the NGN through the orientation process. The preceptor will complete formal evaluations utilizing the evaluation rubric at the end of weeks three, six, nine and twelve to identify any areas that may require additional resources or interventions from the education team.

The evaluation plan has the goal of increasing retention rates measured at one year and two years by 25%. The comparison group will be cohorts 1-5. The data is currently collected and tracked by the unit manager. This evaluation measure will require the addition of an additional column in the current Excel spreadsheet the manager maintains. Results will be reported out in monthly administration meetings within the department.

The second evaluation measure will be the results of the Casey-Fink Graduate Nurse Experience Survey (revised). The participants complete the survey at one month, six months and twelve months. The NGN complete the survey as part of the UHC/AACN NRP. Participant's answers a series of questions with choices of strongly disagree, disagree, agree, and strongly agree. The goal is to increase the responses of agree and strongly agree. The questions are focused on the NGN self-evaluation and comfort in the

clinical setting including the transition period. The responses are confidential and easily exported into an Excel spreadsheet. The comparison will be cohorts 1-5. The UHC/AACN Nurse Residency Coordinator collates data from the survey currently and will share the results with the administrative team.

Validation of the Scholarly Product

The final products developed by the work group were submitted to three independent content experts for validation. Content Expert 3, a Clinical Nurse Specialist in a California urban trauma center, had very valuable feedback on the formatting of the orientation guidelines. Content Expert 1 has not replied since receiving the product for validation due to other volunteer and work commitments. Content expert #2 evaluation of the product included comparison to source documentation, such as CEN review and ENA standards, and did not identify any gaps in the content. The evaluation plan provides the facility with an opportunity to complete a research project to further validate the project.

Implications

Policy

The DNP graduate is uniquely qualified to evaluate the latest evidence and translate said evidence into practice. The facility has a current human resources policy that all NGNs must participate in the NRP for the first year of practice. The NRP start dates are quarterly with the next hiring date set for the August general nursing orientation. All nurses hired in the facility must attend a one day general hospital orientation and five days of general nursing orientation. NRP residents attend an additional five days of facility NRP orientation and then a monthly four hour class to complete the UHC/AACN curriculum content. The leadership in the emergency

department has incorporated the orientation program into the NRP for all emergency departments NGN to be hired starting in August 2015 circumventing the need for a separate and new hospital policy.

Practice

The traditional unstructured and lengthy orientation compromised of following the preceptor until a skills checklist is completed was identified as ineffective for the facility, and a barrier to the hiring of the NGN in the emergency department. The utilization of a nurse residency program has proven to be effective in decreasing turnover and increasing confidence in the NGN (Fink et al., 2008). The program builds upon processes the NGN is familiar with, a syllabus, required assignments, and grading rubric providing a road map for the journey to safe practice with supporting resources for the NGN and preceptor to transition to the next level in the novice to expert practice model (Benner, 1984) while allowing a greater number of nurses to participate in the preceptor process. A larger number of available preceptors open the experience to a larger number of NGNs and greater participation in the NRP. The NGN will receive curriculum content, patient and simulation experiences to facilitate the acquisition of critical thinking skills to provide safe, EBcare for all emergency department patients. The NGN who is provided a strong foundation during the very stressful transition period will emerge skilled, confident and a very valuable member of the healthcare team. The preceptor and the leadership of the emergency department are assured that the NGN has received the needed knowledge and experiences to be successful.

Research

The facility has processes in place to track the churn rate, turnover of the NGN in the first year. The goal of the project was to decrease the orientation period from 24 to 28 weeks to 12 to 16 weeks while resulting in highly functioning nurses and increase retention rates. To truly validate the project a research project should be done. Data to be collected could be length of orientation; evaluation scores based on the rubric for weeks four, eight, twelve and one year churn rates. The current churn rate prior to implementation of the program is 36%. Eleven new graduates hired in fiscal year and only retained at the one year mark.

Social Change

The process of assigning a NGN to an experienced nurse with a skills list to be completed is antiquated and not evidenced-based. To ensure a quality orientation program the acute care setting can look to the academic setting and adopt proven evidenced-based methods of education and orientation. One would never accept such unstructured processes in other high-risk professions such as airline pilots. The nursing shortage will only be increasing as the population ages and more nurses are retiring. The NGN is a viable option to replace retiring nurses in such specialty settings such as the emergency department with the proper orientation program.

Strengths and Limitations of Project

There are multiple strengths to the project. The use of NRP's has been effective in increasing retention rates of the NGN in the acute care facility. The orientation program is evidenced-based incorporating and building upon the proven framework of the UHC/AACN NRP and incorporating the specialized needs of the emergency department.

As a supplement to the UHC/AACN NRP the program is able to focus on the process of orientation. The traditional model for orientation in the acute care setting is focused on following the competent nurse and hoping the NGN absorbs the knowledge and critical thinking skills of the preceptor while a skills checklist is completed. This is an antiquated and very inefficient process. Through the use of the orientation program administrators, preceptors, and the NGN have an evidenced-based model for the acquisition of knowledge, skills and critical thinking processes required of the emergency department nurse. Preceptors can feel confident they have provided the NGN with the information and experiences required to be successful in a format they are familiar with. The acute care setting has not kept pace with the educational community in regards to the orientation of the NGN. The educational community has adapted simulation from the aviation industry and with simulation, the development of the evaluation rubric to evaluate the process of clinical judgment development removing subjectivity from the evaluation process. The administrators, preceptors, and NGN are provided with the evaluation and rubric of desired characteristics and the projected pathway of the acquisition of skills and clinical judgment making the process transparent to all parties.

The limitations of the project include the lack of implementation and evaluation of the program. The implementation and evaluation of the program is a further opportunity for research to support the utilization of orientation programs in the orientation of the NGN. The development of this orientation program is targeted specifically in the emergency department.

Future projects may entail expanding the orientation program to include the specialties of medical-surgical and critical care nursing for the facility. The expansion of

the program will require determining competency in the specialties and the extensive consultation of acknowledged experts in the specialties.

Analysis of Self

The pursuit of the doctoral level education required stretching out of my comfort zone of emergency department clinical educator. The DNP curriculum required the development of programs outside of my specialty that required me to achieve knowledge and skills involving systems concepts and administration processes. When I initially completed my Masters degree I was not interested in the doctoral degree until the advisor explained the DNP, translating evidence into practice. While I have no real interest in pursuing research for the sake of research, conducting research to evaluate the outcomes based on the changes we institute is exciting. Evaluating the outcomes of new programs and transitioning those changes into our own practices to improve patient outcomes excites me. .

The opportunity to impact in a positive way the transition from nursing student to the advanced beginner nurse who provides safe evidenced-based care in the emergency department setting is my passion. I look forward to witnessing and impacting the transition of this generation nurses to competent and proficient.

Conclusion

The use of the Evidenced-Based Graduate Nursing Orientation Program to orient the NGN in the emergency department will facilitate the transition of the NGN to practice. The orientation program provides a framework or road map for the process of orientation and the evaluation of the NGN during the orientation process. The program is designed to be structured and provide resources for the administration of the unit, the

preceptors and the NGN. The facility has the opportunity through a future research project with data collection and analysis to provide supporting evidence to change the traditional orientation process.

Section 5: Scholarly Product

Abstract

The traditional new graduate nurse (NGN) orientation process places NGN with an experienced preceptor for 24 weeks and requires clinical skills checklists to be completed by the preceptor, a practice which is not an evidence-based practice for orienting NGNs. The purpose of this quality improvement project was to develop an evidence-based orientation to decrease time requirements and standardize the processes and evaluation of the NGN in the emergency department. The project was informed by Benner's novice to expert theory and focused on acquisition of clinical skills. The project team included 6 stakeholders: the Doctor of Nursing Practice student-leader, the unit manager, and several preceptors and novice nurses. The current evidence was identified utilizing various search terms via OVID, CINAHL, and MEDLINE. Five emergency department nurse residency programs and 7 rubric-based criterion articles were identified and evaluated. The team synthesized the available evidence to create the program. Resulting products included guidelines, evaluation rubrics, and projected pathways for ongoing development. Content validation was undertaken using peer review by 2 nurse scholars with area expertise, after which the project team revised all products based on feedback. Together, these products comprise an evidence-based solution to the problematic orientation of NGNs in the institution's emergency department. Adoption of methods that have proven valuable in undergraduate education, such as incorporation of syllabi and rubrics, may increase retention and improve clinical judgment in the NGN. These improved educational outcomes will, in turn, promote improved health outcomes for patients. Outcomes for the

project will be monitored using retention rates and the results of the Casey-Fink Graduate Nurse Experience Survey.

Development of an Evidence-Based New Graduate Nursing Orientation Program for the Emergency Department

The transition from student nurse (SN) to new graduate nurse (NGN) is a journey the SN approaches with anxiety and unrealistic expectations of themselves and the health care setting in which they will practice as a professional nurse. As a profession, there is a recognized gap in practice between the preparation of the NGN and actual workplace demands (Berkow, Virkstis, Stewart, & Conway, 2009, p. 17). Workplace demands may be significantly higher in specialty practice areas, due to higher acuity patients and a faster pace such as the emergency department, which further increase the stressors placed on the NGN. In this beginning "novice phase" (Benner, 1984), the NGN must reconcile actual and ideal behaviors while still existing in the concrete phase of their practice, in which they are task-oriented.

Traditionally, new graduate nurses are not hired in specialty care settings such as emergency departments. The nursing shortage that dates back to the 1960s is compounded by the expected retirement of the current generation of practicing, experienced nurses. The demand for specialty-trained nurses has far exceeded the availability of experienced nurses and is only expected to grow with the retirement of this generation of nurses (Glynn & Silva, 2013; Theisen, 2013; Winslow, Almarode, Cottingham, Lowry, & Walker, 2009). NGNs are the largest pool of nurses to hire from that can fill the current and future openings in the emergency department setting. The

challenge lays in facilitating the NGN in their journey from “novice to competent” (Benner, 1984).

Problem Statement

The problem addressed in this project is the current length of twenty to twenty-four weeks, and a lack of standardization and evaluation of the new graduate nurse orientation in the emergency department. The traditional six month or twenty-four week orientation for NGNs limits the ability of the emergency department to participate in the residency program to fill current and projected openings, and is very costly for a facility. The average cost for the orientation of a NGN to a specialty area is estimated to be $64,000 (Winslow, Almarode, Cottingham, Lowry, & Walker, 2009). There is also the turnover rate for the NGN that may be as high as 13% in the first year and can reach a peak of 37% by year three in specialty areas, which costs the healthcare facility an additional $40,000 to $60,000 (Theisen, 2013). The potential financial losses projected with the practice of hiring and orienting NGNs in specialty areas has focused attention on the need for better and more efficient orientation programs that the University Healthcare Consortium (UHC)/ American Association College of Colleges of Nursing (AACN) Nurse Residency programs alone are not able to fill. The first few months of a NGN’s career are a critical period and the beginning of the professional career for the NGN. Engagement and support provided during this period is essential for their success (Marshburn, Engelke, & Swanson, 2009).

As a participating member of the UHC Residency Program all NGN nurses are required to participate and complete the curriculum. This program and curriculum has demonstrated the ability to increase retention rates and improve nursing satisfaction

scores. This is an effective program for teaching the NGN “how to be a professional nurse”(Goode, Lynn, Krsek, & Bednash, 2009, p. 147). The nurses within specialty units, such as the emergency department, are in need of a supplementary program that will teach the NGN, how to be an emergency department nurse (Wolf, 2005).

Purpose Statement and Project Objectives

The purpose of the project was to develop an evidenced-based (EB) graduate nursing orientation program for the emergency department. This program will function as a turnkey product for the orientation process and addresses the identified practice problem of the lack of a standardized timely orientation program for the new graduate nurse in the emergency department. The advanced beginner has been determined by leadership to be acceptable level for the emergency department nurse. The result of the program will be staffing the emergency department with well-trained and competent nurses.

The project objectives were:

1. Develop an EB graduate nursing orientation program.
2. Develop a standardized evidenced-based evaluation rubric to project the progression of, and evaluate in formal evaluations, the orientation process.
3. Develop an implementation and evaluation plan for the project.

Goals and Outcomes

The overall goal of the project was to increase the level of function of the new graduate nurse while decreasing the length of the orientation period. The development of the turnkey product provides the facility with the requested tools to complete a shorter

twelve-week, more focused and evidenced-based orientation process. The EB graduate nursing orientation program is based on Benner's Novice to Expert theory (1984) and provides a framework for the orientation process. The set of orientation guidelines (Appendix C) with designated weekly clinical objectives and curriculum content, guide the orientee and preceptor through the orientation process. The standardized evidence-based evaluation rubric (Appendix A) is based on Benner's Novice to Expert theory and includes performance assessments that utilize the dimensions of the learning model, as well as a modified Lasater Clinical Judgment Rubric (Ashcraft et al., 2013; Walsh, Seldomridge, & Badros, 2008). The standardized evaluation rubric is used to evaluate the progress of, and project the progression of, the emergency room NGN. The formative and formalized evaluation allows the preceptor and educator to provide effective feedback to the NGN and identify any areas that require additional support to meet the outlined goals. The projected pathway of characteristic development and acquisition functions solely as a guide for the NGN, preceptor and educator, because orientation should be individualized to the individual needs of the NGN. Early identification of areas in need of further development allows the educator and preceptor to design individualized interventions to assist the NGN to achieve the clinical objectives.

Definition of Terms

New graduate nurse: "A nurse in first employment following the completion of registered nurse education in the United States" (American Nurses Credentialing Center [ANCC], 2006).

Nurse Residency Program: "a series of learning and work experiences designed to assist the baccalaureate- and master-degree nursing graduates as they transition into their first

professional roles and become leaders" (University HealthSystem Consortium & the American Academy of Nurses [UHC & AACN], 2013, p. 2).

Emergency Nursing Orientation: "The emergency nursing orientation process is the acquisition of knowledge, skills, and attitudes using a variety of educational delivery methods essential to meet multiple learning styles. It is a competency and evidence-based method of learning that incorporates adult learning principles" (ENA, 2011, para. 4)
Preceptor: "An experienced, competent staff nurse, who functions as a teacher, advocate, and role model in guiding, directing, and overseeing the clinical practice and socialization of the NGN" (University Health System Consortium & the American Academy of Nurses [UHC & AACN], 2013, p. 19).

Literature Review

New Graduate Emergency Room Residency Programs

There are few published studies that validate an orientation program for the NGN in the emergency department setting. The articles discovered in the search were published from 1994 to 2010. The literature identified that most NGN orientation programs in the emergency department have been created as a complete program, not as a supplement to the UHC/AACN NRP.

Kidd and Sturt (1995) utilized a single longitudinal descriptive correlation design to validate an emergency room based nursing orientation pathway. Evaluation characteristics are established for six categories and four levels of proficiency, as well as a projected progression pathway. The eight participants only required eight of the projected 12 weeks to achieve the highest level of proficiency. There have been no further studies to validate the program.

Glynn and Silva (2013) use a qualitative design to interview eight new graduates to evaluate the effectiveness of a NGN emergency room internship. The internship program was modeled after the UHC/AACN model and included much of the same curriculum with a focus on the emergency department. Three major new graduate expectations were identified for the internship, as discovered by survey. First, the NGNs expected that the internship would include the acquisition of new knowledge and skills including the ability to prioritize patients and interventions. The NGN also expected to become more proficient in their role as an ED nurse. Finally, the NGN expected assistance with role transition and developing confidence in their practice. The study identified the need for consistent preceptors early in the orientation process and didactic instruction on disease processes.

Patterson, Bayley, Burnell and Rhodes (2010) used a descriptive study to obtain both quantitative survey and qualitative interview results to evaluate an emergency room based orientation program. The 18 participants in the study found the program to be very helpful in acclimating to the emergency department. Recommendations for improvement included incorporating active teaching methods and early socialization on the unit.

Winslow, Almarode, Cottingham, Lowery and Waker (2009) provide an explanation for a NGN NRP orientation in the emergency room. This emergency department specific NRP utilized a model with structured didactic content, simulation and clinical experiences to educate the NGN. NGN progress was evaluated with a five-point Likert scale for evaluation.

Wolf (2005) provides an explanation of an orientation pathway and process for NGNs in the emergency department. The pathway utilizes a five-point Likert scale to

evaluate the NGN orientation content and process. This is a small study involving eight nurses. NGN rated the experience as positive and felt they were prepared to function competently in the emergency department setting.

Establishing a Formative Evaluation Rubric for the Orientation Process

The assessment of the competency of and the progression of learning in the NGN during the orientation process does not have a validated model in the literature identified. The use of rubrics for evaluation purposes has been established in nursing education for both simulation and written work.

Durkin (2010) proposes moving away from the summative evaluation tool with clinical skills checklist that is limited as an evaluation measure. This practice is a single-point evaluation measure that can easily be impacted by bias and perception. The use of a scoring rubric for formal evaluation to measure progress throughout the orientation process has been transformative in the perceptions of the evaluation process and performance expectations of the NGN.

Lasater (2011) established the Lasater Clinical Judgment Rubric (LCJR) for the evaluation of the nursing student during simulation. The rubric is clearly defined and incorporates the four domains of clinical judgment established by Tanner (2006). There is no statistical research to support the rubric. The rubric is the established evaluation tool in nursing education for simulation.

Tanner (2006) completes a literature review and identifies four domains of clinical judgment, effective noticing, interpreting, responding and reflecting. Tanner supports the domains with conclusions reached from the literature review. Tanner proposes that nursing clinical judgments are influenced more by what nurses bring to the

situation than the objective data about the situation at hand. Sound clinical judgment requires baseline knowledge of the patient and engagement with the patient and clinical judgments influenced by the context in which the information is received. Tanner proposes that nurses utilize a variety of reasoning patterns to break down information.

Victor-Chamil and Larew (2013) completed a literature review supporting the use of the LCJR as an evaluation tool for nursing performance in simulation. The author validates the LCJR as feasible to assess learning in cognitive, psychomotor and affective domains to meet outlined learning outcomes. The LCJR is currently in use in the nursing undergraduate education field to evaluate clinical judgment. The author recommends further research to validate the rubric to evaluate the registered nurse in settings other than simulation. McKane (2004) proposes that evaluating clinical performance is subjective and difficult without established clinical objectives. The establishment of written clinical objectives can increase learner satisfaction, reduces subjectivity and promote learning. A demonstrated growth in clinical practice should be demonstrated throughout the orientation process.

Reddish and Kaplan (2007) use a single cohort study to establish a definition and criteria for competence assessment as a dynamic process to reflect current expectations and roles linked to the evaluation of outcomes. Reddish and Kaplan recommend that it is through the development and integration of both technical and cognitive skills into the nurses' practice paradigm that defines the transition from novice to expert. Clinical characteristics observed in each stage are defined.

Walsh, Seldomridge and Badros (2008) identify that the use of the criterion-referenced tools have been used to evaluate nursing students for 20 years and the

utilization of a rubric will improve objectivity and standardize the evaluation process. The use of the rubric further assists the student in fully understanding the grading process. The use of a rubric has three requirements: clearly defined performance elements/criteria, a rating scale and clearly defined description of what the performance looks like at each level. The same rubric for evaluation should be utilized throughout the process.

The New Graduate Nurse Experience Literature

The use of an NRP to facilitate the transition of the NGN in to the role of the professional nurse in the acute care setting is documented in multiple articles. Validation of the UHC/AACN for the NRP is completed most often with increased retention rates and decreased turnover rates as the evaluation criteria. The use of the Casey-Fink New Graduate Nurse Experience Survey is well documented as a valid instrument to evaluate the experience of the NGN.

Berkow, Virkstis, Stewart and Conway (2009) report on a national survey conducted by the Nursing Executive Center to front line nurse leaders on new graduate nurse proficiencies across 36 domains. Nursing leaders acknowledge there is an identified gap in the ability of the NGN with only 10% rating the NGN as competent compared to academic leaders who rated the NGN as competent in the 36 domains.

Carmancia and Feldman (2010) focus the article on the positive results of the evidence-based project that is part of the UHC/AACN NRP. The benefits to personal practice and incorporation of the culture of evidence-based practice will positively impact patient outcomes through improved patient care.

Fink, Krugman, Casey and Goode (2008) describe the Casey-Fink Graduate Nurse Experience Survey revision that included the conversion of open-ended questions to a Likert scale evaluation. The study was utilized to validate the revision. The survey is utilized to evaluate most NRP including the UHC/AACN NRP. Key stressors for the NGN included work environment frustrations and confidence levels during the first six months. Suggestions for improving the experience for the NGN are made.

Goode, Lynn, McElroy, Bednash and Murray (2013) completed an evaluation of the results of the Casey-Fink Graduate Nurse Experience Scale and outcomes from the graduate nurse program evaluation instrument were evaluated. A brief review of the UHC/AACN program, along with key curriculum topics were identified and explained as background information. Evaluation issues identified with the program include the completion of the web-based surveys utilized to gather data. Because completion of the survey was voluntary, compliance decreased across the program. Results from the surveys demonstrated the increase in the NGN perception of competence at the end of the program and increased retention rates.

Friedman, Cooper, Click and Fitzpatrick (2011) describe a specialized NGN critical care orientation program that is modeled after the UHC/AACN model with specific critical care components. The orientation model increased retention and decreased turnover. The study was completed as a retrospective descriptive evaluation and was utilized to obtain data and calculate financial impact.

Hillman and Foster (2011) use a descriptive style to outline their NRP and the revisions they have adapted in response to the evaluation surveys. The facility utilizes five different surveys to evaluate the NRP, one of which is the Casey-Fink Graduate

Nurse Experience Survey. The survey results showed that retention rates have increased and turnover decreased as a result of the NRP. Recommendations from the surveys include using speakers that are content experts (not orientation speakers) consistent and well-prepared preceptors and increased simulation time.

Marshburn and Keehner (2009) use the Casey-Fink Graduate Nurse Experience Survey and the Performance-Based Development System to understand the NGN perception of clinical competence and their actual performance. The findings of the study demonstrate a positive correlation between experience and the preparation for practice, and as NGN becomes more self-confident they are more likely to become successful in their performance. The existence of gaps between perception and performance lead to safety issues for patient care. The understanding of the relationship between the NGN perception and performance for educators is essential to design effective programs.

Sawatzky and Enns (2012) complete a cross section survey as part of a larger survey to identify factors that predict the retention of nurses in the emergency department. Engagement in the unit is the key predictor to identify the intention to leave. As engagement increased in the NGN, so did the intention to stay. Higher levels engagement also increased job satisfaction.

Theisen and Sandau (2013) completed a critical review of the literature to identify psychomotor and cognitive competencies and provide suggestions for applying them to new graduates during the orientation period. Competencies identified during review included communication, leadership, organization, critical thinking, and stress management. They further suggest that an NRP be utilized with orientation to provide

education and support beyond the traditional orientation period throughout the first year of practice.

Valdez (2008) completes a literature review related to the lived experience of the NGN in the acute care setting and evaluating the post-licensure clinical education. The author identifies the lack of research pertaining to the NGN in the emergency department setting. Two themes are identified in the literature: culture shock and role assimilation. The author identifies two themes that have been successful in aiding in the transition to practice, social support from preceptors and peers and improved orientation processes. The author provides a brief synopsis of Benner's Novice to Expert theory and suggests the theory as a framework for which to build the orientation processes. .

Theoretical Framework

The use of Benner's Novice to Expert theory will serve as the framework for the project. A tenant of the Benner theory is the development of nursing knowledge through clinical practice and experiential learning. The ability to conceptualize the patient and see the whole picture that is characteristic of the proficient nurse and allows the nurse to prioritize the care needs and provide holistic care to the patient. The expectation is that all nurses will reach the proficient stage with time and experience. Not every nurse will develop the characteristics of the expert nurse.

The NGN nurse begins her professional career as an advanced beginner as opposed to a novice. The novice nurse is characterized as having no experience in the situations in which they are expected to perform. The novice is not capable of providing safe care and requires continual verbal and physical cues (Benner, 1984). The NGN has

completed an accredited nursing program and passed the required licensure exam which is established as the minimum standard for the professional nurse.

The advanced beginner has demonstrated an acceptable performance as a result of the experience received as a student. They demonstrate efficient and skillful practice in select areas, and they require support and cues from the preceptor while their knowledge and practice base is developing. The advanced beginner is beginning to conceptualize the whole picture of the patient (Benner, 1984).

The competent nurse is able to provide care with coordinated efficiency. A distinguishing characteristic of the competent nurse is the patient care plan establishes the perspective of the care provided. The plan for reflects the ability have an abstract analytic contemplation of the patient problem. The care is provided within a suitable time period without supporting cues. As the nurse plans care for the patient priorities are identified rather than the stimulus-response-based interventions (Benner, 1984).

The proficient nurse can perceive the whole picture of the clinical situation. At this level the nurse is able to be proactive in their patient care rather than reacting to aspects of the clinical situation. The significant knowledge base acquired from clinical practice allows the proficient nurse to recognize subtle nuances in the clinical situation and identify when deviations from the normal progression occurs. The proficient nurse has a holistic understanding of the clinical situation and is able to accommodate the rapid changes in a plan of care based on subtle or rapid changes in clinical condition. The care provided becomes more instinctual and decision-making is based on the developed instincts (Benner, 1984).

The expert nurse has an intuitive insight into the clinical situation and is able to zero in on the accurate problem without the deliberative process. The expert nurse has developed a deep understanding of the total clinical situation and the performance of care is fluid, flexible and highly proficient which allows for the rapid identification and response to individual situations (Benner, 1984).

Project Design/Methods

The development of the project was completed as a quality improvement project. The orientation guidelines and evaluation rubric model is designed to be offered as a supplement to the UHC/AACN residency program. As a supplement to the NRP, the project will focus on the technical clinical skills and clinical judgment skills the emergency room nurse must develop in order to ensure patient safety. The orientation guidelines will contain designated weekly clinical objectives for the NGN and preceptor to focus on. There will be required curriculum including medications to be reviewed, which will coincide with the clinical objectives each week. The designated clinical objectives for the week will standardize the orientation process for the multiple orientee's and preceptors who will be on the unit simultaneously.

A project team was assembled to develop the orientation program. The project team consisted of the student writer of the project: functions as the project leader and facilitator. The clinical nurse IV a proficient preceptor, two competent preceptors, two novice preceptors, and two novice preceptors worked on the development of the project. Final products were submitted for review and feedback to leadership of the unit, the manager and clinical unit coordinator.

The early engagement of the leadership and frontline nurses on the unit has provided for the most effective program development. Nurses on the unit have the required knowledge of the clinical knowledge, skills and judgment required to function, as a nurse on the unit will be valuable to the project. The engagement of the nurses allowed them to own the process that is critical in changing the culture of the unit (Needleman & Hassmiller, 2009).

In order to develop the primary and secondary products, a work group was formed from management and staff on the unit and led by the project developer. The members of the team included the unit manager, Clinical Nurse IV (proficient preceptor), two competent preceptors and two novice preceptors, along with the project developer. The work group met to review several models and samples of unit-based residency programs identified in the literature. The group identified the need for a ”road map” that clearly identifies the weekly goals for each NGN, as well as the clinical objectives, curriculum and medication review needed to meet those goals. The group also recommended a patient assignment for the NGN each week. Each product is further explained in the following sections.

The problem addressed was the lack of a standardized and timely orientation program for the NGN in the emergency department. As a participating member of the UHC/AACN Nurse Residency Program and NGN’s are hired and oriented three times a year at the facility. The traditional twenty-four week orientation for the NGN in the emergency department limits the ability of the emergency department to participate in the nurse residency program and to recruit NGN’s to fill current vacancies. An additional challenge is the limited number of competent and proficient preceptors for the NGN. The

novice preceptor will require similar support and guidance as the NGN (Friedman et al., 2013). The potential financial losses associated with the hiring and orienting NGN's in specialty areas such as the emergency department has focused attention on the need for more innovative and efficient orientation processes that the UHC/AACN Nurse Residency Programs alone cannot fill. The goal of the project was to develop an evidenced-based orientation program including necessary rubrics and pathways, along with an implementation plan and evaluation plan for the institution to carry the project forward without additional development or planning.

The products will serve as a turnkey solution for the institution to address the identified lack of standardization for the orientation of the NGN in the emergency department. This section discusses the products of the DNP project and the implications, strengths and limitations of each.

Discussion of the Primary Products

The orientation program for the NGN is focused on the process of orientation for the NGN in the emergency department as a supplement to the UHC/AACN Nurse Residency Program. The UHC/AACN Nurse Residency Program is effective at "teaching the NGN to be a professional nurse" (Goode et al., 2009 p.143), the evidenced-based orientation program is designed to teach the NGN how to be an emergency department nurse (Wolf, 2005).

Orientation Guidelines

The orientation guidelines (Appendix C) are organized weekly to guide the orientation process. The orientation guidelines have well-defined weekly goals and learning activities, which are supported with clinical objectives. The assigned curriculum

and computer modules are systems focused and supported by the Emergency Nurses Association “Emergency Nursing Core Curriculum, Sixth Edition 2007.” The curriculum can be completed either through purchasing the computer modules or with the book. Having recently graduated from an undergraduate program, the NGN is familiar with the concept of a syllabus and required reading that serves as a road map for a course. The orientation guidelines are designed to serve as a framework for the preceptor and orientee to guide the orientation process. The process of assigning learning activities that are clearly outlined and supported with measurable clinical objectives moves the focus of orientation away from subjective notes and the completion of a clinical skills list and into the clinical decision-making process.

The preceptor will continue to be responsible for the average emergency department assignment of three or four patients for the length of the orientation process. The orientation guidelines specify the patient assignment for the NGN each week. The orientation guidelines focus on advancing the NGN assignment slowly and logically from one urgent patient to a full patient assignment with increasing acuity and care demands. The curriculum assignments are systems-focused and supplemented with facility- and unit-based didactic and computer modules to support the systems-focused learning. The assignments recognize that the emergency department cares for patients across the life span and encompass all disease entities and acuities. The emergency department nurse must care for an “inherently unstable patient” (Wolf, 2005 p.298) and be adequately prepared for the task. The curriculum assignments begin with the most critical and time sensitive systems the NGN might be presented with, and progress to less acute and time sensitive systems as the NGN patient assignment increases. There is no guarantee that the

NGN will be able to experience caring for a patient with every disease or injury. In order to compensate for the variability of the daily census of the emergency department, the NGN receives curriculum and a review of the care priorities of each patient scenario with the systems focus. The curriculum is supplemented with case reviews and simulation scenarios to provide experiential learning for the NGN. The planning committee recognized that Kolb's Theory of Experiential Learning (1984) facilitated the development of critical thinking skills and provides the NGN with the opportunity to transform individual pieces of knowledge and skills into clinical practice (Lisko & Odell, 2010). After each increase in the patient assignment for the NGN, the assignment remains unchanging for three weeks for the NGN to gain independence and proficiency with the care demands of the assignment.

Evaluation Rubric

The evaluation rubric (Appendix A) for the NGN is based upon Benner's Novice to Expert theory (1984). The NGN is an advanced beginner nurse upon graduating from nursing school and completing the licensure requirements. When the NGN enters a specialty critical care area such as the emergency department, they return to the novice level. The NGN has very limited or no exposure to the emergency department setting or the types of patients presenting therein. The planning group and unit management has determined the advanced beginner level to be the acceptable level of skill and knowledge for the NGN to practice safely in the emergency department at the end of orientation. The NGN will advance to the advanced beginner level through the process of orientation to the emergency department. It is not expected that the NGN will reach the competent level without the required two to three years of clinical experience as defined by Benner

(1984). The advanced beginner nurse is able to care for their patients in a skillful and efficient manner, and their knowledge is developing and emerging. The defining characteristic of the competent nurse is the ability to anticipate changes in the patient's clinical condition before they occur. The competent nurse is flexible and capable in their approach to patient care anticipating potential declines in patient condition (Benner, 1984).

The planning group identified ten domains to be defined and evaluated during the orientation process, each with five levels of characteristics. The desired characteristics and behaviors desired at the end of the orientation process were defined and the group worked backwards to define the emerging characteristics and behaviors. The process of working backwards allowed the group to determine the desired outcomes first then systematically outline until a logical progression was determined. Level one characteristics require 90% direction and support from the preceptor. Upon reaching level five characteristics the NGN appropriately, consistently and independently provides patient care in the emergency department.

The utilization of the modified Lasater Clinical Judgment Rubric LCJR for the assessment and progression of the clinical judgment of the NGN in the academic setting has been validated and currently in use (Lasater, 2011). The lack of established research and validation of an evaluation rubric in the acute care setting exposes the evaluation process to the subjectivity of the evaluator. Through regular evaluation with the modified LCJR the evaluation remains objective and will capture the development of clinical judgment and the clinical skills to care for patients competently.

The utilization of the ten domains will allow preceptors and educators to provide effective feedback to the NGN and to identify any areas that require additional support to achieve the goal. The evaluation rubric and projected pathway are to function as a guide and framework for the educator, preceptor and NGN. The orientation process should be individualized to the needs of the NGN, and the NGN may progress at more accelerated or a steady process. Acceleration of the process should be approached with caution to not allow the details of the objectives each week to be lost in the desire to advance the patient assignment. The NGN should achieve the clinical objectives and assigned curriculum prior to advancing the patient assignment.

Through discussions of experiences with precepting the NGN the work group identified that it is common for the NGN to require more preceptor assistance and guidance with each increase of the patient assignment. If the NGN has reached level three behaviors and characteristics while caring for the patient assignment of two patients, when the assignment is increased to three patients the NGN will require significantly more guidance and assistance. For example, the new graduate might revert to level two characteristics the first week of the increased patient assignment. This is an expected behavior and the NGN and preceptor should not feel discouraged or that there is a lack of progression for the NGN.

Implementation and Evaluation Plan

The implementation (Appendix D) and evaluation plan (Appendix E) serve to provide the facility with a turnkey product. The implementation plan includes the development of the primary product, in addition to the process and timeline for the project. The work group completed the primary and secondary products on target with a

deadline of March 20, 2015. The Orientation Guidelines provide a framework for the delivery of the curriculum and required additional assignments for the NGN. An Orientation Binder prototype was developed for the NGN and the preceptor to utilize during orientation. The NGN and the preceptor will receive the binder at the beginning of the orientation period along with the loaner copy of the ENA Core Curriculum.

Preceptor education includes the use of the orientation guidelines to provide the road map and timeline for the orientation process. The preceptor utilizes the guidelines and evaluation rubric to assign patients to the NGN and to provide the expected level of support for the NGN. The preceptor should individualize the process to the NGN, and the NGN may progress at a different than projected pace while maintain a steady progression. The Clinical Nurse IV and educators will provide assistance and direction for failure to progress NGN.

The evaluation plan has the goal of increasing retention rates measured at one year and two years by 25%. The comparison group will be cohorts #1-5. The data is currently collected and tracked by the unit manager. This evaluation measure will require the addition of an additional column in the current Excel spreadsheet the manager maintains. Results will be reported out in monthly administration meetings within the department.

The second evaluation measure will be the results of the Casey-Fink Graduate Nurse Experience Survey (revised). The participants complete the survey at one month, six months and twelve months. The NGN complete the survey as part of the UHC/AACN NRP. Participant's answers a series of questions with choices of strongly disagree, disagree, agree, and strongly agree. The goal is to increase the responses of agree and

strongly agree. The questions are focused on the NGN self-evaluation and comfort in the clinical setting including the transition period. The responses are confidential and easily exported into an Excel spreadsheet. The comparison will be cohorts #1-5. The UHC/AACN Nurse Residency Coordinator collates data from the survey currently and will share the results with the administrative team.

Validation of the Scholarly Product

The final products developed by the work group were submitted to three independent content experts for validation. Content expert #3, a Clinical Nurse Specialist in a California urban trauma center, had very valuable feedback on the formatting of the orientation guidelines. Content expert #1 has not replied since receiving the product for validation due to other volunteer and work commitments. Content expert #2 evaluation of the product included comparison to source documentation, such as CEN review and ENA standards, and did not identify any gaps in the content. The evaluation plan provides the facility with an opportunity to complete a research project to further validate the project.

Implications

Practice

The traditional unstructured and lengthy orientation compromised of following the preceptor until a skills checklist is completed was identified as ineffective and antiquated for the facility, and a barrier to the hiring of the NGN in the emergency department. The utilization of a nurse residency program has proven to be effective in decreasing turnover and increasing confidence in the NGN (Fink et al., 2008). The program builds upon processes the NGN is familiar with, a syllabus, required assignments, and grading rubric providing a road map for the journey to safe practice

with supporting resources for the NGN and preceptor to transition to the next level in the novice to expert practice model (Benner, 1984) while allowing a greater number of nurses to participate in the preceptor process. A larger number of available preceptors open the experience to a larger number of NGNs and greater participation in the NRP. The NGN will receive curriculum content, patient and simulation experiences to facilitate the acquisition of critical thinking skills to provide safe, evidenced-based care for all emergency department patients. The NGN who is provided a strong foundation during the very stressful transition period will emerge skilled, confidant and a very valuable member of the healthcare team. The preceptor and the leadership of the emergency department are assured that the NGN has received the needed knowledge and experiences to be successful.

Research

The facility has processes in place to track the churn rate, turnover of the NGN in the first year. The goal of the project was to decrease the orientation period from 24 to 28 weeks to 12 to 16 weeks while resulting in highly functioning nurses and increase retention rates. To truly validate the project a research project should be done. Data to be collected could be length of orientation; evaluation scores based on the rubric for weeks four, eight, twelve and one year churn rates. The current churn rate prior to implementation of the program is 36%. Eleven new graduates hired in fiscal year and only retained at the one year mark.

Social Change

The process of assigning a NGN to an experienced nurse with a skills list to be completed is antiquated and not evidenced-based. To ensure a quality orientation

program the acute care setting can look to the academic setting and adopt proven evidenced-based methods of education and orientation. One would never accept such unstructured processes in other high risk professions such as airline pilots. The nursing shortage will only be increasing not shrinking as the population ages while more nurses are retiring. The NGN is a viable option to replace retiring nurses in such specialty settings such as the emergency department with the proper orientation program.

Conclusion

Using the Evidenced-Based Graduate Nursing Orientation Program to orient the NGN in the emergency department will facilitate the transition of the NGN to practice. The orientation program provides a framework or road map for the process of orientation and the evaluation of the NGN during the orientation process. The program is designed to be structured and provide resources for the administration of the unit, the preceptors and the NGN. The facility has the opportunity through a future research project with data collection and analysis to provide supporting evidence to change the traditional orientation process.

References

Ashcraft, A. S., Opton, L., Bridges, R. A., Caballero, S., Veesart, A., & Weaver, C. (2013). Simulation evaluation using a modified Lasater Clinical Judgement Rubric. *Nursing Education Perspectives*, *34*(2), 122-126. doi: 10.5480/1536-5026-34.2.122

Benner, P. (1984). *From Novice to Expert: Excellence and Power in clinical Nursing* (Commemorative Edition.). Menlow Park, CA: Addison-Wesley Publishing Company.

Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2009,). Assessing new graduate nurse performance. *Nurse Educator*, *34*(1), 17-22. doi:10.1097/01.NNE.0000343405.90362.15

Carmanica, L., & Feldman, H. (2010). Post baccalaureate nurse residency: EBP in action. *Research and Theory for Nursing Practice: An International Journal*, *24*(2), 97-100. doi:10.1891/1541-6577.24.2.97

Durkin, G. J. (2010). Development and Implementation of an independence rating scale and evaluation process for nursing orientation of new graduates. Journal for *Nurses in Staff Development*, *26*(2), 64-72. doi:10.1097/nnd.0b013e3181d47991

Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience Qualitative residency program outcomes. *The Journal of Nursing Administration*, *38*(7/8), 341-348. doi:10.1097/01.NNA.0000323943.82016.48

Glynn, P., & Silva, S. (2013). Meeting the needs of new graduates in the Emergency Department: A qualitative study evaluating a new graduate internship program. *Journal of Emergency Nurses*, *38*(2), 173-178. doi:10.1016/j.jen.2011.10.007

Goode, C. J., Lynn, M. R., Krsek, C., & Bednash, G. D. (2009). Nurse residency programs: An essential requirement for nursing. *Nursing Economics, 27*(3), 142-147. Retrieved from: http://www.medscape.com/viewarticle/708169

Lasater, K. (2011). Clinical judgment: The last frontier for evaluation. *Nurse Education in Practice, 11*, 86-92. http://dx.doi.org/10.1016/j.nepr.2010.11.013

Marshburn, D. M., Engelke, M. K., & Swanson, M. S. (2009). Relationships of new nurses' perceptions and measured performance-based clinical competence. *The Journal of Continuing Education in Nursing*, *40*(9), 426-301. doi:10.3928/00220124-20090824-02

Needleman, J., & Hassmiller, S. (2009). The role of nurses in improving hospital quality and efficiency: Real-world results. *Health Affairs*, *28*(4), w625-w633. doi:10.1377/hlthaff.28.4.w625

Reddish, M. V., & Kaplan, L. J. (2007). When are new graduate nurses competent in the intensive care unit? *Critical Care Nurse Quarterly, 30*(3), 199-205. http://dx.doi.org/10.1097/01.CNQ.0000278919.29444.b3

Tanner, C. A. (2006). Thinking like a nurse: A research based model of clinical judgement in nursing. *Journal of Nursing Education, 45*(6), 204-210. Retrieved from from OVID

Theisen, J. L. (2013). Competency of new graduate nurses: A review of their weaknesses and strategies for success. *The Journal of Continuing Education in Nursing, 44*(9), 406-414. http://dx.doi.org/10.3928/00220124-20130617-38

Victor-Chmil, J., & Larew, C. (2013). Psychometric properties of the Lasater Clinical Judgment Rubric. *International Journal of Nursing Education Scholarship, 10*(1), 1-8. http://dx.doi.org/10.1515/ijnes-2012-0030

Walsh, C. M., Seldomridge, L. A., & Badros, K. K. (2008). Developing a practical evaluation tool for preceptor use. *Nurse Educator*, *33*(3), 113-117. http://dx.doi.org/10.1097/01.NNE.0000312185.43766.1e

Winslow, S., Almarode, M., Cottingham, S., Lowry, K., & Walker, K. (2009). New graduates in the emergency department: Could you, would you, should you? *Journal of Emergency Nursing*, *35*(6), 521-524. http://dx.doi.org/10.1016/jen.2008.12.016

Wolf, L. (2005). An ED orientation/fellowship: An experiment in process-oriented training and learning to think like an emergency nurse. *Journal of Emergency Nursing*, *31*(3), 298-301. http://dx.doi.org/10.1016/j.jen.2005.04.018

References

American Nurses Credentialing Center. (2006). *The essentials of doctoral education for advanced nursing practice*. Retrieved from www.aacn.nche.edu/publications/position/DNPEssentials.pdf

Ashcraft, A. S., Opton, L., Bridges, R. A., Caballero, S., Veesart, A., & Weaver, C. (2013). Simulation evaluation using a modified Lasater Clinical Judgement Rubric. *Nursing Education Perspectives*, *34*(2), 122-126. doi: 10.5480/1536-5026-34.2.122

Benner, P. (1984). *From Novice to Expert: Excellence and Power in clinical Nursing* (Commemorative Edition.). Menlow Park, CA: Addison-Wesley Publishing Company.

Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2009,). Assessing new graduate nurse performance. *Nurse Educator*, *34*(1), 17-22. doi:10.1097/01.NNE.0000343405.90362.15

Camfield, G. (2011). Peer review as a tool for external validation of programs in higher education. University of California. Retrieved from: http://senate.universityofcalifornia.edu/reports/UCEP_WASC_WhitePaperFINAL010912.pdf

Carmanica, L., & Feldman, H. (2010). Postbaccalaureate nurse residency: EBP in action. *Resaerch and Theory for Nursing Practice: An International Journal*, *24*(2), 97-100. http://dx.doi.org/10.1891/1541-6577.24.2.97

Croxon, L., & Maginnis, C. (2009). Evaluation of clinical teaching models for nursing practice. *Nurse Education in Practice*, 9, 236-243. http://dx.doi.org/10.1016/j.nepr.2008.06.0004

Cylke, K. (2012). Blueprint for a nurse graduate orientation employer toolkit. *Journal for Nurses in Staff Development*, *28*(2), 57-62. http://dx.doi.org/10.1097/NND.0b013e31824b4169

Durkin, G. J. (2010). Development and Implementation of an independence rating scale and evaluation process for nursing orientation of new graduates. *Journal for Nurses in Staff Development*, *26*(2), 64-72. doi:10.1097/nnd.0b013e3181d47991

Emergency Nurses Association. (2011). *Emergency Registered Nurse Orientation* [White paper]. Retrieved from https://www.ena.org/sitecollectiondocuments/position%20statements/emergencynurseorientation.pdf

Fink, R., Krugman, M., Casey, K., & Goode, C. (2008). The graduate nurse experience Qualitative residency program outcomes. *The Journal of Nursing Administration, 38*(7/8), 341-348. 10.1097/01.NNA.0000323943.82016.48

Friedman, M. L., Delaney, M. M., Schmidt, K., Quinn, C., & Macyk, I. (2013). Specialized new graduate RN pediatric orientation: A strategy for nursing retention and its financial impact. *Nursing Economics*, *31*(4), 162-170. Retrieved from http://www.nursingeconomics.net/ce/2015/article3104162170.pdf

Glynn, P., & Silva, S. (2013). Meeting the needs of new graduates in the Emergency Department: A qualitative study evaluating a new graduate internship program.

Journal of Emergency Nurses, *38*(2), 173-178. http://dx.doi.org/10.1016/j.jen.2011.10.007

Goode, C. J., Lynn, M. R., Krsek, C., & Bednash, G. D. (2009). Nurse residency programs: An essential requirement for nursing. *Nursing Economics*, *27*(3), 142-147. Retrieved from http://www.medscape.com/viewarticle/708169

Hillman, L., & Foster, R. (2011). The impact of a nursing transitions programme on retention and cost savings. *Journal of Nursing management*, *19*, 50-56. http://dx.doi.org/10.1111/j.1365-2834.2010.01187.x

Kidd, P., & Sturt, P. (1995). Developing and evaluating an emergency nursing orientation pathway. *Journal of Emergency Nursing*, *21*(6), 521-530. doi: 10.1016/s0099-1767(05)80268-5

Lasater, K. (2011). Clinical judgment: The last frontier for evaluation. *Nurse Education in Practice*, 11, 86-92. http://dx.doi.org/10.1016/j.nepr.2010.11.013

Marshburn, D. M., Engelke, M. K., & Swanson, M. S. (2009). Relationships of new nurses' perceptions and measured performance-based clinical competence. *The Journal of Continuing Education in Nursing*, *40*(9), 426-301. http://dx.doi.org/10.3928/00220124-20090824-02

McKane, C. L. (2004). Clinical objectives: A method to evaluate clinical performance in critical care orientation. *Journal for Nurses in Staff Development*, *20*(3), 134-139. doi: 10.1097/00124645-200405000-00006

Needleman, J., & Hassmiller, S. (2009). The role of nurses in improving hospital quality and efficiency: Real-world results *Health Affairs*, *28*(4), w625-w633. http://dx.doi.org/10.1377/hlthaff.28.4.w625

Nelson, J. L., Arjes, M., Bushman, K., Carlson, M., Czaplewski, L., Derby, K., ... Tan, H. P. (2012). Correlating novice nurses' perceptions of nursing orientation and first-year support with direct preceptor interventions. *The Journal of Continuing Education in Nursing, 43*(2), 59-64. http://dx.doi.org/10.3928/00220124-20120125-13

Patterson, B., Bayley, E. W., Burnell, K., & Rhodes, J. (2010). Orientation to emergency nursing: Perceptions of the new graduate. *Journal of Emergency Nursing, 38*(3), 203-211. http://dx.doi.org/10.1016/j.jen.2009.07.006

Reddish, M. V., & Kaplan, L. J. (2007). When are new graduate nurses competent in the intensive care unit? *Critical Care Nurse Quarterly, 30*(3), 199-205. http://dx.doi.org/10.1097/01.CNQ.0000278919.29444.b3

Saint Agnes Hospital. (2012). *Preceptor program* [Department of Nursing policy statement]. Baltimore, MD: Author.

Sawtz, J., & Enns, C. (2012). Exploring key predictors of retention of emergency nurses. *Journal of Nursing Management, 20*, 696-707. http://dx.doi.org/10.1111/j.1365-2834.2012.01355.x

Tanner, C. A. (2006). Thinking like a nurse: A research based model of clinical judgment in nursing. *Journal of Nursing Education, 45*(6), 204-210. http://www.mccc.edu/nursing/documents/Thinking_Like_A_Nurse_Tanner.pdf

Theisen, J. L. (2013). Competency of new graduate nurses: A review of their weaknesses and strategies for success. *The Journal of Continuing Education in Nursing, 44*(9), 406-414. http://dx.doi.org/10.3928/00220124-20130617-38

University Health System Consortium & the American Academy of Nurses. (2013). *The UHC/AACN Nurse Residency Program*. Retrieved from www.uhc.edu

Valdez, A. M. (2008). Transitioning from novice to competent: What can we learn from the literature about graduate nurses in the emergency department setting? *Journal of Emergency Nursing*, *34*(5), 435-440. http://dx.doi.org/10.1016/j.jen.2007.07.008

Victor-Chmil, J., & Larew, C. (2013). Psychometric properties of the Lasater Clinical Judgment Rubric. *International Journal of Nursing Education Scholarship*, *10*(1), 1-8. http://dx.doi.org/10.1515/ijnes-2012-0030

Voight, M. L., & Hoogenboom, B. J. (2012). Publishing your work in a journal: Understanding the peer review process. *The International Journal of Sports Physical Therapy*, *7*(5), 452-460. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3474310/

Walsh, C. M., Seldomridge, L. A., & Badros, K. K. (2008). Developing a practical evaluation tool for preceptor use. *Nurse Educator*, *33*(3), 113-117. http://dx.doi.org/10.1097/01.NNE.0000312185.43766.1e

Winslow, S., Almarode, M., Cottingham, S., Lowry, K., & Walker, K. (2009). New graduates in the emergency department: Could you, would you, should you? *Journal of Emergency Nursing*, *35*(6), 521-524. http://dx.doi.org/10.1016/jen.2008.12.016

Wolf, L. (2005). An ED orientation/fellowship: An experiment in process-oriented traning and learning to think like an emergency nurse. *Journal of Emergency Nursing*, *31*(3), 298-301. http://dx.doi.org/10.1016/j.jen.2005.04.01

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

New Graduate RN

(12 week orientation)

Goal: To function as an advanced beginner nurse in the Emergency Department Setting by the end of the 12* week orientation period

- An advanced beginner RN should be able to function at about 80% of the level of a competent acute care nurse.
- Each orientation should be tailored to the individual.
- Individual orientees will progress at different paces.
- Continuous improvement should be seen in all areas of evaluation.
- These are guideline and are subject to the needs of the individual and the department
- Guidelines are structured based on a 12-hour workday.
- Biweekly meetings should occur between the clinical practice educator, preceptor and new graduate nurse.
- Orientation progress notes should be completed for each shift worked.

**Standard orientation is 12 weeks. The nurse manager may choose to extend the orientation to 16 weeks based on recommendations of the nurse preceptor/ clinical practice educator/ nurse residency coordinator*

***Refer to attached NGN Clinical Pathway*

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Level 1 Characteristics: Requires **consistent (90%)** direction and assistance from the preceptor for all assessments and tasks.

Organization of Clinical Day	Requires consistent direction and prompting from preceptor to determine the logical flow of the day
Organization of Patient Care	Requires consistent direction and prompting from preceptor for most tasks to determine the logical and flow efficient manner for tasks. Requires assistance and prompting to determine what patient data leads to interventions and outcome potentials.
Documentation	Requires consistent direction and assistance from preceptor to document assessment and interventions to accurately portray the patient's clinical condition and meet the documentation requirements.
Prioritization of Clinical Day	Requires consistent direction and assistance from preceptor to appropriately prioritize tasks and patient needs.
Prioritization of Patient Care	Requires consistent direction and assistance from preceptor to appropriately prioritize tasks and patient needs.
Evaluation	Requires consistent direction and assistance from preceptor to evaluate information from assessments, recommend interventions, and re-assess the effects of interventions.
Communication with Patient and Family	Requires consistent direction and assistance from preceptor to communicate effectively with the patient and family which includes: explaining the plan of care, expected progression of care and patient condition in verbal, written, and electronic formats.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Communication with the Healthcare Team	Requires consistent direction and assistance from preceptor to discuss the patient condition with the healthcare team in verbal, written, and electronic formats.
Critical Thinking	Requires consistent direction and assistance from preceptor to determine the "why" for tasks that are being performed. Requires preceptor explanation to predict the progression of care. Requires consistent direction from preceptor to connect the patient assessment, and the pathophysiological knowledge with the patients disease entity.
Delegation	Requires consistent direction and assistance from preceptor to determine specific tasks that can be delegated, to effectively communicate the tasks to support personnel and to evaluate the performance of delegated tasks.

Level 2 Characteristics: Requires **moderate (75%)** direction and assistance from the preceptor for all assessments and tasks. Emerging clinical assessment and skills set.

Organization of Clinical Day	Requires moderate direction and prompting from preceptor to determine the logical flow of the day.
Organization of Patient Care	Requires moderate direction and prompting from preceptor for most tasks to determine the logical and flow efficient manner for tasks. Requires assistance and prompting to determine what patient data leads to interventions and outcome potentials.
Documentation	Requires moderate direction and assistance from preceptor to document assessment and interventions to accurately portray the patient's clinical condition and meet documentation requirements.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Prioritization of Clinical Day	Requires moderate direction from preceptor to appropriately prioritize tasks and patient needs.
Prioritization of Patient Care	Requires moderate direction and assistance from preceptor to appropriately prioritize tasks and patient needs.
Evaluation	Requires moderate direction and assistance from preceptor to evaluate information from assessments, recommend interventions, and re-assess the effects of interventions.
Communication with Patient and Family	Requires moderate direction and assistance from preceptor to communicate effectively with the patient and family which includes: explaining the plan of care, expected progression of care and patient condition in verbal, written, and electronic formats. Requires moderate reassurance from preceptor.
Communication with the Healthcare Team	Requires moderate direction and assistance from preceptor to discuss the patient condition with the healthcare team in verbal, written, and electronic formats.
Critical Thinking	Requires moderate direction and assistance from preceptor to determine the "why" for tasks that are being performed. Requires preceptor explanation to predict the progression of care. Requires moderate direction from preceptor to connect the patient assessment and the pathophysiological knowledge with the whole picture. Connects assessment information with the patient disease entity independently about 25% of the time.
Delegation	Requires moderate direction and assistance from preceptor to determine specific tasks that can be delegated, to effectively communicate the tasks to support personnel and to evaluate the performance of delegated tasks.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Level 3 Characteristics: Requires **minor (50%)** direction and assistance from the preceptor for all assessments and tasks. Achieving independence with clinical assessment and skills set.

Organization of Clinical Day	Requires minor direction and prompting from preceptor to determine the logical flow of the day.
Organization of Patient Care	Requires minor direction and prompting from preceptor for most tasks to determine the logical and flow efficient manner for tasks. Requires decreasing assistance and prompting to determine what patient data leads to interventions and outcome potentials.
Documentation	Requires minor direction and assistance from preceptor to document assessments and interventions to accurately portray the patient's clinical condition and meet documentation requirements.
Prioritization of Clinical Day	Requires minor collaboration from preceptor to appropriately prioritize tasks and patient needs 50% of the time.
Prioritization of Patient Care	Requires minor direction and assistance from preceptor to appropriately prioritize tasks and patients' needs at all times.
Evaluation	Requires minor direction and assistance from preceptor to evaluate information from assessments, recommend interventions, and re-assess the effects of interventions.
Communication with Patient and Family	Requires minor direction and assistance from preceptor to communicate effectively with the patient and family which includes: explaining the plan of care, expected progression of care and patient condition in verbal, written, and electronic formats. Requires minor reassurance from preceptor.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Communication with the Healthcare Team	Requires minor direction and assistance from the preceptor to discuss the patient condition with the healthcare team in verbal, written, and electronic formats.
Critical Thinking	Requires minor direction and assistance from preceptor to determine the "why" for tasks that are being performed. Requires preceptor explanation to predict the progression of care. Requires minor direction from preceptor to connect the patient assessment and the pathophysiological knowledge with the whole picture. Connects assessment information with the patient disease entity independently about 50% of the time. Requires decreasing preceptor explanation to predict the progression of care. Determines interventions and outcome potentials with fewer suggestion or guidance from preceptor.
Delegation	Requires minor direction and assistance from preceptor to determine specific tasks that can be delegated; effectively communicates the tasks to support personnel and evaluates the performance of delegated tasks.

Level 4 Characteristics: Requires **very little (25%)** direction and assistance from the preceptor for all assessments and tasks. Achieving independence with clinical assessment and skills set.

Organization of Clinical Day	Requires very little direction and prompting from preceptor to determine the logical flow of the day. Takes initiative with most tasks. Requires minimal to no prompting to determine what patient data leads to interventions and outcome potentials.
Organization of Patient Care	Requires very little direction and prompting from preceptor for most tasks to determine the logical and flow efficient manner for tasks. Requires decreasing assistance and prompting to determine what patient data leads to interventions and outcome potentials.
Documentation	Requires very little direction and assistance from preceptor to document assessment and interventions to accurately portray the patient's clinical condition and meet documentation requirements.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Prioritization of Clinical Day	Requires very little collaboration from preceptor to appropriately prioritize tasks and patient needs.
Prioritization of Patient Care	Requires very little direction and assistance from preceptor to appropriately prioritize tasks and patient needs at all times.
Evaluation	Requires very little prompting and minor assistance from preceptor to evaluate information from assessments, recommend interventions, and re-assess the effects of interventions.
Communication with Patient and Families	Requires very little direction and assistance from the preceptor to communicate effectively with the patient and family which includes: explaining the plan of care, expected progression of care and patient condition with the patient and family members in verbal, written, and electronic formats 75% of the time. Requires very little reassurance from preceptor.
Communication with the Healthcare Team	Requires very little direction and assistance from the preceptor discuss the patient condition with the health care team in verbal, written and electronic formats. Requires very little reassurance from preceptor.
Critical Thinking	Requires very little direction and assistance from preceptor to determine the "why" for tasks that are being performed. Requires very little preceptor explanation to predict the progression of care. Requires very little direction from preceptor to connect the patient assessment and the pathophysiological knowledge with the whole picture. Connects assessment information with the patient disease entity independently about 75% of the time. Requires very little preceptor explanation to predict the progression of care. Determines interventions and outcome potentials with fewer suggestion or guidance from preceptor.
Delegation	Requires very little direction and assistance from preceptor to determine specific tasks that can be delegated, to effectively communicate the tasks to support personnel and to evaluate the performance of delegated tasks.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Level 5 Characteristics: Appropriately, consistently and independently provides patient care

Organization of Clinical Day	Requires no direction or prompting from preceptor to determine the logical flow of the day. Takes initiative with tasks to determine the logical and flow efficient manner for tasks. Requires no prompting to determine what patient data leads to interventions and outcome potentials.
Organization of Patient Care	Requires no direction or prompting from preceptor for most tasks to determine the logical and flow efficient manner for tasks. Requires no assistance or prompting to determine what patient data leads to interventions and outcome potentials.
Documentation	Requires no direction or assistance from the preceptor to document assessment and interventions to accurately portray the patient's clinical condition and meet documentation requirements.
Prioritization of Clinical Day	Requires no direction or assistance to prioritize tasks and patient needs.
Prioritization of Patient Care	Requires no direction or assistance to prioritize tasks and patient needs at all times.
Evaluation	Requires no direction or assistance to evaluate information from assessments, recommends interventions, and re-assesses the effects of interventions.
Communication with Patients and Families	Requires no direction or assistance from the preceptor to communicate effectively with the patient and family which includes: explaining the plan of care, expected progression of care and patient condition with the patient and family members in verbal, written, and electronic format.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Communication with the Health Care Team	Requires no direction or assistance from the preceptor to discuss the patient condition with the healthcare team in verbal, written, and electronic format.
Critical Thinking	Requires no direction and assistance from preceptor to determine the "why" for tasks that are being performed. Is able to consistently anticipate patient needs with patients with similar conditions (recognizes patterns / routines. Links information with the whole picture independently about 80% of the time. Requires no preceptor explanation to predict the progression of care. Determines interventions and outcome potentials with minimal suggestion or guidance of resources on the unit as needed.
Delegation	Requires no direction or assistance from preceptor to determine specific tasks that can be delegated. Requires no direction and assistance from preceptor to effectively communicate tasks to support personnel. Requires very little direction and assistance from resources to evaluate the performance of delegated tasks.

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Formal Evaluations to be completed at the end of weeks 3, 6, & 9

Orientee Name_____ Orientation Week_____

Preceptor Name_____ Date_____

Characteristic	Level	Comments
Organization of Clinical Day		
Organization of Patient Care		
Documentation		
Prioritization of Clinical Day		
Prioritization of Patient Care		
Evaluation		
Communication with Patients and Families		

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

Communication with the Health Care Team		
Critical Thinking		
Delegation		

Orientee Signature **Preceptor Signature** **Manager Signature**

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

References

Benner, P. (1984). *From Novice to Expert: Excellence and Power in Clinical Nursing* (Commemorative Edition ed.). Menlow Park, CA: Addison-Wesley Publishing Company.

Berkow, S., Virkstis, K., Stewart, J., & Conway, L. (2009,). Assessing new graduate nurse performance. *Nurse Educator*, *34*(1), 17-22. Retrieved from OVID

Durkin, G. J. (2010). Development and Implementation of an independence rating scale and evaluation process for nursing orientation of new graduates. *Journal for Nurses in Staff Development*, *26*(2), 64-72. Retrieved from OVID

Flynn, J.P. and Stack, M.C. (Eds.). (2006). The role of the preceptor: A guide for nurse educators, clinicians, and managers (2nd ed.).New York: Springer Publishing.

Kidd, P. & Stuart, P. (1995). Developing and evaluating an emergency nursing orientation pathway. *Journal of Emergency Nursing, 21,* 521 – 530. Retrieved from OVID

Johnston, P. A. & Ferraro, C. A. (2001). Application of critical pathways in the maternity nursing orientation process. *Journal for Nurses in Staff Development, 17,* 61 – 66.

Marzano, R.J., Pickering, D.J., & McTighe, J.. (1993). *Assessing Student Outcomes: Performance Assessment Using the Dimensions of Learning Model*. Alexandria, VA. Association for Supervision and Curriculum Development.

Tanner, C. A. (2006). Thinking like a nurse: A research based model of clinical judgment in nursing. *Journal of Nursing Education*, *45*(6), 204-210. Retrieved from OVID

Teachnology, Inc. (2007). Bloom's taxonomy verbs. Retrieved October 13th, 2008 from http://www.teach-nology.com/worksheets/time_savers/bloom/

Walsh, C. M., Seldomridge, L. A., & Badros, K. K. (2008). Developing a practical evaluation tool for preceptor use. *Nurse Educator*, *33*(3), 113-117. http://dx.doi.org/10.1097/01.NNE.0000312185.43766.1e

Wolf, L. (2005). An ED orientation/Fellowship: An experiment in process-oriented training and learning

Appendix A
NGN Defined Clinical Characteristics Levels 1-5

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced based care in the Emergency Department Setting

to think like an emergency nurse. *Journal of Emergency Nursing, 31,* 298 – 301

New Graduate RN

(12 week orientation)

Goal: To function as an advanced beginner nurse in the Emergency Department Setting by the end of the 12* week orientation period

- An advanced beginner RN should be able to function at about 80% of the level of a competent acute care nurse
- Each orientation should be tailored to the individual.
- Individual orientees will progress at different paces.
- Continuous improvement should be seen in all areas of evaluation.
- These are guidelines and are subject to the needs of the individual and the department.
- Guidelines are structured based on a 12-hour workday.
- Biweekly meetings should occur between the clinical practice educator, preceptor and new graduate nurse.
- Orientation progress notes should be competed for each shift worked.

**Standard orientation is 12 weeks. The nurse manager may choose to extend the orientation to 16 weeks based on the recommendations of the nurse preceptor/ clinical practice educator/ nurse residency coordinator.*

*** Refer to attached NGN Defined Clinical Characteristics Levels 1-5*

Appendix B
RN Clinical Pathway Guideline

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 1	Day 1	Day 2	Day 3
Patient Care Assignment	1 stable patient with preceptor support	1 stable patient with preceptor support	1 stable patient with preceptor support
Organization of Clinical Day	1	1	1
Organization of Patient Care	1	1	1
Documentation	1	1	1
Prioritization of Clinical Day	1	1	1
Prioritization of Patient Care	1	1	1
Evaluation	1	1	1
Communication with Patient and Families	1	1	1
Communication with the Healthcare Team	1	1	1
Critical Thinking	1	1	1
Delegation	1	1	1

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 2	Day 4	Day 5	Day 6
Patient Care Assignment	2 stable patients with preceptor support	2 stable patients with preceptor support	2 stable patients with preceptor support
Organization of Clinical Day	1	1	1
Organization of Patient Care	1	1	1
Documentation	1	1	1
Prioritization of Clinical Day	1	1	1
Prioritization of Patient Care	1	1	1
Evaluation	1	1	1
Communication with Patient and Families	1	1	1
Communication with the Healthcare Team	1	1	1
Critical Thinking	1	1	1
Delegation	1	1	1

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 3	Day 7	Day 8	Day 9
Patient Care Assignment	2 stable patients with decreasing preceptor support	2 stable patients with decreasing preceptor support	2 stable patients with decreasing preceptor support
Organization of Clinical Day	2	2	2
Organization of Patient Care	2	2	2
Documentation	2	2	2
Prioritization of Clinical Day	2	2	2
Prioritization of Patient Care	2	2	2
Evaluation	2	2	2
Communication with Patient and Families	2	2	2
Communication with the Healthcare Team	2	2	2
Critical Thinking	2	2	2
Delegation	2	2	2

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 4	Day 10	Day 11	Day 12
Patient Care Assignment	2 acute patients with preceptor support	2 acute patients with preceptor support	2 acute patients with preceptor support
Organization of Clinical Day	3	3	3
Organization of Patient Care	3	3	3
Documentation	3	3	3
Prioritization of Clinical Day	3	3	3
Prioritization of Patient Care	3	3	3
Evaluation	3	3	3
Communication with Patient and Families	3	3	3
Communication with the Healthcare Team	3	3	3
Critical Thinking	3	3	3
Delegation		3	3

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 5	Day 13	Day 14	Day 15
Patient Care Assignment	3 acute patients or 1 critical with preceptor support	3 acute patients or 1 critical with preceptor support	3 acute patients or 1 critical with preceptor support
Organization of Clinical Day	2	2	2
Organization of Patient Care	2	2	2
Documentation	2	2	2
Prioritization of Clinical Day	2	2	2
Prioritization of Patient Care	2	2	2
Evaluation	2	2	2
Communication with Patient and Families	2	2	2
Communication with the Healthcare Team	2	2	2
Critical Thinking	2	2	2
Delegation	2	2	2

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 6	Day 16	Day 17	Day 18
Patient Care Assignment	3 acute patients or 1 critical with decreasing preceptor support	3 acute patients or 1 critical with decreasing preceptor support	3 acute patients or 1 critical with decreasing preceptor support
Organization of Clinical Day	3	3	3
Organization of Patient Care	3	3	3
Documentation	3	3	3
Prioritization of Clinical Day	3	3	3
Prioritization of Patient Care	3	3	3
Evaluation	3	3	3
Communication with Patient and Families	3	3	3
Communication with the Healthcare Team	3	3	3
Critical Thinking	3	3	3
Delegation	3	3	3

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 7	Day 19	Day 20	Day 21
Patient Care Assignment	3 acute patients or 1 critical with little preceptor support	3 acute patients or 1 critical with little preceptor support	3 acute patients or 1 critical with little preceptor support
Organization of Clinical Day	3	3	3
Organization of Patient Care	3	3	3
Documentation	3	3	3
Prioritization of Clinical Day	3	3	3
Prioritization of Patient Care	3	3	3
Evaluation	3	3	3
Communication with Patient and Families	3	3	3
Communication with the Healthcare Team	3	3	3
Critical Thinking	3	3	3
Delegation	4	4	4

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 8	Day 22	Day 23	Day 24
Patient Care Assignment	3 acute patients or 1 critical with preceptor support	3 acute patients or 1 critical with preceptor support	3 acute patients or 1 critical with preceptor support
Organization of Clinical Day	4	4	4
Organization of Patient Care	4	4	4
Documentation	4	4	4
Prioritization of Clinical Day	4	4	4
Prioritization of Patient Care	4	4	4
Evaluation	4	4	4
Communication with Patient and Families	4	4	4
Communication with the Healthcare Team	2	4	4
Critical Thinking	4	4	4
Delegation	4	4	4

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 9	Day 25	Day 26	Day 27
Patient Care Assignment	4 acute patients with preceptor support	4 acute patients with preceptor support	4 acute patients with preceptor support
Organization of Clinical Day	3	3	3
Organization of Patient Care	3	3	3
Documentation	3	3	3
Prioritization of Clinical Day	3	3	3
Prioritization of Patient Care	3	3	3
Evaluation	3	3	3
Communication with Patient and Families	3	3	3
Communication with the Healthcare Team	3	3	3
Critical Thinking	3	3	3
Delegation	3	3	3

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 10	Day 28	Day 29	Day 30
Patient Care Assignment	4 acute patients with little preceptor support	4 acute patients with little preceptor support	4 acute patients with little preceptor support
Organization of Clinical Day	3	4	4
Organization of Patient Care	3	4	4
Documentation	3	4	4
Prioritization of Clinical Day	3	4	4
Prioritization of Patient Care	3	4	4
Evaluation	3	4	4
Communication with Patient and Families	3	4	4
Communication with the Healthcare Team	3	4	4
Critical Thinking	3	4	4
Delegation	3	4	4

Appendix B
RN Clinical Pathway Guideline
(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 11	Day 31	Day 32	Day 33
Patient Care Assignment	4 acute patients with little preceptor support	4 acute patients with little preceptor support	4 acute patients with little preceptor support
Organization of Clinical Day	4	4	4
Organization of Patient Care	4	4	4
Documentation	4	4	4
Prioritization of Clinical Day	4	4	4
Prioritization of Patient Care	4	4	4
Evaluation	4	4	4
Communication with Patient and Families	4	4	4
Communication with the Healthcare Team	4	4	4
Critical Thinking	4	4	4
Delegation	4	4	4

Appendix B
RN Clinical Pathway Guideline

(12 week orientation)

Goal: To function as an advanced beginner nurse and to provide safe evidenced-based care in the Emergency Department Setting

Week 12	Day 34	Day35	Day 36
Patient Care Assignment	4 acute patients independently with preceptor for back up	4 acute patients independently with preceptor for back up	4 acute patients independently with preceptor for back up
Organization of Clinical Day	5	5	5
Organization of Patient Care	5	5	5
Documentation	5	5	5
Prioritization of Clinical Day	5	5	5
Prioritization of Patient Care	5	5	5
Evaluation	5	5	5
Communication with Patient and Families	5	5	5
Communication with the Healthcare Team	5	5	5
Critical Thinking	5	5	5
Delegation	5	5	5

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Note: This document is a guide for the preceptor. The purpose is to assist the preceptor and orientee with ensuring reasonable and incremental progress. The experienced nurse is identified as the nurse with one year or more experience in the clinical area. The inexperienced nurse is identified as having less than one year of experience in the clinical area. The evaluation of the orientation process should make reference to these orientation guidelines.

Hospital Based Orientation	
	Orientation Guidelines
<u>Central Nursing Orientation (T-F & M 0800-1630)</u> **Competencies Completed:** Drawing Blood from a Central Line Peripheral IV Insertion Blood Transfusion Policy Alaris Pump Competency Code Cart Scavenger Hunt CAUTI Education Wound Identification & Care	**<u>Central Nursing Orientation</u>** **Activities:** • Meets with educators and preceptor • Validates access for Meditech, Outlook, and AHU • Initiates AHA & TJC Competencies • Completes Self-assessment of clinical skills • Completes Self-assessment to identify learning style • EDM Learning Activities • Begins NIH Stroke Scale Module **Objectives to be Met:** • Identifies appropriate resources for policy and procedure

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Hospital Based Orientation	
	Orientation Guidelines
<u>Nurse Residency Orientation Class T-F (0800-1600)</u> EDM Documentation Class, Stroke Class Phlebotomy, Dysrhythmia Class **Competencies:** Life pack 20, Cardiac Monitor, 12 Lead Right Side EKG & Posterior EKG, Inserting NGT, Tube Feeding Pump Chest Tube Drainage, Mixing TPA **Focus of Learning:** Stroke Patient	**<u>Nurse Residency Orientation</u>** **Activities:** • Heart Sounds Simulation • Lung Sounds Simulation • Asthma Simulation • Physical Assessment Exercise **Objectives to be Met:** • Identify the different heart sounds in simulation • Identify the different lung sounds in simulation **Medications Assigned:** TPA, Heparin, Labatolol, Banana Bag **Pain Medications:** Torodol, Tylenol, Motrin, Naprosyn, Morphine, Dilaudid, Narcan, Narcan Drip, Fentanyl

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 2 on Unit **Patient Assignment:** 2 patients with preceptor support *Refer to Clinical Pathways Document **Focus of Learning:** Respiratory System **Competencies Introduced:** Nebulizer Set Up Non-Invasive Oxygen Support **myLearning Modules:** Nebulizer Set Up Non-Invasive Oxygen Support **ENA Emergency Nursing Core Curriculum:** Chapter 11 Cardiovascular Emergencies Quiz	**Practice Focus:** • Assessment & Documentation on 2 patients • Identification of the appropriate Advanced Nursing Protocols for the patient • Review of lab Results **Objectives to be Met:** • Demonstrates increasing proficiency with 12 lead, 18 lead and Right Sided EKG • Demonstrates increasing proficiency with defibrillator • Demonstrates increasing proficiency with the cardiac monitor • Evaluate and document patient's cardiac rhythm in the medical record • Accurately identifies and discusses abnormalities in physical assessments with preceptor • Reviews lab results and discusses appropriately with preceptor **Medications Assigned:** • **Intubation Medications:** Amidate, Succinylcholine, Rocuronium, Ketamine, Propofol gtt, Fentanyl gtt. • **Respiratory Medications:** Albuterol, Atrovent, Prednisone, Decadron/Dexamethasone, Magnesium Sulfate; Terbutaline SC,

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
	Epinephrine SC, broad spectrum antibiotics **Assigned Learning:** ENA Emergency Nursing Core Curriculum: Ch. 27 Respiratory Emergencies p.685-717

Unit Orientation	
	Orientation Guidelines
Week 3 on Unit **Patient Assignment:** 2 patients with decreasing preceptor support *Refer to Clinical Pathways Document **Focus of Learning:** HTN Emergency HTN Urgency **Competencies Introduced:** Central Line Bundle	**Practice Focus:** • Assessment & Documentation on 2 patients • Reassessment of patient • Implementation of the appropriate Advanced Nursing Protocols for the patient • Timely Review of lab Results • Completion of physician orders **within** 1 hour **Objectives to be Met:** • Demonstrates competency with 12 lead, 18 lead and Right Sided EKG • Demonstrates competency with defibrillator • Demonstrates competency with the cardiac monitor

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
A-Line/CVP **myLearning Modules:** Central Line Bundle A-Line/CVP HTN Emergency Module **ENA Emergency Nursing Core Curriculum:** Chapter 27 Respiratory Emergencies Quiz	• Evaluate and document patient's cardiac rhythm in the medical record • Accurately identifies and discusses abnormalities in physical assessments with preceptor • Reviews lab results and discusses appropriately with preceptor • Refers to hospital policies when performing procedures • Accurately identifies and discusses abnormalities in physical assessments with preceptor • Reviews lab results and discusses appropriately with preceptor • Achieves vascular access at least ½ the time **Medications for Review:** Levophed, Dopamine, Phenylephrine Inj, Nicardipine, Labatelol, **Assigned Learning:** ENA Emergency Nursing Core Curriculum: Chapter 20 Medical Emergencies p. 483-509

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 4 on Unit **Patient Assignment:** 2 patients with decreasing preceptor support *Refer to Clinical Pathways Document **Focus of Learning:** Sepsis, Hemodynamic Monitoring, **Competencies Introduced:** Level One Hot Line **myLearning Modules:** Level One Hot Line **ENA Emergency Nursing Core Curriculum:** Chapter 20 Medical	**Practice Focus:** • Assessment & Documentation on 2 patients • Reassessment of patient • Implementation of the appropriate Advanced Nursing Protocols for the patient • Timely Review of lab Results • Completion of physician orders within 1 hour **Objectives to be Met:** • Evaluate and document the patients cardiac rhythm appropriately in the patient record • Asks questions appropriately • Uses time effectively with an organized approach • Gives rationale for patient care and makes decisions based on nursing standard of practice • Discusses treatment plan with health care team **Medications for Review:** Levophed, Dopamine, Phenylephrine **Assigned Learning:**

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Emergencies Quiz	ENA Emergency Nursing Core Curriculum: Chapter 28 Sepsis / Shock Emergencies p.721-737

Unit Orientation	
	Orientation Guidelines
Week 5 on Unit **Patient Assignment:** 3 patients with preceptor support *Refer to Clinical Pathways Document **Focus of Learning:** Seizures, Neurological Deficits, Acute ETOH Withdrawal, CAM Delirium Screening **myLearning Modules:** Geriatric Assessment Module	**Practice Focus:** • Assessment & Documentation on 3 patients • Initiates timely reassessment of patient • Implementation of the appropriate Advanced Nursing Protocols for the patient • Review of lab Results in a timely manner • Completion of physician orders within 1 hour • Recognizes patient urgencies: emergent, urgent and non-urgent **Objectives to be Met:** **Increasing proficiency with Weeks 1-4 Guideline Objectives** • Correctly identifies patient's cardiac rhythm and documents appropriately in medical record • Discusses patients treatment plan with preceptor

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
ENA Emergency Nursing Core Curriculum: Chapter 28 Sepsis / Shock Emergencies Quiz	• Communicates and collaborates with healthcare team • Delegates care appropriately to PCT's • Appropriately reviews PCT documentation in patient's medical record • Implements safety precautions as needed **Medications for Review:** Ativan, Valium, Librium, Fosphenytoin, Dilantin, Mannitol **Assigned Learning:** ENA Emergency Nursing Core Curriculum: Chapter 25 Toxicologic Emergencies p.604-658

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 6 on Unit **Patient Assignment:** 3 patients with decreasing preceptor support *Refer to Clinical Pathways Document **Focus of Learning:** Abdominal and Back Pain – AAA & Dissection, GI Bleed, Surgical Emergencies, Appendicitis, Gall Bladder **Competencies Introduced:** Moderate Sedation ETCO2 Monitoring **myLearning Modules:** Moderate Sedation ETCO2 Monitoring	**Practice Focus:** • Assessment & Documentation on 3 patients in a timely manner (goal ≤45 minutes) • Initiates timely reassessment of patient • Implementation of the appropriate Advanced Nursing Protocols for the patient • Review of lab Results in a timely manner (goal ≤45 minutes) • Completion of physician orders within 1 hour • Recognizes patient urgencies: emergent, urgent and non-urgent **Objectives to be Met:** • Performs as a team member during code event • Participates in RSI • Recognizes when a patient is emergent and calls for help • Utilizes time management to manage care for 3 patients • Reevaluates progress with goals to date week 1-6 **Medications for Review:** Octreotide

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
ENA Emergency Nursing Core Curriculum: Chapter 25 Toxicologic Emergencies Quiz	**Assigned Learning:** ENA Emergency Nursing Core Curriculum: Chapter 10 Abdominal Emergencies

Unit Orientation	
	Orientation Guidelines
Week 7 on Unit **Patient Assignment:** 3 patients with decreased preceptor support *Refer to Clinical Pathways Document **Focus of Learning:** GYN Emergencies, Ectopic and Fetal demise, PIH **myLearning Modules:**	**Practice Focus:** • Timely Assessment & Documentation on 3 patient's (goal≤ 30 minutes) • Initiates timely reassessment of patient • Implementation of the appropriate Advanced Nursing Protocols for the patient • Review of lab results in a timely manner (goal ≤ 30 minutes) • Completion of physician orders within 1 hour • Recognizes patient urgencies: emergent, urgent and non-urgent

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Bereavement Education Consideration with products of conception Birth on Arrival **ENA Emergency Nursing Core Curriculum:** Chapter 10 Abdominal Emergencies Quiz	**Objectives to be Met:** • Cares for increasing acuity patients • Recognizes when a patient is emergent and calls for help • Acquiring independence from preceptor • Utilizes time management to manage care for 3 patients **Medications for Review:** methotrexate, **Assigned Learning:** ENA Emergency Nursing Core Curriculum: Chapter 17 Genitourinary Emergencies p.387-408 ENA Emergency Nursing Core Curriculum: Chapter 22 Obstetric & GYN Emergencies p. 536-568

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 8 on Unit **Patient Assignment:** 4 patients with preceptor support *Refer to Clinical Pathways Document **Focus of Learning:** Endocrine System & Fluid & Electrolytes **Competencies Introduced:** DKA Protocol **myLearning Modules:** DKA Protocol **ENA Emergency Nursing Core Curriculum:** Chapter 17 Genitourinary Emergencies Quiz	**Practice Focus:** • Timely Assessment & Documentation on 4 patients (goal ≤ 30 minutes) • Initiates timely reassessment of patient • Implementation of the appropriate Advanced Nursing Protocols for the patient • Review of lab results in a timely manner (goal ≤ 30 minutes) • Completion of physician orders within 1 hour • Recognizes patient urgencies: emergent, urgent and non-urgent **Objectives to be Met:** • Initiates timely reassessment • Utilizes time management to manage care for four patients **Assigned Learning:** ENA Emergency Nursing Core Curriculum: Chapter 16 Fluid & Electrolytes p.361-386

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
ENA Emergency Nursing Core Curriculum: Chapter 22 Obstetric & GYN Emergencies Quiz	

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 9 on Unit **Patient Assignment:** 4 patients with preceptor support **Focus of Learning:** Behavioral Health Patients **Competencies:** CPI Class **myLearning Modules:** Suicide Precautions **ENA Emergency Nursing Core Curriculum:** Chapter 16 Fluid & Electrolytes Quiz	**Practice Focus:** • Timely Assessment & Documentation on 4 patients (goal ≤ 30 minutes) • Initiating timely reassessment of patient • Implementation of the appropriate Advanced Nursing Protocols for the patient • Review of lab results in a timely manner (goal ≤ 30 minutes • Completion of physician orders within 1 hour • Recognizes patient urgencies: emergent, urgent and non-urgent **Objectives to be Met:** • Cares for behavioral health patient according to policies **Medications:** Haldol, Zyprexa, Geodon **Assigned Learning:** ENA Emergency Nursing Core Curriculum: Chapter 26 Psychiatric/Psychosocial Emergencies p.659-682

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 10 on Unit **Preceptor:** 4 patients with decreasing preceptor support **Focus of Learning:** Management of Critical Patients **myLearning Modules:** **ENA Emergency Nursing Core Curriculum:** Chapter 26 Psychiatric/Psychosocial Emergencies Quiz	**Practice Focus:** • Management of 4 patient assignment with minimal prompting from the preceptor • Requires minimum preceptor prompting for documentation assessment and reassessment **Objectives to be Met:** • Preceptor is a support for time and patient management strategies • Individualized to formal evaluation **Medications:** Critical Care Drips

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 11 on Unit **Patient Assignment:** 4 patients with little preceptor support **Focus of Learning:** Management of Patient Assignment	**Objectives to be Met:** Individualized to formal evaluation

Appendix C
Inexperienced Nurse Orientation Guidelines
Unit: Emergency Department

Unit Orientation	
	Orientation Guidelines
Week 12 on Unit **Patient Assignment:** 4 patients with little preceptor support **Focus of Learning:** Management of Patient Assignment	**Objectives to be Met:** Individualized to formal evaluation

Unit Orientation	
	Orientation Guidelines
Week 13 **Crash Course ED Nursing at Saint Agnes**	

Appendix D
Project Implementation Plan

Project Outline and Goals: Development of an Evidenced-Based Graduate Nursing Orientation Program

The goals of the program are to provide the new graduate nurse (NGN) with a standardized orientation process. A challenge of participating in the UHC/AACN New graduate Residency Program is orienting cohorts of six to ten NGNs in the department. The lack of six to ten competent or proficient preceptors required the development of a very structured process for the novice nurse and preceptor to follow. The work group formed to develop the program included the unit manager, unit educator, Clinical Nurse IV (proficient preceptor), two competent preceptors, and two novice preceptors. The work group focused on the development of the primary and secondary products.

Appendix D
Project Implementation Plan

Task	Parties Involved	Completion Target Date	Responsible Party	Product Outcome
1. Develop Implementation Timeline and Secondary Products	1. Project Developer 2. Unit Manager 3. Clinical Nurse IV	03/20/15	Project Manager	1. Implementation Timeline: A.) Primary Products: i. Orientation Guidelines ii. Projected Pathway iii. Evaluation Rubric iv. Evaluation Form v. Validation process B.) Secondary Products: i. Preceptor Education ii. Implementation Plan iii. Evaluation Plan C.) Hiring Dates (to correspond with NGN Residency Program) D.) Crash Course Development

Appendix D
Project Implementation Plan

Task	Parties Involved	Completion Target Date	Responsible Party	Product Outcome
2. Develop education and orientation for preceptors on the unit.	1. Project Developer 2. Unit Manager 3. Clinical Nurse IV 4. Educators	03/20/15	Project Developer	2. Supplemental educational design for existing preceptors on the use of orientation products. a.) Class Syllabus b.) Class Lesson Plan c.) Presentation Materials d.) Evaluation 3. Supplemental educational design to be included in the formal hospital preceptor program on the use of the orientation products. a.) Section Syllabus b.) Section Lesson Plan c.) Section Presentation Materials d.) Evaluation
2. Complete two-hour required supplemental education for preceptors and clinical leaders.	1. Project Developer 2. Clinical Nurse IV 3. Educators	03/20/15	1. Project Developer	1. Evaluation of education

Appendix D
Project Implementation Plan

Task	Parties Involved	Completion Target Date	Responsible Party	Product Outcome
	4. Preceptors			
3. Develop Orientation Binder Prototype	1. Project Developer 2. Clinical Nurse IV	03/25/15	1. Project Developer	1. Orientation Binder Prototype for reproduction
4. Develop Crash Course (Unit Based Consortium)	1. Project Developer 2. Clinical Nurse IV 3. Educators 4. Preceptors	05/15/15	1. Clinical Nurse IV 2. Educators 3. Preceptors	1. Class Syllabus 2. Class Lesson Plan 3. Presentation Materials 4. Evaluation
5. Evaluation Plan	1. Project Developer 2. Clinical Nurse IV 3. Educators 4. Preceptors	03/25/15	1. Project Developer	1. Casey-Fink survey questions to be followed 2. Orientation Process Survey 3. Transition Plan

Appendix D
Project Implementation Plan

Project Outline and Goals: Development of an Evidenced-Based Graduate Nursing Orientation Program
The goals of the program are to provide the new graduate nurse (NGN) with a standardized orientation process. A challenge of participating in the UHC/AACN New graduate Residency Program is orienting cohorts of six to ten NGNs in the department. The lack of six to ten competent or proficient preceptors required the development of a very structured process for the novice nurse and preceptor to follow. The work group formed to develop the program included the unit manager, unit educator, Clinical Nurse IV (proficient preceptor), two competent preceptors, and two novice preceptors. The work group focused on the development of the primary and secondary products.

The evaluation plan focus is on the increase of retention rates for the NGN at the one year and two year mark. The goal is to increase retention by 25% for the one year and two year data collection point. The comparison will be retention rates for NRP Cohorts 1-5. Tracking will be completed by the unit manager with an excel data base. The responses collected for the Casey-Fink Survey will also be tracked and compared to NRP Cohorts 1-5 with the goal to increase the confidence and skill level of the advanced beginner nurse. The survey is completed by all NRP participants through the UHC/NRP website and easily exported to an excel table which will be emailed to the nurse manager by the residency coordinator. The unit manager will track all data for comparison. All data is confidential and evaluators are unable to identify respondents to the survey. The goal is to increase the number of answers as “agree” versus “disagree or strongly disagree”. The program developer will transition administration of the program to the unit based Clinical Nurse IV at the conclusion of the project.

Appendix E
Evaluation Plan

Task	Parties Involved	Completion Target Date	Responsible Party	Product Outcome
1. Identify evaluation criteria	1. Project Developer 2. Unit Manager 3. Clinical Nurse IV	03/25/15	1. Project Developer	1. Retention Data: a. One year b. Two year c. Three year (Comparison will be NRP Cohorts 1-5)
2. Develop data tracking tools	1. Project Developer 2. Unit Manager 3. Clinical Nurse IV	03/25/15	1. Project Developer	1. Casey-Fink Survey Responses: a. One month b. Six months c. Twelve months (Comparison will be NRP Cohorts 1-5)
3. Develop data tracking time line	1. Project Developer 2. Unit Manager 3. Clinical Nurse IV	03/25/15	1. Project Developer	1. Data Tracking Timeline a. Retention b. Casey-Fink Survey
4. Transition of program to unit staff	1. Project Developer 2. Unit Manager 3. Clinical Nurse IV	04/06/15	1. Project Developer	1. Project developer transitions program to Clinical Nurse IV for implementation. a. Transfer electronic copies of all program forms and data. b. Transfer of all paper forms and data. c. Formal handoff communication and opportunity to ask questions.