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Improving New Nurses' Transition to Practice

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This is to certify that the doctoral study by

Merri Morgan

has been found to be complete and satisfactory in all respects,
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Walden University
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Abstract

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BSN, Old Dominion University, 2007

Capstone Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Almost 30% of new nurse graduates leave the position within the first year of practice, and almost 60% leave within 2 years. When new nurse graduates do not effectively transition into practice, nursing satisfaction is affected, and additional costs are incurred by their organizations through continual hiring of nurses. The purpose of this project was to develop a comprehensive, evidence-based nurse residency program (NRP) for new nurse graduates working in a 16-bed intensive care unit (ICU) of a 160-bed community hospital in the mid-Atlantic region of the United States. Using a team approach, Rosswurm and Larrabee's model of evidence-based practice was used to guide the project design, which included a pretest followed by 10 educational sessions. The plan concluded with a posttest to assess knowledge gained. The curriculum focused on 3 key areas identified by the Commission on Collegiate Nursing Education: leadership, patient outcomes, and the professional role of the nurse. Evaluation of the curriculum was completed by 3 Master of Science in Nursing-prepared content experts using a dichotomous scale. An average score revealed that the content met the objectives of each session. The experts also conducted a content validation index (CVI) of each pretest/posttest item using a Likert scale that ranged from 1 (*not relevant*) to 4 (*highly relevant*). The scale-CVI average, or the average CVI of all items, was .99; the universal agreement scale-CVI, or universal agreement of all items was .98, meaning there was high agreement across raters. Nurses who participate in the nurse residency program will be better able to transition into practice in the ICU as they provide care for today's complex patients, thereby positively influencing social change in their role as nurses as well as impacting patient, family, and organizational outcomes.

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Dedication

This project is dedicated to the critical care nurse – past, present, and future – who give their all to care for those acutely and critically ill.

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This project would not be complete without the mentorship and understanding of a few people.

First, to Dr. Moon, who is a fount of knowledge and wisdom. Thank you for providing clarity and guidance along the way.

To Dr. Kathie Zimbro, Dr. Susan Winslow, and Dr. Lois Andrews, who graciously provided their time and experience so that I might be successful in my educational journey. Thank you for your commitment to the profession of nursing.

To my nursing friends, Melissa and Kathy, who listened when I whined and wanted to give up, who "got" what I was talking about.

To my nonnursing friends, for your encouragement and support, even when you didn't know what I was talking about.

Finally, to my family, especially my son, Drayton, who recently graduated from high school and began embarking on his own educational journey. Know that the sky isn't the limit. Learning is a lifelong endeavor and only a foolish person believes they know it all.

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Section 1: Overview of the Project

Introduction

The Essentials for Doctoral Education for Advanced Nursing Practice identifies a structure for doctorate of nursing practice (DNP) programs to provide the necessary education to prepare nurses to become competent in assuming advanced practice, faculty, and leadership roles (American Association of Colleges of Nursing [AACN], 2006). Essential III speaks to clinical scholarship and analytical methods for evidence-based practice (EBP), specifically to critically appraise the evidence to implement best practice, design, and implement processes to evaluate outcomes (AACN, 2006). My focus with this DNP project was to design a NRP in our intensive care unit (ICU).

A NRP is a formalized program that helps ensure the successful transition of the new nurse graduate to practice (AACN, n.d.). NRPs are typically 6 months to 1 year in length and offer formalized classes that cover a wide range of topics including nurse leadership, collaboration, patient outcomes, and EBP (AACN, n.d.). When new nurse graduates effectively transition to the critical care practice setting, the likelihood of remaining in the practice setting increases (Harrison & Ledbetter, 2014; Hillman & Foster, 2011).

The potential benefits of a NRP are improved nurse satisfaction scores as well as the longevity of employment of new nurse graduates (Al-Dossary, Kitsantas, & Maddox, 2014). Currently, our ICU experiences less than ideal staff satisfaction scores as well as a high nurse turnover rate. The Institute of Medicine (IOM; 2010) recommended the implementation of NRPs in the report of the future of nursing. NRPs provide new nurse graduates with the knowledge and skill to provide safe, quality care that meets a defined standard of practice (IOM, 2011). NRPs

also reduce first-year turnover rates of new nurse graduates and promote professional growth (Al-Dossary et al., 2014; Missen, McKenna, & Beauchamp, 2014).

Finding and retaining experienced candidates to fill the nurse vacancies has proved challenging at an ICU at the mid-Atlantic community hospital for which this project was designed. The turnover rate and vacancy rate were reviewed by the ICU nurse manager and nursing leadership within the organization, and the rates were higher than the national benchmark for the last several quarters. Both the high vacancy and turnover rates in the ICU led to the existing staff's dissatisfaction, which was expressed anecdotally and in the annual job satisfaction survey.

The nurse manager has tried to fill vacancies on the unit by hiring nurse graduates with a Bachelor of Science (BSN) degree. Unfortunately, the stressful nature of the ICU environment and the lack of a structured mentoring and/or precepting process leave these new graduates ill-prepared to cope with the demands of their job after their orientation period ends (Missen et al., 2014). The new nurse graduate requires prolonged orientation periods, which contribute to the burnout of the existing nurses and result in even more turnover of nursing staff (Sawatzky, Enn, & Legare, 2015).

The hospital currently offers an ongoing 3-month orientation period where new nurse graduates (i.e., preceptees) are paired with an experienced critical care nurse (i.e., preceptor) who is defined as a nurse with more than 1 year of critical care experience, to facilitate the orientation process. The preceptor and preceptee are paired together throughout the course of the 3-month orientation process. As part of the orientation process, the preceptor completes the preceptee's competency form to validate the knowledge, interprofessional, and technical skills of the new

nurse graduate working in the adult ICU setting. Once the orientation is completed and the competency checklists are validated by the ICU nurse educator and the ICU nurse manager, the new nurse graduate is deemed competent to begin caring for the critically ill patient.

The challenge with the orientation process that prompted this project was that the focus was towards mastering the clinical skills required for the ICU setting. During orientation, the preceptor does not formally review other essential topics necessary for the successful transition of the new nurse graduate, including scope of practice, ethical dilemmas, shared governance, EBP, collaboration, communication, and administrative-type processes exclusive to the ICU such as scheduling time off and fixing clocking issues. This lack of knowledge leads to job dissatisfaction, as expressed anecdotally by the nursing staff and in the annual RN satisfaction survey, and is realized in high turnover rates and low nurse satisfaction scores. Researchers have suggested that a formalized, structured NRP improves new nurse graduate's satisfaction with their job and reduces their intent to leave the organization (Missen et al., 2014).

In the ICU under study, preceptors were expected to form a lasting, collaborative relationship with their preceptees during orientation, but there was no process in place to continue fostering that relationship. There was no guarantee that the preceptor and preceptee would continue to have aligned work schedules. Further, there was no formalized mentorship program in place in the ICU to provide collegiality between the new nurse graduate and another, more experienced critical care nurse.

Background

Nursing turnover can be classified as either *external*, where the nurse leaves the organization, or *internal*, where the nurse changes position inside the organization (Hayes et al.,

2012). The consequences of nursing turnover are realized in three distinct areas: the economic impact of individual healthcare organizations, nursing care outcomes, and patient outcomes (Hayes et al., 2012). Roughly 30% of new graduate nurses leave within the first year of hire, and upwards of 60% leave within the second year (Twibell et al., 2012). Low job satisfaction and lack of patient safety are the two main reasons new graduate nurses leave their current place of employment (Hunt, 2009; Twibell et al., 2012).

There is a shortage of nurses capable of caring for the critically ill adult population, evidenced by the number of hospitals requesting outside resources (i.e. traveler nurses) to help supplement existing work forces (American Association of Critical-Care Nurses [AACCN], 2015). To help offset nursing shortages in the ICU, nurse managers are filling open positions with new nurse graduates. Unfortunately, 30% of new nurse graduates leave their position within the first year (Twibell et al., 2012). New nurse graduates leave their position either due to low job satisfaction, and cite reasons such as a lack of collegiality or collaboration in the workplace or practice setting; or an inability to ensure the safety of patients due to lack of resources, staffing ratios, and insufficient clinical experience (Twibell et al., 2012). Nurse turnover causes an undue burden on hospitals. Depending on specialty and facility size, the average cost associated with nurse turnover was between $44,000 and $63,000 (Nursing Solutions, Inc., 2014). NRPs have demonstrated an improvement in staff satisfaction, retention rates, as well as competency and confidence among new nurse graduates (Anderson, Hair, & Todero, 2012; Rush, Adamack, Gordon, Lilly, & Janke, 2013).

Problem Statement

The problem I identified in this DNP project was the lack of a NRP in the mid-Atlantic community hospital's ICU, which leadership felt might solve the challenge of increased nursing turnover rates and decreased nursing satisfaction as evidenced by human resources data and nursing satisfaction surveys. The IOM (2010) recommended the implementation of NRPs and prescribed actions to be taken to implement and support NRPs. The expectation was that there would be improvement in the retention of nurses, an expansion of nurses' competencies, and the improvement in patient outcomes (IOM, 2010). Currently, the organization under study does not offer a NRP in the ICU, or in any other nursing unit. While patient outcomes outperform the mean of national reporting databases, the ICU has challenges with nurse turnover rates of new hires and job satisfaction scores.

Findings from the literature supported the use of NRPs to combat the challenges the ICU has been facing (see Anderson et al., 2012; Rush et al., 2013). NRPs increase the knowledge and clinical decision-making skills of new nurse graduates (Al-Dossary et al., 2014). High turnover rates affect not only the profitability of the organization, but the performance of the staff on the unit (Hunt, 2009). Low job satisfaction is attributed to a lack of collaboration among the healthcare team (Twibel et al., 2012). Staffing ratios and lack of resources contribute to patient safety concerns and dissatisfaction among staff (Hunt, 2009; Twibel et al., 2012). Further, new nurse graduates who are ill-prepared to cope with the demands of their job due to a lack of a formalized NRP are more likely to leave within the first year (Missen et al., 2014).

Purpose Statement

The purpose of this DNP project was to develop an evidence-based, comprehensive NRP for new nurse graduates working in the ICU of a mid-Atlantic hospital. The implementation of a NRP is expected to fill the gap between what is evidenced in the literature on the effectiveness of NRPs in decreasing staff turnover rate and increasing staff satisfaction and what is happening in the hospital for which I designed this DNP project.

Goals and Outcomes

Goals

The long-term goal of the DNP project will be to improve the turnover rate of new nurses and increase nurse satisfaction rates of nurses employed in the ICU under study. While the outcomes were evaluated as part of the project, the long-term goal will be evaluated after implementation of the project, which will occur after I graduate from Walden University.

Outcomes

The outcomes that I developed for this project were:

Outcome I: Literature Review Matrix (see Appendix B)

Outcome II: Curriculum Plan – Nursing Residency Program (see Appendix C)

Outcome III: Pretest/Posttest (see Appendix G)

Conceptual Framework

The Rosswurm and Larrabee (1999) model (RLM) for EBP as the framework to guide the DNP project (see Appendix A). The six-step linear process begins with an assessment of the need for change and culminates with the integration of the change into practice and identifies tasks for each step (Rosswurm & Larrabee, 1999). Assess, the first step, was discussed in the

background and problem statement subsections. In the problem statement, I linked the problem with interventions and outcomes, which was the second step of the model. The third step, synthesis, will be discussed in depth in Section 2.

I used Benner's (1982) novice to expert model to develop the curriculum for the project. In the novice to expert model, Benner described five levels of skill attainment: (a) *novice*, an individual with no experience with situations in which they are expected to perform; (b) *advanced beginner*, an individual who is marginally capably of acceptable performance; (c) *competent*, an individual who has typically been in the role for 2 to 3 years; (d) *proficient*, an individual who "sees the whole picture" and relies on experience to modify plans based on typical events that have occurred in a given situation; and (e) *expert*, an individual who has an intuitive grasp of the situation based on extensive background knowledge.

Nature of the Project

The nature of the project included an extensive literature review where I identified the scope (i.e., design, key elements, and duration) of NRPs established in ICUs. I identified key stakeholders of the ICU NRP under study from which I assembled a team. The team was comprised of myself as the project manager, the ICU nurse manager, the ICU nurse educator, an ICU charge nurse, and an ICU preceptor. A curriculum and pretest/posttest for the ICU NRP was developed for this project. Implementation and evaluation will occur upon my graduation.

Definition of Terms

The following terms were used in the development of this project:

Mentoring: A one-on-one relationship that includes both formal and informal support, guidance, coaching, teaching, and counseling and occurs within and outside the clinical setting (American Nurses Association, 2011).

New nurse graduate: A nurse who has graduated from either an Associate Degree in Nursing program or a BSN program with less than 1 year of experience (Welding, 2011).

Preceptor: An experienced nurse responsible for orienting new nurses to practice in a given clinical setting (Alspach, 2000).

Preceptee: A nurse new to a new clinical setting who receives instruction in clinical practice and institutional policies and procedures (Alspach, 2000).

Residency program: A program consisting of key elements to help transition new graduate nurses into practice (University HealthSystem Consortium[UHC]/AACN), 2012).

Assumptions

Assumptions are statements believed to be true based on logic or reason, though there is no proof or verification (Polit & Beck, 2008). My assumptions in this project included:

- New nurse graduates were considered advanced beginners according to Benner's model.
- Nurses and leadership had a vested interest in ensuring the success of new nurse graduates' transition to practice

Scope and Delimitations

The NRP I developed in this project was limited to the ICU setting. New nurse graduates hired to work in the ICU participated in the project. After implementation, the ICU NRP will be available for adoption by other divisional ICUs in the healthcare system.

Significance to Nursing

This DNP project will have a multifactorial impact on nursing. Attaining a project goal of improving the transition process for new nurse graduates would increase the likelihood he or she would remain with the organization. Retaining new nurse graduates would result in an improved work environment and save the organization money due to a reduction in continually educating new nurses to work in the ICU (see Bratt & Felzer, 2011; Goode et al., 2009; Olson-Sitki, Wendler, & Forbes, 2012). Further, retaining new nurse graduates allows for the natural progression of knowledge acquirement which would result in improved outcomes for the patient (see Bratt & Felzer, 2011).

Summary

In Section 1 of this project study, a brief overview of the background and practice problem related to the transition of new nurse graduates to the ICU setting was provided. The purpose statement of the project, along with goals and objectives were identified. I also discussed the selection of the RLM for EBP as the framework to guide the project and described Benner's novice-to-expert theory as a means to create the curricula. The significance to the organization and to the nursing profession was also provided. In Section 2, I will provide a detailed literature review and theoretical framework that guided the project.

Section 2: Review of Scholarly Literature

Introduction

The problem that I identified in this DNP project was the lack of a NRP in the ICU of a mid-Atlantic community hospital, which leadership felt might solve the challenge of increased nursing turnover rates and decreased nursing satisfaction as evidenced by human resources data and nursing satisfaction surveys. The purpose of the DNP project was to develop an evidence-based, comprehensive NRP for new nurse graduates working in the ICU. With nearly 30% of new nurse graduates leaving their position within the first year of employment (Twibell et al., 2012), hospitals have sought to identify why new nurse graduates leave in order to identify strategies to improve retention rates. Four types of methods that have been used by organizations to reduce turnover include increasing the number of nursing candidates, making nursing jobs more attractive, screening nursing candidates to ensure a proper fit with the organization, and improving methods to educate and retain nurses after hire (Hunt, 2009). NRPs have shown a demonstrated improvement in both nurse satisfaction and turnover rates (Al-Dossary et al., 2014).

Literature Search Strategy

I conducted a search of the CINAHL, PubMed, and Cochrane Review databases using the following keywords: *nurse residency program*, *nurse transition program*, *nurse satisfaction*, *nurse turnover,* and *new graduate nurse.* The search was limited to publications from 2000 to 2015. The search was then expanded to include forward citation searching, or footnote searching, of pertinent articles from the resulting body of literature. I initially reviewed a total of 119 article abstracts and located 19 pertinent articles (see Appendix B). The hierarchy of evidence included

five systematic reviews and 12 descriptive studies. One expert opinion report was added for content, as was the CCNE Standards for Accreditation of Entry-to-Practice NRPs.

Theoretical Framework

The RLM for EBP was developed to guide nurses through the systematic process for changing to EBP (Rosswurm & Larrabee, 1999).

The model is comprised of six steps:

1. Assessment for practice change,
2. Identification of problem interventions and their impact on outcomes,
3. Synthesis of best practice evidence,
4. Design practice change,
5. Implementation and evaluation, and
6. Integration and sustainment in practice (Rosswurm & Larrabee, 1999).

Rosswurm and Larrabee (1999) also developed a worksheet that assists the clinician with critiquing the literature. Using the worksheet helps to identify appropriate interventions, evaluate the validity and reliability of measurement tools utilized in a study, and determine the feasibility of practice change implementation based on evidence hierarchy.

The RLM has been used to successfully guide a number of EBP projects (Christ-Libertin, Heyne, & Krichbaum, 2015; Holland & Moddeman, 2012; Riley, Hill, Krause, Leach, & Lowe, 2011). Christ-Libertin et al. (2015) used the RLM to develop an infrastructure to support EBP. Holland and Moddeman (2012) used the RLM as a framework to implement a NRP. Finally, Riley et al. (2012) used the RLM to guide nurses in EBP adoption and subsequently measured nurses' attitudes regarding the value, role, interest, and experience in research.

Conceptual Models

The novice to expert model identifies five levels of proficiency for the acquisition and development of clinical skills (Benner, 1982). New nurse graduates are defined as advanced beginners as they have no clinical experience with situations in which they are expected to perform outside of nursing school clinical rotations (Benner, 1982). The advanced beginner does not have the ability to utilize discretionary judgment given their lack of experience but has begun to recognize recurring meaningful components (Benner, 1982). Further, the advanced beginner uses experiences to formulate principles to guide actions (Current Nursing, 2013). To be successful, the advanced beginner must be supported by, at minimum, a competent level nurse so that a patient's needs are not overlooked because the advanced beginner is unable to consistently determine what care is most important (Benner, 1982).

Fero, Witsberger, Wesmiller, Zullo, and Hoffman (2009) evaluated the critical thinking ability of new graduates and experienced graduates and their findings were similar to Benner's. Fero et al. (2009) used the Performance Based Development System to assess areas such as the nurse's ability to initiate independent nursing interventions and provide relevant rationale to support decisions, differentiate urgency, report essential clinical data, anticipate relevant orders, and recognize problems. New nurses were less likely to meet expectations compared with more experienced nurses (Fero et al., 2009).

Benner's novice to expert model was also used in three other studies (Goode et al., 2009; Krugman et al., 2006; Rosenfeld et al., 2004). The novice to expert model is comprised of five levels; the third level, competent, is not achieved until the nurse has 2 to 3 years of experience (CITE). Goode et al. (2009) and Krugman et al. (2006) slightly modified the model to state that

the new nurse graduate achieves competent status, rather than advanced beginner status, which would be the true definition of a new nurse graduate.

Literature Review

Nurse Residency Programs (NRPs)

Step 3 of the RLM is the synthesis of best evidence (CITE). In this subsection, I will describe some NRPs currently in place and how they are designed.

The Joint Commission (JC; 2001) presented a white paper addressing broad issues that might potentially impact the health of the American public. The JC identified three strategies to ensure safe, high-quality health care, the first strategy being to create a culture of retention. One of their most prominent solutions to achieving retention was the development of NRPs (JC, 2001).

The UHC/AACN (2012) developed a 1-year NRP comprised of three core components: (a) leadership, (b) patient outcomes, and (c) professional role. In their study, Goode, Lynn, Krsek, and Bednash (2009) used the UHC/AACN program as the framework for a NRP. The authors divided new nurse graduates into small cohorts based on their date of hire to facilitate trusting relationships amongst the participants. Then they divided their program into two phases. In the first phase, which took place during the first 6 months, the new nurse graduate participated in the organization's orientation. During this phase, specialty training targeted to key clinical areas was included, as were monthly resident seminars, focusing on the curriculum developed by the UHC/AACN. The remaining 6 months, Phase 2, new nurse graduates continued with monthly seminars incorporating the three key components mentioned earlier. Professional role development was also a focus, and the participants were advised in mentor selection and career

growth. EBP was a theme throughout the program, so only BSN-prepared nurses were eligible to participate in the NRP (Goode et al., 2009).

The NRP at New York University Hospitals Center (NYUHC) was a 1-year program for new BSN-prepared graduates; only BSN-prepared graduates are hired at NYUHC given the complexity of an academic medical environment (Rosenfeld, Smith, Iervolino, & Bowar-Ferres, 2004). The NYUHC NRP was adopted from the 2-year Boston hospital program. The program included a mentorship piece and an educational component and followed the completion of the organization's traditional 8- or 12-week orientation. The NRP also included clinical practice with mentors and other role models, clinical education days off the unit, and educational course offerings that were unit-specific as well as those that encompassed general aspects of nursing (Rosenfeld et al., 2004).

The NRP developed at two Wisconsin healthcare systems utilized a community-learning design (Herdrich & Lindsay, 2006). The critical care NRP was 6 months and comprised of weekly 2-hour educational sessions. Prior to starting this program, participants completed a learner style assessment for placement into the appropriate learning cohort. Learning sessions occurred at regular intervals, and the participants were tasked with completing both pre- and postsession assignments to facilitate discussion amongst the group; the participants were then tasked with incorporating those principles into their practice and discuss with the group the results (Herdrich & Lindsay, 2006).

The Varner and Leeds (2012) 2-year NRP had four phases. The first three phases – *orientation*, *transition*, and *transformation*, respectively – were mandatory elements of the program. The final fourth phase, *exploration*, which takes place in the second year, involves four

quarterly meetings that include debriefing and continuing education classes (Varner & Leeds, 2012) New nurse graduates participate in facility events and committees to gain a more global view of hospital operations (Varner & Leeds, 2012).

Nurse Satisfaction and Nurse Residency Programs (NRPs)

One outcome measure of NRPs was nurse satisfaction. When nurses were happy in their position, they would be less likely to leave the organization (Asegid, Belachew, & Yimam, 2014). Three established tools were identified in the literature to measure nurse satisfaction: the McCloskey Mueller Satisfaction Scale (MMSS), the Nurse Job Satisfaction Scale (NJSS), and the Casey-Fink Tool (Bratt & Felzer, 2011; Krugman et al., 2006; Olson-Sitki et al., 2012).

The MMSS (Cronbach's alpha = 0.82) was used by Krugman et al. (2006) and Goode et al. (2009). The MMSS is a 31-item Likert-type scale tool with responses from *agree* to *disagree* and that includes eight elements: scheduling, coworker relations, praise and recognition, professional opportunities, family and work balance, interactions professionally, supervisor relations, and control and responsibility (Goode et al., 2009; Krugman et al., 2006). Krugman et al. included six pilot sites in their NRP and nurse satisfaction was measured at hire, 6 months, and 1 year. Five sites showed positive improvement in nurse satisfaction (Krugman et al., 2006).

Goode et al. (2009) also measured nurse satisfaction at hire, 6 months, and at the 1 year mark (program completion). Their study was comprised of 622 nurses who participated in the NRP. Nurse satisfaction was high at hire date, had a negative trend at the 6-month mark, and rebounded at the end of the NRP (Goode et al., 2006). No reason was given for the decrease in nurse satisfaction at the completion of the program; however, Goode et al. questioned if Kramer's notion of *reality shock* might be of some significance. Reality shock occurs when new

nurse graduates begin working as a nurse, and after having spent several years in a nursing program believing that the education they received would prepare them to function in the role, find that they have not been sufficiently prepared (Kramer, 1974).

In their study, Bratt and Felzer (2011) measured nurse satisfaction using the NJSS (Cronbach's alpha = 0.90). A total of 468 newly licensed registered nurses were included in their study and completed the NJSS, a 23-item Likert-type scale tool with responses from *strongly disagree* to *strongly agree*. The NJSS included three elements: quality of care, enjoyment, and time to provide care. Bratt and Felzer also measured nurse satisfaction at hire, 6 months, and 1 year. Overall nurse satisfaction scores were higher at 1 year than at hire or 6 months (Bratt & Felzer, 2011).

The Casey-Fink Graduate Nurse Experience Survey tool was used in the Olson-Sitki et al. (2012) study. The Casey-Fink tool was comprised of Likert-type scale items, multiple choice questions, and a few open-ended questions (University of Colorado Health, 2015). In their study, nurse satisfaction was measured at 6 months and 1 year (program completion). There were no differences between 6 months and year regarding job aspects such as scheduling, salary, vacation, benefits, and opportunities for advancement (Olson-Sitki et al., 2012). Individual items such as salary, hours worked, and options for advancement had satisfaction rates of 73%, 78%, and 68%, respectively (Olson-Sitki et al., 2012).

Nurse Turnover Rates and Nurse Residency Programs (NRPs)

Nurse turnover rates were also an outcome measure for NRPs. Nurse turnover rates were quantified by the rate of new graduate nurses who leave the organization within one year of hire. In 2014, the nurse turnover rate was 16.4%, a rate that has steadily increased since 2011

(Nursing Solutions, Inc., 2015). Krugman et al. (2006) reported a turnover rate of 8% after the completion of the first NRPs. This rate was well below the published nurse turnover rates since 2010 (Nursing Solutions, Inc., 2015). Olson-Sitki et al., (2012) had nurse turnover rates of 15% and 12% in the 2 years preceding the NRP. After program implementation, nurse turnover rates were 7% and 11% for the following 2 years. Goode et al. (2009) reported success decline in turnover rates beginning at 12%, then decreasing to 9% and 5.7% in successive years. In 2005, the nurse vacancy rate was 50% at Grandview Medical Center and Southview Medical Center. After the first year of the NRPs at the two sites, the average turnover rate was 5% (Varner & Leeds, 2012).

Bratt and Felzer (2011) utilized the Organizational Commitment Questionnaire to measure the 468 program participants' intent to stay. The commitment scores were measured at baseline, 6 months, and 12 months. Commitment scores were lower at 6 months (76.6±13.6) and 12 months (77.2±10.8) compared to baseline (80.0±12.4) (Bratt & Felzer). However, there was a slight increase between the scores at 6 months and 12 months. Bratt and Felzer believe that the decrease in scores, while disconcerting, might be attributed to new graduates still being in the "shock phase" of Kramer's reality shock model and were struggling with their role transition. Actual nurse turnover rates were not included.

Summary

In Section 2, the literature of NRPs and the theoretical frameworks used by the various NRPs was summarized. I also discussed the impact NRPs had on nurse satisfaction and nurse turnover rates. In Section 3, the approach that was used in the development of the NRP project for this study will be discussed.

Section 3: Approach

Introduction

The purpose of this DNP project was to develop an evidence-based, comprehensive NRP for new nurse graduates working in the ICU of a mid-Atlantic community hospital. In Section 3, I will address the approach I took in developing the ICU NRP, review ethical considerations, discuss the budget plan, and briefly describe the evaluation plan. The RLM provided the framework for the NRP development and provided a step-by-step process for initiating an EBP change (Rosswurm & Larrabee, 1999).

Approach

The project approach I used in this study was a team approach through which each idea and opinion brought forth by one member had the benefit of being vetted and verified by the other members (see Evidence Based, Inc., 2012). The individuals of the team had rich personal history and experience that would eliminate groupthink (see Evidence Based, Inc., 2012), a phenomenon by which a group valued "harmony and coherence over accurate analysis and critical evaluation" (Psychology Today, n.d., para. 1). Team members acted as an internal quality control to ensure any subject matter brought forth is pertinent to the project (see Evidence Based, Inc., 2012).

The Team

I led the team of stakeholders as project manager. As the project manager, my role was to identify the goals of the project, motivate others to act, and provide support to achieve the goals (see Davidson, Elliott, & Daly, 2006). Managers act as a key resource and role model; communicate effectively and listen actively; and influence, inspire, and motivate others (Mannix,

Wilkes, & Daly, 2013).The team stakeholders guided the development of an ICU NRP. Stakeholders were defined as persons involved or affected by a course of action ("Stakeholder," 2015).

I already established the first two steps of the RLM, assess and link, in Section 1. Steps 3 and 4 of the model describe the synthesis of evidence and design of the practice change, respectively, which I previously discussed in Section 2.

Following RLM Step 3: Synthesis, the team members provided suggestions of topics, based on identified gaps of new nurse graduates, to be included in the curriculum of the NRP; topics were exclusive of clinical tasks, as the new graduates are provided that instruction during the orientation process. I conducted a thorough literature review of NRPs and presented a discussion of my findings previously in Section 2. The results were presented to the team to corroborate suggested topics.

Following RLM Step 4: Design, the team members and I held bi-weekly meeting for 2 weeks to brainstorm about residency program content. A small working group provided a nonthreatening environment in which members discussed preferences and opinions (see O'Haire et al., 2011). Based on the NRP literature review that I conducted, the NRP curricula plan developed including relevant educational topics; the methodology of teaching (PowerPoint presentations, case studies, role playing, etc.); the length of sessions; and the length of the program. Once content was determined, the team met to evaluate the educational materials as they were developed. Each component of the NRP was approved by team members.

Population

Existing nursing staff working in the study site ICU team had expressed the need to retain new nurse graduates and was committed to the success of developing an ICU NRP. Further, the RLM promoted the use of qualitative and quantitative data, clinical expertise, and contextual evidence in EBP change (Rosswurm & Larrabee, 1999). Nurses with less than 1 year of experience hired to work in the ICU will be included in the program.

Ethical Considerations

The DNP project was approved by the Walden University Institutional Review Board (IRB). The IRB approval number is 08-30-16-0456716. There was minimal risk for this DNP project.

Budget

There was no cost associated with the development of the NRP program or with utilizing space in the facility for each educational session. A few budgetary considerations included the cost of the salary for the person(s) who would be conducting the sessions, the time the new nurse graduate would be working off the unit, and the cost associated with educational handouts and training aids. The nursing administration cost center will be used to budget for paper-related expenses. The training and education cost center will used to budget for the new nurse graduates' attendance at the educational sessions. The cost of the educator will be absorbed by the education department since facilitating each session would become a responsibility of the existing educators in the hospital.

Evaluation Plan

Step 5 of the RLM provides for the implementation and evaluation of the practice change (Rosswurm & Larrabee, 1999).

Implementation

The NRP will be implemented after my graduation from Walden University. Participants in the NRP will be comprised of new nurse graduates hired to work in the study site ICU. The NRP will be promoted as a pilot program in the ICU, so consent from the participants would not be necessary.

Evaluation

The evaluation plan for my project was two-fold. The first was the project development phase. Then there was a content evaluation of the curriculum and a content validation index (CVI) of the pretest/posttest items by content experts, a review of the construction of the items by an expert in assessment, and a summative evaluation by the stakeholders from responses on an open-ended questionnaire related to the project development process, the project, and my leadership role.

Data Analysis

I conducted descriptive statistics when developing the curriculum and computed a CVI score for the pretest/posttest.

Summary

In Section 3, I discussed the approach and rationale to developing an evidence-based ICU nurse residency plan. Key stakeholder involvement and responsibilities, including my role, were described. I explained ethical considerations and detailed the cost associated with the NRP.

Finally, I provided an overview of the evaluation plan which included content evaluation of the curricula and a CVI of the pretest/posttest items as well as the data analysis plan. Section 4 will include a discussion of findings, implications, recommendations for practice, and a self-evaluation of my leadership role during the project development process.

Section 4: Evaluation and Findings

Introduction

Framed within the RLM, The purpose of this DNP project was to develop an evidence-based, comprehensive NRP for new nurse graduates working in the ICU of a mid-Atlantic hospital. Outcome products of this project included a literature review matrix, program curriculum, and a pretest/posttest. I developed a literature review matrix by critiquing relevant journal articles utilizing the Melnyk and Fineout-Overholt (2011) level of evidence hierarchy. The literature review matrix and the curriculum content were evaluated by content experts and the pretest/posttest items of the NRP were validated by content experts. All the outcome products I developed were approved by the stakeholder committee. A summative evaluation as to my leadership skills with the project was also undertaken by key stakeholders, and the results of this evaluation will be presented further in this section.

Evaluation and Findings

My findings in the empirical literature suggested that new graduate nurses who are better prepared through didactic learning, in addition to the hands-on skills taught by experienced nurse preceptors as part of the onboarding process, have a higher probability of remaining in their current position after 1 year (Goode et al., 2009; Krugman et al., 2006; Olson-Sitki et al., 2012; Varner & Leeds, 2012). With the process of gained experience through learning phenomenon in mind, I used Benner's (1982) novice-to-expert model as the conceptual model in the development of the ICU NRP curricula.

To develop a robust, evidence-based NRP for the ICU, I gathered a team of stakeholders to brainstorm topics, educational formats, and the general makeup of the NRP. Meetings were

held bi-weekly for 2 weeks and then once more after the curricula plan was developed. Members of the team included myself as the team leader, the unit manager, clinical nurse specialist, unit coordinator, and a preceptor. My role as the project manager was to guide the planning and organization of the project and control resources to achieve a specific goal (see Phillips & Simmonds, 2013).

Outcome 1: Literature Review Matrix

Discussion. I provided the team with the results of the literature review matrix (see Appendix B), which I developed by critiquing relevant journal articles using the Melnyk and Fineout-Overholt (2011) level of evidence hierarchy. The team also had access to the matrix journal articles via an internal journal club created by the organization's librarian. The organization's librarian explained that an electronic journal club allows multiple people to access journal articles uploaded by the librarian without impacting copyright laws.

Evaluation. The team agreed the literature review encompassed all areas of NRPs, including program design and evaluative measures.

Data. None.

Recommendation. There were no further recommendations from the team.

Outcome 2: Curriculum Plan - Nurse Residency Program

Discussion. As part of the existing onboarding process at the study site, new nurse graduates in the ICU complete online learning modules focus on the pathophysiology of the various body systems, associated complications, and treatment modalities. These educational modules, combined with a 16-week one-on-one clinical precepting experience with an expert nurse comprised the preparation new nurse graduates received to competently care for the critical

care patient. While the nursing staff is very supportive of one another, especially when new experiences arise in the unit, little to no additional learning was made available to new nurse graduates after the onboarding orientation period, excepting annual competency skills review or new equipment and product in-services.

Many NRPs described in the literature suggested a 6-month to 1-year learning format. Sessions lasted from 2 hours to 8 hours. Little difference was noted in expected outcomes of improved retention rates and staff satisfaction (Bratt & Felzer, 2011; Goode et al., 2009; Krugman et al., 2006; Olson-Sitki et al., 2012; Varner & Leeds, 2012).

I developed a curriculum plan (see Appendix C) and the curriculum content (see Appendix D1–D10) which is comprised of 10 educational sessions, the first beginning in the third month of the new nurse graduate's date of hire and the last education session occurring during the 1-year employment mark. Each education session encompasses the tenets of the CCNE (2015) residency program: leadership, patient outcomes, and the professional role. These education sessions included:

- Month 3 – American Nurses Association (ANA) Scope & Standards of Practice, ANA Code of Ethics, and AACCN Synergy Model
- Month 4 – Clinical 3 Diagnoses (Sepsis, Pneumonia, and Heart Failure)
- Month 5 – Case Studies (Stroke, Diabetes, End Stage Renal Disease, Hypertension, and Gastrointestinal Bleeding)
- Month 6 – Nursing at the Hospital (BSN Rate, Certification Rate, Work Environment Index, Rewards and Recognition, and Customer Service, Nursing Strategic Plan)
- Month 7 – Alarm Fatigue and Other Common ICU Phenomenon

- Month 8 – Housekeeping Items, Part 1 (Self-Evaluation, Peer Review, Annual Review, Individual Goals, and New BSN Graduate Support Group)
- Month 9 – Housekeeping Items, Part 2 (Occupational Health, State Board of Nursing, Continuing Education Requirements, and Hospital Mandatory Education)
- Month 10 – Professional Practice Model and Shared Governance
- Month 11 – Nurse-Sensitive Indicators, Quality Improvement, and Nursing Peer Review
- Month 12 – EBP and Nursing Research

Evaluation. Three Master's prepared nurses with roles in clinical nursing education served as content experts. The content experts had a minimum of 8 years' experience, with one expert having 20 years of experience. These content experts were tasked with evaluating of the ICU NRP curricula against the stated objectives. I provided the content experts with the literature review matrix, curriculum plan, and curriculum content, and the used the Content Expert Evaluation form (see Appendix E) to evaluate whether the objectives were either *not met* = 1 or *met* = 2.

Data. Content evaluation summary = 2 (see Appendix F).

Recommendation. With the turnover benchmark for new nurses set at 1 year, the team felt that having a NRP that lasted a year provided the support new nurse graduates needed to be successful in their new role in the ICU. Additionally, the team agreed that new graduates in the ICU would be overwhelmed with the NRP starting with their hire date given the additional computer-based learning modules that needed to be completed within the first 6 weeks to 2 months of the onboarding process. Together, we made the determination that the NRP

curriculum plan would begin in Month 3 and be comprised of ten 4-hour learning sessions. With this design, the new nurse graduate would complete the NRP on their 1-year work anniversary.

Outcome 3: Pretest/Posttest Content Expert Validation

Discussion. I developed a 5-item pretest/posttest for each of the 10 learning sessions to gauge the knowledge new nurse graduates gained through the educational experience (see Appendix G). Of the total 50 items, 29 were multiple choice and 21 were true/false. Each item construct was reviewed by a Ph.D. in Educational Psychology with a specialty in assessment and statistics and subsequently validated by the three Master's prepared content experts.

Evaluation. Polit, Beck, and Owen (2007) identified the CVI as an appropriate indicator to evaluate multiitem scales. In this project, the content experts rated relevance of each item on a 4-point scale where 1 = not relevant, 2 = somewhat relevant, 3 = relevant, and 4 = very relevant. The content experts were provided with a copy of the test, the literature, and the curriculum to facilitate content validation of the test items (see Appendix H).

Data. Each question received an individual CVI score (I-CVI), and the entire pretest/posttest received a summary CVI (S-CVI) score. Forty-nine of the 50 questions had an I-CVI of 1.00, which meant that all three experts rated the question as either quite relevant (3) or highly relevant (4). The test exceeded the accepted minimum .80. The average CVI of all items (S-CVI/Ave) was .99; the universal agreement of all items (S-SCI/UA) was .98 (see Appendix I).

Recommendation. The assessment expert recommended to limit "all of the above" answers and equally distribute "true/false" items.

Summative Evaluation

At the conclusion of the DNP project, I invited stakeholders to complete an open-ended anonymous questionnaire (see Appendix J). The questionnaire was distributed via e-mail; the stakeholders completed the questionnaire then scanned their forms to myself. This method ensured anonymity on the part of the stakeholder as the "from" field populated as the printer. The evaluation topics included the project effectiveness, the project process, the stakeholder's involvement, and my role in the project. All four stakeholders completed the evaluation. In the following subsections, I will describe the emerging themes as to the project process and effectiveness, stakeholder involvement, and my role as the student/project manager.

Project process and effectiveness. An emerging theme was the team approach that I used was effective for the project. The team noted that I provided a format in which all team members' ideas and suggestions were valued and included in the ICU NRP curriculum. One team member stated, "…the entire process from start to finish was well-defined and goals attainable for the team."

Stakeholder involvement. Another emerging theme was the inclusion of all stakeholders' ideas and suggestions in the ICU NRP curriculum. Additionally, the team discussed how the stakeholder's diverse work experience provided unique perspectives to minimize any gaps during the curriculum development. While the small group allowed for ease of sharing ideas, one comment made for improvement included stakeholders getting perspectives of others on the unit and bringing those comments to the meetings.

Role of the student. The final emerging theme was that I used an effective leadership style while working with the team in the project. The team stated that I identified the purpose and

goals of the project and facilitated input from team members. Team members also noted that I had a strong understanding of the ICU environment, which positively influenced the ICU NRP curricula development. One stakeholder wrote:

> She identified many different areas of focus for the new nurses that have not been addressed up to this point. Her identification of these areas will allow our ICU to ensure nurses are ready for the type of care provided in a fast-paced often difficult area of practice.

Implications

My ICU NRP project has implications for new nurse graduates, the hospital, and the community.

Policy

The purpose of this DNP project was to develop a comprehensive, evidence-based, NRP curriculum for new nurse graduates working in the study site ICU. New nurse graduates who have the knowledge, skills, abilities, and confidence to perform in the ICU are better equipped to care for patients and are less likely to leave the organization (Al-Dossary et al., 2014; Anderson et al., 2012; Rush et al., 2013). The IOM (2011) and JC (2001) called for a better educated nursing staff given the complexity of medical problems experienced by the patient. Further, both the American Nurses Credentialing Center (n.d.) and the AACCN (2017) highlighted improved patient outcomes as a result of nursing excellence in recognition programs such as Magnet designation and the Beacon Award for Excellence, respectively. Finally, the Centers for Medicare and Medicaid Services (2014) deny payment reimbursement to hospitals that cause

certain hospital-acquired conditions to patients with Medicare or Medicaid; new nurses who successfully transition to practice might help mitigate these hospital-acquired conditions.

Practice

NRPs are described in the literature as facilitating an improvement in transitioning new nurse graduates to practice through improved patient outcomes, increased staff satisfaction and confidence, and reduced nursing turnover rates (Goode et al., 2009; Krugman et al., 2006; Olson-Sitki et al., 2012; Varner & Leeds, 2012). The JC (2001) identified NRPs as a strategy for addressing the nursing crisis; however, the idea of a NRP is still, and will still be, applicable to current and future nursing settings. Further, the IOM (2015) identified NRPs as a means to ensure that nurses are enabled with the right skills to "contribute to the overall safety and quality of a transformed health care system" (p. 5).

With the increased complexity and comorbidities of people utilizing the United States healthcare system, leveraging an ICU NRPs at the hospital will provide new graduate nurses the knowledge, skills, and confidence nurses need to care for these patients. An improved skill set will be realized in better patient outcomes for the community in which the hospital serves. Increased confidence will reduce nurse burnout and subsequent nurse turnover, thus positively affecting the hospital's bottom line due to decreased costs associated with onboarding new nurses.

Research

Research on NRPs is well documented in the literature (Goode et al., 2009; Krugman et al., 2006; Olson-Sitki et al., 2012; Varner & Leeds, 2012); however, much of the research was a Level IV, VI, or VII based on the Melnyk and Fineout-Overholt (2011) evidence hierarchy.

Evaluative measures such as nurse turnover rates; nurse satisfaction, confidence, and knowledge; and patient outcomes were discussed. Further research opportunities might include evaluating NRP elements such as length of time, teaching formats, and content to determine which, if any, elements show better results.

Social Change

The United States healthcare industry has changed in recent years, moving from a quantity-based platform to one based on quality. Additionally, patients are living longer and presenting to the hospital with more complex medical conditions. As nurse leaders embrace the IOM recommendations for the nursing profession to include a highly educated nursing workforce, steps should be taken to include NRPs as part of the orientation process.

The ICU NRP supports new nurse graduates as they transition to the clinical setting. A stronger clinician is less likely to experience burnout, thus remaining in their role past the one year mark. Further, nurses who benefit from increased knowledge and skills are better able to care for the complexity of today's patients and positively impact patient outcomes, resulting in a healthier community and a viable organization.

Strengths and Limitations

Strengths

One strength of the project was the collaborative nature between the stakeholders. Every team member was engaged during the meetings and provided unique insight as to what knowledge and skill sets would better prepare new nurse graduates to be successful working in a high-acuity clinical setting. The team understood the positive impact a NRP would have in the ICU and were committed to contributing to the process.

Limitations

Given that the project was based on the development of the curriculum plan and pretest/posttest, program implementation and evaluation will not occur until after my graduation from Walden University. There is no way to evaluate the effectiveness of the program on the project's goal: Improving the turnover rate of new nurses and nurse satisfaction rates of nurses employed in the ICU.

Recommendations

Future projects related to new nurse graduate transition should include the evaluation of the ICU NRP by the participants. By evaluating the program, those leading the program would be able to make changes that meet the needs of incoming participants. Another project might include evaluating the participants' workplace satisfaction with valid and reliable tools such as the MMSS, the NJSS, and the Casey-Fink Tool (Bratt & Felzer, 2011; Krugman et al., 2006; Olson-Sitki et al., 2012). Finally, evaluating the program's impact on patient outcomes – mortality; ICU length of stay; nurse-sensitive indicators such as falls, pressure ulcers, catheter-associated blood stream infections, and catheter-associated urinary tract infection – might show the benefits of improved new nurses' confidence given this improved transition should be explored.

Analysis of Self

The AACN Essentials of Doctoral Education for Advanced Nursing Practice (2006) identified competencies that I must meet. There are eight DNP Essentials; however, Essential 1: Scientific Underpinnings for Practice, Essential II: Organizational and Systems Leadership for

Quality Improvement and Systems Thinking, and Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice were expressly discussed.

Scholar

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice highlights key elements related to scholarly nursing practice. This project afforded me the opportunity to critically appraise the literature related to NRPs to develop an evidence-based curriculum for the ICU NRP. The skills that I have learned over the course of this program, and with this project, have enabled me to engage in other scholarly practices including two poster presentations: (a) development of combatting alarm fatigue experienced in the neonatal ICU for a regional nursing conference and (b) reducing pressure ulcers in the ICU through shared governance for a national nursing conference, in addition to coauthoring a manuscript on restraints in the ICU for a peer-reviewed nursing journal. This project has fueled my passion for EBP implementation and program evaluation and working with other nurse scholars on nursing research studies relevant to my organization.

Practitioner

This project allowed me to combine my two loves in nursing – critical care nursing and staff educator, to develop a product that will allow new nurse graduates to transition from the classroom to the clinical setting. The RLM (1999) was used as a framework to guide the project. The knowledge obtained through the coursework of my DNP program, and my experience working in the ICU enabled me to incorporate best practices into the program. This experience met Essential I: Scientific Underpinnings for Practice (AACN, 2006). My understanding of the

adult learner allowed me to craft a program that incorporates the four principles of andragogy (Pappas, 2013, para. 5):

- Adults need to be involved in the planning and evaluation of their instruction.
- Experience provides the basis for the learning activities.
- Adults are most interested in subjects that have immediate relevance and impact to their job or personal life.
- Adult learning is problem-centered.

Project Manager

As the leader of the project, I was able to establish and share the objectives with the team members. This experience met Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking by allowing me the opportunity to utilize my communication skills to lead a project to potentially affect improved patient outcomes. Additionally, as the project lead, I helped guide the meeting to facilitate participation from all members so that everyone's thoughts and ideas could be heard and incorporated. Communication and being a good listener were two key attributes of leading the team (Vojta, n.d.) One area of growth expressed by one stakeholder was to shadow a system-level nursing administrator to further develop system-level thinking skills.

Summary

In Section 4, the evaluation and findings of the project were discussed. The project outcomes produced included an analysis and synthesis of the literature using the Melnyk and Fineout-Overholt (2011) Levels of Evidence, a curriculum plan for a NRP in the ICU was developed and evaluated by content experts, and a pretest/posttest was developed and validated

by content experts. A summative evaluation of open-ended questions was completed by stakeholders, and I completed a self-reflection related to the project. In Section 5, I will provide an abstract submission to the 2017 DNP National Conference.

Section 5: Scholarly Product

DNP National Conference Abstract Submission

The DNP National Conference has identified abstract submission criteria to present a poster at the 2017 National Conference (see Appendix K). Abstract submissions are limited to 400 words.

Title: Improving New Nurses' Transition

Background

Roughly 30% of new graduate nurses leave within the first year[1]. Low job satisfaction and lack of patient safety are cited as two main reasons new graduate nurses leave[1-2]. The impact of nursing turnover affects the financially viability of the organization, the nurse environment, and patient outcomes[3]. NRPs have improved staff satisfaction and retention rates, as well as the competency and confidence experienced by new nurse graduates[4-6].

Description of the Project

The project was to develop an evidence-based, comprehensive NRP for new nurse graduates working in the ICU. The team was comprised of key stakeholders: ICU manager, charge nurse, preceptor, and educator, and me, the DNP student, who acted as the project lead. The team was presented with a literature review related to NRPs. Meetings were held in which the project objectives were shared. Team members collaborated to ensure that all relevant content would be included based on their experiences in the ICU and a 10-month ICU NRP curricula and pretest/posttest questionnaire was developed.

Curriculum Evaluation Methodology

The ICU NRP curricula were evaluated by three content experts for relevancy and objective correlation with the curricula. The multi-item pretest/posttest questionnaire was evaluated by computing the content validation index (CVI), which can be computed for each item (I-CVI) or for the overall scale (S-CVI). Content experts rated the relevance of each item on a 4-point scale where 1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, and 4 = highly relevant[7]. The I-CVI is computed by determining the number of experts who rate the item as either "quite relevant" or "highly relevant," divided by the total number of content experts reviewing[8]. S-CVI can be calculated by universal agreement of experts, expressed as S-CVI/UA, or by taking the average of each I-CVI, expressed as S-CVI/Ave[8].

Conclusion

There was consensus by all content experts that the curricula met the stated objectives. Further, the pretest/posttest questionnaire had an S-CVI/Ave of .99; the S-SCI/UA, or universal agreement of all items, was .98. For a scale to have excellent content validity, the S-CVI/Ave should be .90 or higher[8]. The findings indicated that the ICU NRP curricula will provide a positive means of transitioning new nurse graduates to practice. The ICU NRP should be implemented as a pilot project on the unit, with evaluation of the program to be completed after the first cohort's completion.

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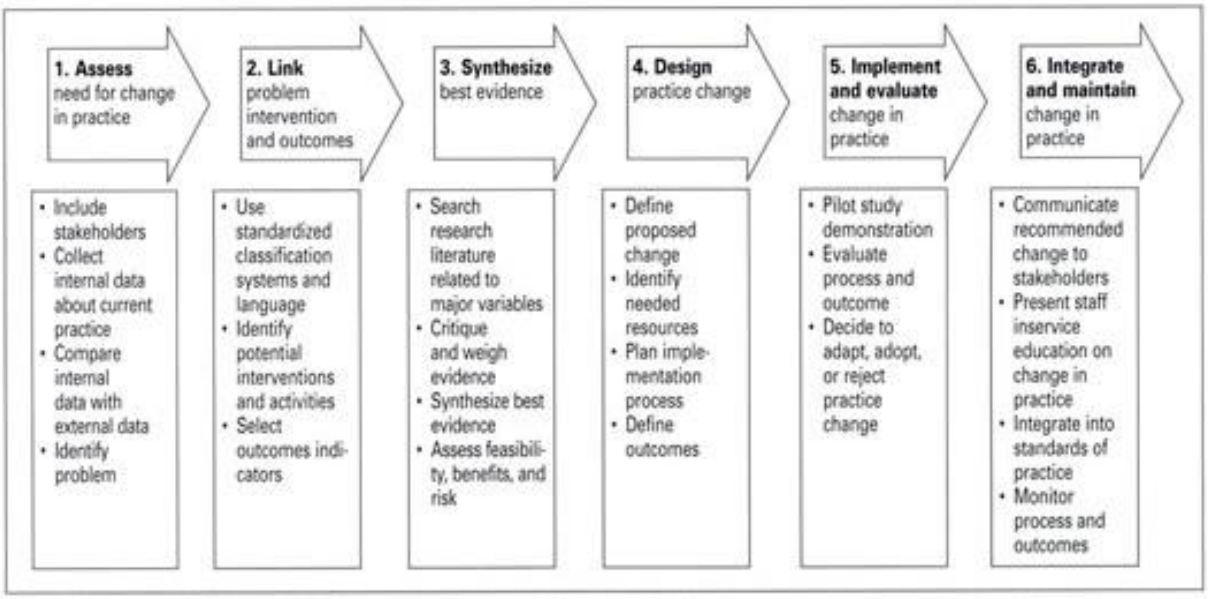
Appendix A: Rosswurm & Larrabee Model



Adapted from "A Model of Change to Evidence-Based Practice," by M. A. Rosswurm & J. H. Larrabee, 1999, *Journal of Nursing Scholarship, 31*(4), pp. 317–322. No permission needed for adoption.

Appendix B: Literature Review Matrix

Melnyk & Fineout-Overholt Evidence Hierarchy (Used with Permission)

Improving New Nurses' Transition to Practice

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
Rosenfeld *JONA*	2004	VI	Survey focusing on the strengths and weaknesses of the program, as well as suggestions for future programming.	Benner	Site developed Closed/open-ended questions 112 responses/ 36% response rate	Most valuable assets: experience, supportive Least valuable assets: recognition, clinical days off the unit	1 year Clinical practice with mentors (BSN) and other role models, clinical education day experiences off the unit, and course offerings that are unit/service specific and those that are central for all in the NRP
Joint Commission	2005	VII	White paper			Recommendation for structured NRP, discussed UHC/AACN residency project model	
Herdrich *JNSD*	2006	VI	recruitment and retention of graduate nurses	Community learning design	Kolb Learning Style Inventory, Watson–Glaser	Small n, only one left MS Improvement on BKAT	Structured learning sessions and precepting/ mentoring processes.

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
					critical thinking appraisal, Critical thinking inventory Gardner Multiple Intelligences, MBTI, BKAT		Topics were driven by the theoretical framework and goals, were derived from the standards of the specialty, curricula were designed using the residents' pre-work/ by purposely leaving unplanned time on the agenda to engage in dialogue about the experiences of the nurse residents.
Krugman *JNSD*	2006	VI	transition to practice	Benner	McCloskey Mueller Satisfaction Scale, Gerber Control Over Practice Scale, Casey-Fink Graduate Nurse	high rate of retention, decreased stress by graduate nurses over time, improved organization and prioritization of care, and	Cohort relationships (by hire dates) and clinical narratives Three areas: leadership, patient outcomes, and professional

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
					Experience Survey, UHC Demographic Database Investigator, Developed Residency Evaluation Form	increased satisfaction in the first year of practice	role development 1 year, monthly 4-hour seminars Residency program coordinator 0.5-1.0 fte
Commission on Collegiate Nursing Education	2015	VII	Outlines standard for accreditation of post-BSN NRP				Curriculum elements include: leadership, patient outcomes, professional role
Goode *NE$*	2009	VI	Transition to practice (first 12 sites)	Benner		Confidence in skills, organization and prioritization, comfortable communicating, decreased turnover rates	UHC/ANCC PROGRAM
Park *JNSD*	2010	IV	presents the most useful interventions used in the programs that reported positive effects on new nurses	Beck – modified rating		Positive outcomes in nurse confidence, competency, and retention	Classroom learning including general hospital orientation requirements but also dealt with various topics related to competency-based

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
							practice, including nursing assessment and intervention, pathophysiology, pain management, quality improvement, medication administration, pain management, clinical experience with preceptorship
Kowalski *JNM*	2010	VI	present study reports preliminary findings regarding new graduate nurses participating in a year-long local residency programme at two hospitals in Las Vegas, NV		Preceptor evaluation form, Pagana's Clinical Stress Questionnaire, Spielberger's State-Trait Anxiety Inventory, Casey-Fink Graduate Nurse Experience Survey	improved clinical competency throughout the programme, a decreased sense of threat, and improved communication and leadership skills,	Residency coordinator, Phase I & Phase II, RDD monthly 8-hours 1 year, Educational elements: critical thinking skills, communication, leadership skills
Bratt *JCEN*	2011	VI	examined new		Clinical Decision	Clinical decision	1 year consists of

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
			graduates' perceptions of their professional practice competence and work environment throughout a yearlong nurse residency program.		Making in Nursing Scale, Modified 6-D Scale of Nursing Performance, Nurse Job Satisfaction Scale, Job Stress Scale, Organizational Commitment Questionnaire	making, job satisfaction higher at 1 year, job stress lower at 1 year, upward trend in quality of nursing performance	mentoring and monthly all-day professional devel-opment sessions provided by nurse experts and skilled facilitators; educational sessions structured around topics designed to enhance new gradu-ates' knowledge of their specific patient population and their ability to function as part of a team, a member of the organization, and a member of the profession; develops competent RNs who can think

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
							critically, make effective clinical decisions, engage in EBP, and become leaders and lifelong learners
Hillman *JNM*	2011	VI	identify the benefits and essential elements of a new graduate residency programme.		Casey-Fink Graduate Nurse Experience Survey, Areas of Worklife Survey, MBI-GS, Conditions of Work Effectiveness Questionnaire-II, Clinical Decision Making in Nursing Scale	Increase in retention rate (= major cost savings)	22 weeks down to 16 weeks, Not discussed, used outside company with structured curriculum
Olson-Sitki *JNSD*	2012	VI	evaluate a year-long nurse residency program using a non-experimental, repeated measures design with qualitative		Casey-Fink tool	Increased new nurse confidence, skills, and abilities, decreased RN turnover	NRP developed to supplement/ extend orientation program, monthly 4-hour days preschedule d, NPDF has

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
			questions				oversight (MSN)
Anderson *JPN*	2012	IV	describe and evaluate the quality of the science, report recommendations and lessons learned about implementing and evaluating nurse residency programs		Casey-Fink most frequently used	All of the studies reported positive outcomes, and no negative outcomes related to completing a NRP were reported	Most programs include a reduced clinical workload, didactic classroom content of 4–8 hours a month, and a new RN being precepted using a supportive experiential clinical learning approach ranging from 12 weeks to 12 months. Curricular concepts range from leadership, teamwork, collaboration, communication, research-based practice, patient safety, critical thinking,

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
							nursing skills, delegation, time management, and professional development.
Varner *JCEN*	2012	VI	describes the development, implementation, and outcomes of an innovative graduate nurse residency program	Transition theory	Online survey - satisfaction	Turnover rate ~5%, first year, high satisfaction	Phase I-II year 1, mandatory, transition topics and support, and leadership topics and support; Phase IV, voluntary
Rush *IJNS*	2013	IV	identify best practices of formal new graduate nurse transition programs	Cooper's 5-stage approach		4 themes: Education (pre-registration and practice), Support/ Satisfaction, Competency and Critical Thinking, and Workplace Environment, presence of a formal new graduate transition program resulted in good retention and improved	Transition program length 3mos to > 6mos. Education included clinical practice topics such as pain management, end-of-life care, medication errors, supporting the family during crisis, and pathophysio

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
						competency	logy
Goode *JNA*	2013	VI	Examine outcomes from 10 years of research on a post-baccalaureate new graduate nurse residency program and to report lessons learned		Casey-Fink Graduate Nurse Experience Survey, McCloskey Mueller Satisfaction Scale, Gerber's Control Over Nursing Practice Scale, Graduate Nurse Residency Program Evaluation	Increased retention rates, increased residents' perception in ability to organize/ prioritize work, communicate, provide clinical leadership	UHC/ANCC PROGRAM
Rhodes *JONA*	2013	VI	identify experienced nurses' satisfaction with NLRN proficiency before and after implementation of an NRP		Nursing Practice Readiness Tool	Experienced nurses are more satisfied with the performance of NLRNs after the new nurse participated in an NRP	1 year, 4 phases: Pre-hire, core – organizational policies/procedures; clinical – specific patient populations, EBP, care continuum; and professional development – goal establishment, EBP, research,

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
							ethics
Lin *JCEN*	2014	IV	explores the relationship between nurse residency programs and new graduate nurses' job satisfaction.		Cummings and Estabrooks' quality rating tool	an overall positive relationship between interactions and support and new graduate nurses' job satisfaction was identified	Most lasted 1 year, various seminars and learning opportunities to increase competency and safe patient care that meet defined standards of practice
Harrison *JNPD*	2014	VI	compare all three sites relative to first-year turnover and intent to stay		Casey-Fink Graduate Nurse Experience Survey	the only site with an NRP, had the lowest first-year turnover	Versant RN Residency program. Includes guided clinical experience with a preceptor, education and curriculum, a supportive component composed on formal mentoring and debriefing/self-care sessions.
AL-Dossary *NET*	2014	IV	review the literature on the impact of residency programs on new			transition programs reduced turnover in that first year of practice	Leadership (i.e. clinical decision-making)

Author, journal	Year	Hierarchy Level*	Purpose	Theoretical Framework	Evaluation Tools	Outcome	RP Elements
			graduate nurses' clinical decision-making and leadership skills.			and promoted professional growth of the new graduate	

Appendix C: Curriculum Plan – Nurse Residency Program

Problem: New nurse graduates that do not effectively transition into practice affect nursing satisfaction and cost the unit and organization in terms of hiring and retraining new nurses.
Purpose: The purpose of this DNP project is to develop an evidence-based, comprehensive nurse residency program (NRP) for new nurse graduates working in the ICU.
Goal: The goal of the DNP project is to reduce the turnover rate of new nurses and improve nurse satisfaction rates of nurses employed in the ICU.

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
Month 3	The learner will give examples of the 17 ANA Nursing Scope and Standards of Practice. The learner will give examples for the nine provisions of the ANA Code of Ethics for Nurses. The learner will describe the elements of the AACCN Synergy	Icebreaker - Introduction of cohort/ instructors ANA Scope & Standards of Practice - Standards of Practice - 1. Assessment - 2. Diagnosis - 3. Outcome Identification - 4. Planning - 5. Implementation - 6. Evaluation - Standards of Professional Performance - 7. Ethics - 8. Culturally Congruent Practice - 9. Communication - 10. Collaboration - 11. Leadership - 12. Education - 13. Evidence-Based Practice* - 14. Quality of Practice - 15. Professional Practice Evaluation* - 16. Resource Utilization - 17. Environmental	Rosenfeld et al., 2004; Herdrich et al., 2006; Krugman et al., 2006; CCNE, 2008; Goode et al., 2009; Bratt el al., 2011; Goode et al., 2013; Lin et al., 2014	Group discussion Oral Presentation, PowerPoint	P/P # 1-5

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item

	Model.	Health
		ANA Code of Ethics
		- Establishes ethical standards of profession
		- Provides a guide for nurses to use ethical analysis and decision-making
		- Explicitly states primary obligations, values, and ideals of profession
		- Provisions 1. The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person
		  - 1.1 Respect for Human Dignity
		  - 1.2 Relationships with Patients
		  - 1.3 The Nature of Health
		  - 1.4 The Rights of Self-Determination
		  - 1.5 Relationships with Colleagues and Others
		- Provision 2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population
		  - 2.1 Primacy of the Patient's Interest
		  - 2.2 Conflict of Interest for Nurses
		  - 2.3 Collaboration
		  - 2.4 Professional			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		Boundaries - Provision 3. The nurse promotes, advocates for, and protects the rights, health, and safety of the patient. - 3.1 Protection of the Rights of Privacy and Confidentiality - 3.2 Protection of Human Participants in Research - 3.3 Performance Standards and Review of Mechanisms - 3.4 Professional Responsibility in Promoting a Culture of Safety - 3.5 Protection of Patient Health and Safety by Acting on Questionable Practice - 3.6 Patient Protection and Impaired Practice - Provision 4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care. - 4.1 Authority, Accountability, and Responsibility			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		- 4.2 Accountability for Nursing Judgments, Decisions, and Actions - 4.3 Responsibility for Nursing Judgments, Decisions, and Actions - 4.4 Assignment and Delegation of Nursing Activities or Tasks - Provision 5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth. - 5.1 Duties of Self and Others - 5.2 Promotion of Personal Health, Safety, and Well-Being - 5.3 Preservation of Wholeness of Character - 5.4 Preservation of Integrity - 5.5 Maintenance of Competence and Continuation of Professional Growth			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		- 5.6 Continuation of Personal Growth - Provision 6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care. - 6.1 The Environment and Moral Virtue - 6.2 The Environment and Ethical Obligation - 6.3 Responsibility for the Healthcare Environment - Provision 7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy. - 7.1 Contributions through Research and Scholarly Inquiry - 7.2 Contributions through Developing, Maintaining, and Implementing Professional Practice Standards			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		- 7.3 Contributions through Nursing Health Policy Development - Provision 8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities. - 8.1 Health is a Universal Right - 8.2 Collaboration for Health, Human Rights, and Health Diplomacy - 8.3 Obligation to Advance Health and Human Rights and Reduce Disparities - 8.4 Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings - Provision 9. The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy. - 9.1 Articulation and Assertion of Values			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		- 9.2 Integrity of the Profession - 9.3 Integrating Social Justice - 9.4 Social Justice in Nursing and Health Policy AACCN Synergy Model - What is the Synergy Model? - Synergy results when a nurse's competencies are matched with the needs and characteristics of a patient, clinical unit, or system. - Developed to link clinical practice with patient outcomes - Emphasis on the patient - Patient characteristics - Resiliency - Vulnerability - Stability - Complexity - Resource Availability - Participation in Care - Participation in Decision-Making - Predictability - Nurse characteristics - Clinical Judgment - Advocacy and Moral Agency - Caring Practices - Collaboration - Systems Thinking			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		- Response to Diversity - Facilitation of Learning - Clinical Inquiry			
Month 4	The learner will describe the signs, symptoms, and nursing "bundled" treatment modalities for sepsis, heart failure, and pneumonia. The learner will discuss the importance mortality rates, length of stay, and readmission rates has on the hospital.	Clinical 3 - Clinical 3 (Pneumonia, Sepsis, Heart Failure) - Why were these primary diagnoses chosen? - Biggest impact to improve health of community hospital serves, populations best served - Goal to achieve top 10% nationally - Impacts of mortality rates, length of stay, and readmission rates - CMS reimbursement reductions for not meeting established goals - Collaborative treatment team - Key focuses: Documentation, coding, medication reconciliation, care coordination and better patient transitions to-and-from the hospital to primary care, home care, hospice, and	Rosenfeld et al., 2004; Herdrich et al., 2006; Krugman et al., 2006; CCNE, 2008; Goode et al., 2009; Park et al., 2010; Kowalski et al., 2010; Bratt el al., 2011; Anderson et al., 2012; Varner et al., 2012; Rush et al.; 2013; Goode et al., 2013; Rhodes et al., 2013; Lin et al., 2014; Al-Dossary et al., 2014	Oral Presentation, PowerPoint, Case Study, Group Discussion	P/P # 6-10

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		skilled nursing facilities - EBP treatment bundles - Sepsis - Signs and symptoms: HR > 90, RR > 20, temp < 96.8 or > 101 - Sepsis screening tool utilized in EMR - When to utilize, frequency: - Within 4 hours of admission, every 12 hours, and change in patient condition - Getting a positive screen: - Complete the SBAR form and contact the MD with pertinent information related to the patient's condition (labs, vitals, clinical presentation, etc.) - Treatment bundles: antibiotics, fluid resuscitation, continuum of care (i.e. rehab, home health, family members); BLAAST pneumonic - Labs to follow: - Lactate, precalcitonin,			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item

		H&H, blood cultures, urine cultures, sputum cultures, CBC, blood gas, PT/PTT, CMP
		- Heart Failure
		  - Signs and symptoms: shortness of breath, fatigue/weakness, swelling in legs, rapid HR, persistent cough, sudden weight gain, lack of appetite/nausea
		  - Treatment modalities: medications, fluid restrictions, daily weights, dietary concerns, exercise program, continuum of care (i.e. rehab, home health, family members)
		- Pneumonia
		  - Signs and symptoms: chest pain when you breath/cough, cough, fatigue, fever, confusion, shortness of breath
		  - Chest x-ray pictures – lots of "white"
		  - Treatment modalities: medications, mobility protocol, continuum of care			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		(i.e. rehab, home health, family members)			
Month 5	The learner will apply learned concepts and principles to plan and manage the holistic care of a critically ill patient.	Interactive group session: Several case studies involving different diagnosis will be presented for discussion. The group will identify key findings, lab and other test results, and proposed treatment options, including family support. Diagnoses will include stroke, diabetes, end stage renal disease, hypertension, and gastrointestinal bleeding.	Rosenfeld et al., 2004; Herdrich et al., 2006; Krugman et al., 2006; CCNE, 2008; Goode et al., 2009; Park et al., 2010; Kowalski et al., 2010; Bratt el al., 2011; Anderson et al., 2012; Varner et al., 2012; Rush et al.; 2013; Goode et al., 2013; Rhodes et al., 2013; Lin et al., 2014; Al-Dossary et al., 2014	Case Studies, Group Discussion	P/P # 11-15
Month 6	The learner will explain the	Nursing at the Hospital - What are the BSN goals for the hospital? - Ultimate goal of	Rosenfeld et al., 2004; Krugman	Oral Presentation, PowerPoint	P/P # 16-20

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
	purpose of the hospital's BSN goals. The learner will explain the purpose of the hospital's RN certification goals. The learner will describe the impact RN satisfaction has on the hospital. The learner will identify the rewards and recognition programs offered to nursing. The learner will identify	80% by 2020 - 1-5% increase each year, collaborative effort between facility partnership council and nursing leadership to determine goal each year - Current BSN percentage: 58% - BSN goal for the healthcare system? - 80% by 2020 - How were these goals established? - Adoption of IOM recommendations by system CNO, hospital CNEs - Steps taken to achieve the hospital goal - Tier 1 and Tier II BSN goal action plan - RN certification goals for the hospital - Successive annual improvement - Collaborative effort between facility partnership council and nursing leadership to determine goal each year - RN certification goals for the healthcare system - Improvement each year	et al., 2006; CCNE, 2008; Goode et al., 2009; Bratt el al., 2011; Anderson et al., 2012; Varner et al., 2012; Goode et al., 2013; Rhodes et al., 2013		

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
	benefits received as a member of the organization. The learner will describe the impact customer service has on the hospital. The learner will discuss the purpose of both the nursing strategic imperatives and the healthcare system strategic plan. The learner will discuss the impact the Magnet® "Journey to Excellence" has on nursing.	- Aligns with Magnet expectations - Reasons healthcare system support RN certification - Knowledgeable RN staff - Improved patient outcomes - Healthcare system support of RN certification - ANCC Success Pays™ program - AACCN program - AMSN Failsafe program - Progress on other nursing specialty organizations - WEI/RN Satisfaction goal for the hospital - Outperformance of the national mean - Importance/ benefit of a high score - Happier patients - Holistic care - Rewards & Recognition programs offered at the hospital - ACE Award - DAISY Award - Unit-specific: employee of month/ quarter - Customer Service goal for the hospital - Vendor: NRC - Customer service scores determined			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		by: - Discharge calls - Inpatient & ambulatory settings - Data relayed to HCAHPS - HCAHPS - Patient satisfaction survey required by CMS - How does a good score benefit the hospital? - Happy patients/families - Increased revenue related to utilization of hospital services - Word of mouth reviews - Hospital Nursing Strategic Imperatives/System Healthcare Strategic Plan - 2013-2016 hospital strategic imperatives - Top 10% Quality, Safety, and Service* - Hardwire Strong Nursing Practice, Unleash the Passion, and Solidify the Professional Image of Nursing - Redesign the patient and family			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		experience - Population Health Management - Magnet® "Journey to Excellence" - Clinical nurses' role in achieving/ maintaining designation - Shared governance participation - Engagement in continual patient outcome improvement - Utilization of EBP			
Month 7	The learner will describe the signs, symptoms, negative impacts, and methods to reduce and/or eliminate alarm fatigue. The learner will describe the signs, symptoms, negative impacts,	Alarm Fatigue & Other Common ICU Phenomenon - Alarm Fatigue - Develops when clinicians are subject to inordinate amount of alarm noise - Upwards of 40 different types of alarms occur in the ICU setting - Clinician experience sensory overload and desensitization - Impact of Alarm Fatigue - Response to alarms may be delayed, ignored, or clinician turns off alarm	Rosenfeld et al., 2004; Krugman et al., 2006; CCNE, 2008; Goode et al., 2009; Bratt el al., 2011; Varner et al., 2012; Rush et al.; 2013; Goode et al., 2013; Rhodes et al., 2013	Oral Presentation, PowerPoint, Group Discussion	P/P # 21-25

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
	and treatment methods for patient "ICU psychosis". The learner will describe the signs, symptoms, negative impacts, and coping strategies for ICU nurse burnout.	- Patient deaths have occurred as a result of alarm fatigue - Steps to reducing Alarm Fatigue - AACCN Alarm Fatigue Toolkit - Use skin prep for electrodes to ensure constant contact with skin - Change electrodes daily - Customize physiological alarms based on patient condition - Initial and ongoing training about alarms - ICU Psychosis (i.e. ICU delirium) - Occurs d/t lack of sleep, increased patient anxiety, excessive noise/constant alarms, medication (polypharmacy) - Assessment tool - CAM ICU - Preventative non-pharmacological			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		nursing interventions - Calendar in room - RN reorientation - Maintaining day/night for patient - Using personal assistive devices for patient (glasses, hearing aids, etc.) - Family presence - Mobility, getting patients out of bed - Nutrition - ICU Nurse burnout - How/why it occurs: - High levels of stress - Critical nature of patients (high patient acuity), compassion fatigue, futility of treatment, morally distressing situations - Lack of teamwork - Coping strategies - Work-life balance - Teamwork, teambuilding exercises - Employee Assistance			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		Program - Counseling services - Stand downs after significant event - "Buddy system"			
Month 8	The learner will describe the three elements comprising the annual review. The learner will discuss the importance of performance appraisal. The learner will describe the purpose of setting personal goals. The learner will identify a personal goal.	Housekeeping Items – Part 1 - Self-Evaluation - Demonstrates a commitment to lifelong learning - Keeps one on track with goals - Required to be completed each year as part of the annual review - Peer Feedback - 1 peer selected by employee, 1 peer selected by manager - Feedback incorporated into annual review - Anonymous - Annual Review - All nurses, all levels must complete - Evaluation measures: - 1. Does not meet - 2. Marginally effective - 3. Fully effective - 4. Highly effective - 5. Exemplary - Onelink format - Must achieve fully effective or higher to meet potential bonus	Rosenfeld et al., 2004; Krugman et al., 2006; CCNE, 2008; Goode et al., 2009; Bratt el al., 2011; Goode et al., 2013; Rhodes et al., 2013	Oral Presentation, PowerPoint	P/P # 26-30

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
	The learner will discuss the purpose of the new BSN graduate support group.	payout - Managers must complete, review with employees by end of February each year - Purpose of establishing individual goals: - Professional development - Support hospital nursing strategic plan - Types of goals included - Education - Certification - Career advancement - Committee involvement - New BSN graduate support group - Provides ongoing source of mentoring and support in a safe, confidential environment for the new graduates - Topics include: relationship building, teamwork, coping skills, networking, goal setting, work/family balance, communication - "Vegas-style"			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		meetings - Meets second Monday of month, 0800, education department			
Month 9	The learner will describe the purpose of the Occupational Health department. The learner will identify two instances in which the Occupation Health department will be utilized. The learner will describe the license renewal process. The learner will define the continuing	Housekeeping Items – Part 2 - Occupational Health - Services provided by Occupational Health department: - Tracks and analyzes employee injuries - Offers immunizations to staff free of charge - Administers airborne mask fit-testing - Completes annual screenings - Location of the Occupational Health office/ office hours - Medical office building, 4th floor - Hours: M-F, 0700-1530 - After hours, call nursing supervisor - Board of Nursing - Web address - Services offered - License lookup, renewal - Laws governing	Rosenfeld et al., 2004; Krugman et al., 2006; CCNE, 2008; Goode et al., 2009; Bratt el al., 2011; Goode et al., 2013; Rhodes et al., 2013	Oral Presentation, PowerPoint, Group Discussion	P/P # 31-35

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
	education requirements for license renewal. The learner will locate the CE Direct learning link. The learner will locate the hospital online learning link. The learner will describe the process of enrolling in online learning. The learner will identify the computer-based training modules required each year.	nursing - How and when to renew RN License - Fees - $190.00 initial, $140.00 renewal - Frequency - Every 2 years - Continuing Education Requirements for RN license - 15 CEs annually, 30 biannually - Not currently required to submit to board, must keep file of CEs obtained - Obtaining CE requirements: - CE Direct (provided free to RNs by hospital) - Hospital Online Learning - Nursing organization participation, offer CEs as part of joining - Mandatory education hospital requirements - Must be completed by end of November - Stroke – 8 hours - Annual regulatory training (basic and advanced safety - Special Communication			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		Services - Preventing Workplace Violence - Employee Acknowledgment Forms			
Month 10	The learner will categorize nursing activities according to the PPM. The learner will identify the key components of the hospital's nurse theorist. The learner will describe the purpose and function of unit and hospital shared governance. The learner will	Professional Practice Model (PPM)/Shared Governance (SG) - Hospital PPM - Parthenon: visual of nursing mission, vision, values - Framework for nursing - Elements of the PPM: *Foundation* – A Culture of Safety and Accountability, Jean Watson's Theory of Caring, Relationship-Based Caring; Relationship; *Care Delivery System* – Team; Coordination; *Vision* – To Create an Environment of Health and Healing - History of PPM adoption at the hospital - Adapted from system PPM, PC adopted Watson in 2010 as it best reflected vision of nursing - PPM utilized in day	Krugman et al., 2006; CCNE, 2008; Goode et al., 2009; Bratt el al., 2011; Varner et al., 2012; Goode et al., 2013	Oral Presentation, PowerPoint	P/P # 36-40

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
	describe the purpose and function of the hospital system. The learner will describe the reporting structure of nursing committees within the hospital and the hospital system.	to day care of patients - Jean Watson - Theory of Caring Principles - Loving-kindness & equanimity - Authentic presence - Cultivating own spiritual presence - Being the caring-healing environment - Allowing miracles - Elements (Caritas) of the Theory of Caring: - Embrace altruistic values and practice loving kindness with self and others. - Instill faith and hope and honor others. - Be sensitive to self and others by nurturing individual beliefs and practices. - Develop helping – trusting-caring relationships. - Promote and accept positive			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		and negative feelings as you authentically listen to another's story. - Use creative scientific problem-solving methods for caring decision making. - Share teaching and learning that addresses the individual needs and comprehension styles. - Create a healing environment for the physical and spiritual self which respects human dignity. - Assist with basic physical, emotional, and spiritual human needs. - Open to mystery and allow miracles to enter. - Unit (ICU) shared governance (SG) committee - Chair/co-chair – clinical nurses - Interdisciplinary - includes infection preventionist,			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		wound care nurse, pharmacy, respiratory, dietary, clinical nurses - Meeting date/times: 1st Wednesday of the month, 0800, ICU conference room - Reviews relevant ICU data, clinical nurses identify opportunities for improvement - Provides clinical nurses with voice in issues affecting their practice - Hospital shared governance (SG) committee - Chair/Co-Chair – clinical nurses - Interdisciplinary quarterly, nurse focused all other months - Reviews relevant hospital data, clinical nurse identify opportunities for improvement - Provides clinical nurses with voice in issues affecting their practice - Chairs from each PC in the hospital represent their unit - Meeting date/times: 4th Wednesday of			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		month, 0800, PDR - System shared governance (SG) committee - Chair/Co-Chair – clinical nurses - Identifies system-impact areas of nursing for improvement, supports hospital SG - Membership: 1 clinical nurse from each hospital, 1 nursing leadership member from each hospital - Meeting date/times: 1st Monday of month, via webex - System Committees/Forums Structure - Goal to have > 50% clinical nurses as members for all system committees and forums - Reporting structure for unit, division, and system SG committees			
Month 11	The learner will identify the nurse-sensitive indicators. The learner	NSI/Quality - Nurse-sensitive indicators - CAUTI - CLABSI - VAP - Restraint Utilization - Falls with Injury - Pressure Ulcers	Rosenfeld et al., 2004; Herdrich et al., 2006; Krugman et al., 2006; CCNE,	Oral Presentation, PowerPoint	P/P # 41-45

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item

	will discuss the importance of national benchmarking. The learner will discuss the impact nurse-sensitive indicators has on patient outcomes. The learner will explain the purpose of the formal Nursing Peer Review Committee.	- Each instance recorded, analyzed
		- Importance
		- Reduction techniques
		  - CAUTI care bundles
		  - CLABSI care bundles
		  - VAP care bundles
		  - Fall reduction techniques
		  - "Safety trumps privacy"
		  - Johns Hopkins Fall Risk Assessment Tool
		  - Completed each shift
		  - Completed with change in patient condition
		  - Skin care protocol
		  - Wound care RN
		  - Braden Scale
		  - Pressure reduction devices
		- NDNQI
		  - National database utilized by healthcare organization for nurse-sensitive indicators
		  - Data entered quarterly
		- What is national benchmarking?
		  - Comparison based on hospital demographics
			2008; Goode et al., 2009; Park et al., 2010; Kowalski et al., 2010; Bratt el al., 2011; Anderson et al., 2012; Rush et al.; 2013; Goode et al., 2013; Rhodes et al., 2013; Lin et al., 2014		

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item

		- Performance evaluation
		- How does the ICU compare nationally?
		  - Outperformance in all indicators majority of time (i.e. > 5/8 quarters)
		  - Why is benchmark comparison important for Magnet® designation?
		  - Needed for successful designation
		  - Must submit data annually to MPO
		- Nursing Peer Review committee
		  - Cases referred in person, completed form, via email
		  - Anyone can refer cases, including MDs
		  - Non-punitive, focuses on nursing practice, not behavioral issues
		  - Members recommended by peers, with manager approval provided to the NPR facilitators – members are unofficial leaders in hospital with minimum BSN preparation and two			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		years' experience, (i.e. no Unit Coordinator can be a nursing peer review member) - Cases reviewed monthly - Findings/lessons learned published in NPR newsletters and shared with clinical nurses – nursing leadership is copied on the findings/lessons learned - Quality Improvement Department - Trends outliers of optimal treatment methods - Utilizes Root Cause Analysis to determine divergence from established treatment modalities - 3 principles of quality: Customer focus, continuous improvement, teamwork			
Month 12	The learner will describe the components of EBP. The	Evidence-Based Practice (EBP)/ Nursing Research - What is EBP? - Problem-solving approach - 3-pronged approach – best evidence, clinician	Rosenfeld et al., 2004; Krugman et al., 2006; CCNE, 2008;	Oral Presentation, PowerPoint, Group Activity	P/P # 46-50

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
	learner will compare and contrast frequently utilized EBP models in nursing. The learner will give examples of dissemination to internal and external audiences. The learner will explain the purpose of the hospital nursing research committee. The learner will discuss the importance of journal clubs. The	experience, patient preferences - 6 frequently utilized models - ACE Star Model - ARCC Model - Iowa Model - Johns-Hopkins EBP Model - Rosswurm & Larrabee Model - Stetler Model - 7 steps of EBP - 1. Cultivate a spirit of inquiry - 2. Ask clinical questions in PICOT format - 3. Search for a collect the best evidence - 4. Critically appraise the evidence - 5. Integrate the evidence with clinical expertise and patient preferences - 6. Evaluate Outcomes - 7. Disseminate the outcomes - How is EBP utilized in the ICU? - Ventilator treatment bundles - Foley treatment bundles - CVL treatment bundles	Goode et al., 2009; Kowalski et al., 2010; Bratt el al., 2011; Anderson et al., 2012; Goode et al., 2013; Rhodes et al., 2013		

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item

	learner will discuss the importance of human subjects training for research. The learner will describe the support and resources provided by the system for nursing research.	- ICU EBP Projects
		  - Pressure ulcer reduction project
		  - Work environment
		- Internal dissemination
		  - Work shared within the organization
		- External dissemination
		  - Work shared with others outside the organization
		- Types of dissemination
		  - Poster/ Podium
		  - Hospital Nursing Grand Rounds
		  - Presentation at committees/meetings
		  - Presentation to nursing leadership
		  - Presentation at nursing conferences (local, regional, national, international)
		- What is Research?
		  - Builds scientific foundation for clinical practice
		- Hospital Nursing Research Committee
		  - Membership: opened to nurses at all levels of practice
		  - Meeting dates/times: 4th Wednesday of month, 0900 (right after hospital SG			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item

		meeting)
		- MSN-prepared RNs mentor clinical nurses in nursing research process/EBP project implementation
		- Nursing research can be conducted by any RN
		- Research process (phases)
		  - Engagement phase
		  - Planning phase
		  - Execution of methods/results phase
		  - Dissemination phase
		  - Close study
		- Hospital CNO must sign off on all nursing research projects
		- Journal Clubs
		  - Prevent copyright infringement
		  - Allow a group/cohort to access same articles
		  - 30-day limit
		- Human Subjects Training
		  - Collaborative Institute Training			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		Initiative (CITI) training - All PIs/research members must complete - Training is good for 2 years - Provides history of human subject research and laws/acts implemented to protect research participants - System Nursing Research Council - Held quarterly - Hospital research forum chairs and anyone else interested may attend - Provides insight to system nursing research - Supports hospital forums - Educational opportunities related to research - Guides direction of nursing research at a system level - System resources to support nursing research			

Time	Objectives	Content Outline	Evidence	Method of Presenting	Method of Evaluation P/P Item
		- QRI team (PhD members, DNP member, analytic support, protocol development, IRB package submission support) - Librarian (assists with literature reviews, teaching others to utilize research databases) - Forum members (many MSN-prepared RNs attend hospital forum members, DNP students)			

Appendix D1: PowerPoint Presentation Month 3

ICU Nurse Residency Program
Month 3

- Merri Morgan, MSN, RN, CCRN

- Objectives
- The learner will give examples of the 17 ANA Nursing Scope and Standards of Practice.
- The learner will give examples for the nine provisions of the ANA Code of Ethics for Nurses.
- The learner will describe the elements of the AACCN Synergy Model.
- ANA Scope & Standards of Practice

- What is Nursing?
- Protection, promotion, and optimization of health/abilities
- Prevention of illness/injury
- Alleviation of suffering by diagnosing/treating human response
- Advocacy of patients, families, communities, and populations

- Tenants of Nursing Practice
- 1. Individualized
- 2. Establishing partnerships to coordinate care
- 3. Caring
- 4. Nursing Process
- 5. Link between professional environment and the RN providing quality health care/achieving optimal patient outcomes

- Nursing Process
- Standards of Practice
- 1. Assessment
- 2. Diagnosis

- 3. Outcomes Identification
- 4. Planning
- 5. Implementation
- 6. Evaluation

- Standards of Professional Performance
- 7. Ethics*
- 8. Culturally Congruent Practice
- 9. Communication
- 10. Collaboration
- 11. Leadership

- Standards of Professional Performance (cont.)
- 12. Education*
- 13. Evidence-Based Practice & Research*
- 14. Quality of Practice*
- 15. Professional Practice Evaluation*
- 16. Resource Utilization
- 17. Environmental Health
- Code of Ethics for Nurses

- Code of Ethics
- Original Code dates back to late 1800s
  - Formally adopted by ANA 1950
- 9 Provisions
- Recently revised, 2015
- Term “patient” refers to clients or consumers
- Establishes ethical standards of profession

- Provides a guide for nurses to use ethical analysis and decision-making
- Explicitly states primary obligations, values, and ideals of profession

- Provision 1
- *"The nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person."* (ANA, 2015, p. 1)
- Provision 1
- 1.1 Respect for Human Dignity
- 1.2 Relationships with Patients
- 1.3 The Nature of Health
- 1.4 The Rights of Self-Determination
- 1.5 Relationships with Colleagues and Others

- Provision 2
- *"The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population."* (ANA, 2015, p. 5)
- Provision 2
- 2.1 Primacy of the Patient's Interest
- 2.2 Conflict of Interest for Nurses
- 2.3 Collaboration
- 2.4 Professional Boundaries

- Provision 3
- *"The nurse promotes, advocates for, and protects the rights, health, and safety of the patient."* (ANA, 2015, p. 9)
- Provision 3
- 3.1 Protection of the Rights of Privacy and Confidentiality
- 3.2 Protection of Human Participants in Research
- 3.3 Performance Standards and Review of Mechanisms
- 3.4 Professional Responsibility in Promoting a Culture of Safety

- 3.5 Protection of Patient Health and Safety by Acting on Questionable Practice
- 3.6 Patient Protection and Impaired Practice

- Provision 4
- *"The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to promote health and to provide optimal care."* (ANA, 2015, p. 15)
- Provision 4
- 4.1 Authority, Accountability, and Responsibility
- 4.2 Accountability for Nursing Judgments, Decisions, and Actions
- 4.3 Responsibility for Nursing Judgments, Decisions, and Actions
- 4.4 Assignment and Delegation of Nursing Activities or Tasks

- Provision 5
- *"The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity, maintain competence, and continue personal and professional growth."* (ANA, 2015, p. 19)
- Provision 5
- 5.1 Duties of Self and Others
- 5.2 Promotion of Personal Health, Safety, and Well-Being
- 5.3Preservation of Wholeness of Character
- 5.4Preservation of Integrity
- 5.5Maintenance of Competence and Continuation of Professional Growth
- 5.6Continuation of Personal Growth

- Provision 6
- *"The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care."* (ANA, 2015, p. 23)
- Provision 6
- 6.1 The Environment and Moral Virtue

- 6.2 The Environment and Ethical Obligation
- 6.3 Responsibility for the Healthcare Environment

- Provision 7
- *"The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy."* (ANA, 2015, p. 27)
- Provision 7
- 7.1 Contributions through Research and Scholarly Inquiry
- 7.2 Contributions through Developing, Maintaining, and Implementing Professional Practice Standards
- 7.3 Contributions through Nursing Health Policy Development

- Provision 8
- *"The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities."* (ANA, 2015, p. 31)
- Provision 8
- 8.1 Health is a Universal Right
- 8.2 Collaboration for Health, Human Rights, and Health Diplomacy
- 8.3 Obligation to Advance Health and Human Rights and Reduce Disparities
- 8.4 Collaboration for Human Rights in Complex, Extreme, or Extraordinary Practice Settings

- Provision 9
- *"The profession of nursing, collectively through its professional organizations, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy."* (ANA, 2015, p. 35)
- Provision 9
- 9.1 Articulation and Assertion of Values
- 9.2 Integrity of the Profession
- 9.3 Integrating Social Justice

- 9.4 Social Justice in Nursing and Health Policy
- Ethics Committee
- Meets 6 times per year
- Interdisciplinary team with clinical nurse representation
- Reviews Ethics policies and procedures
  - Policy review completed every three years and with pertinent change
- Ethics Committee
- 3 Function:
  - To provide consultation and recommendations on ethical issues and questions that arise primarily in the delivery of patient care.
  - To provide education and information to health care personnel and the community about the nature of medical ethics, advance directives, the Virginia Healthcare Decisions Act, issues related to care at the end of life and other ethical problems.
  - To ensure policies and procedures are adequate for protecting the rights of the patient.
- Ethics Policies & Procedures located on Compliance 360
  - Patient Rights > Ethics
- References
- American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Silver Springs, MD: American Nurses Association.
- AACCN Synergy Model for Patient Care
- Synergy
- Cambridge dictionary (2015) defines *synergy* as “the combined power of a group of things when they are working together that is greater than the total power achieved by each working separately”.
- Synergy Model
- Characteristics of Patients

- Resiliency
- Vulnerability
- Stability
- Complexity
- Resource Availability
- Participation in Care
- Participation in Decision-Making
- Predictability

- Characteristics of Nurses
- Clinical Judgment
- Advocacy and Moral Agency
- Caring Practices
- Collaboration
- Systems Thinking
- Response to Diversity
- Facilitation of Learning
- Clinical Inquiry

- References

- American Association of Critical-Care Nurses. (n.d.). The AACCN synergy model for patient care. Retrieved from: http://www.aacn.org/wd/certifications/docs/synergymodelforpatientcare.pdf
- Synergy. 2015. In *Dictionary.Cambridge.org*. Retrieved September 12, 2015, from http://dictionary.cambridge.org/dictionary/english/synergy

Appendix D2: PowerPoint Presentation Month 4

ICU Nurse Residency Program
Month 4

- Merri Morgan, MSN, RN, CCRN

- Objectives
- The learner will describe the signs, symptoms, and nursing "bundled" treatment modalities for sepsis, heart failure, and pneumonia.
- The learner will discuss the importance mortality rates, length of stay, and readmission rates has on the hospital.
- Clinical 3: Sepsis, Pneumonia, Heart Failure

- Clinical 3
- Clinical 3 (Pneumonia, Sepsis, Heart Failure)
- Why were these primary diagnoses chosen?
- Biggest impact to improve health of community hospital serves, populations best served
- Goal to achieve top 10% nationally
- Impacts of mortality rates, length of stay, and readmission rates

- Clinical 3
- CMS reimbursement reductions for not meeting established goals
- Collaborative treatment team
- Key focuses: Documentation, coding, medication reconciliation, care coordination and better patient transitions to-and-from the hospital to primary care, home care, hospice, and skilled nursing facilities
- EBP treatment bundles
- Sepsis
- Signs and symptoms: HR > 90, RR > 20, temp < 96.8 or > 101

- Sepsis screening tool utilized in EMR
- When to utilize, frequency:
- Within 4 hours of admission, every 12 hours, and change in patient condition

- Sepsis
- Getting a positive screen:
  - Complete the SBAR form and contact the MD with pertinent information related to the patient's condition (labs, vitals, clinical presentation, etc.)
  - Treatment bundles: antibiotics, fluid resuscitation, continuum of care (i.e. rehab, home health, family members); BLAAST pneumonic
- Sepsis
- Labs to follow:
  - Lactate, precalcitonin, H&H, blood cultures, urine cultures, sputum cultures, CBC, blood gas, PT/PTT, CMP

- Heart Failure
- Signs and symptoms: shortness of breath, fatigue/weakness, swelling in legs, rapid HR, persistent cough, sudden weight gain, lack of appetite/nausea
- Treatment modalities: medications, fluid restrictions, daily weights, dietary concerns, exercise program, continuum of care (i.e. rehab, home health, family members)
- Pneumonia
- Signs and symptoms: chest pain when you breath/cough, cough, fatigue, fever, confusion, shortness of breath
- Chest x-ray pictures – lots of "white"
- Treatment modalities: medications, mobility protocol, continuum of care (i.e. rehab, home health, family members)

Appendix D3: PowerPoint Presentation Month 5

ICU Nurse Residency Program
Month 5

- Merri Morgan, MSN, RN, CCRN

- Objectives
- The learner will apply learned concepts and principles to plan and manage the holistic care of a critically ill patient.

- Stroke

- Stroke Case Study
- A 75 year old African American male, John, with PMH of HTN, DMT2, and hyperlipidemia, was at home with his wife, Jane. Began experiencing slurred speech during breakfast at 8:30am. Wife immediately called 911. John was taken by EMS to a certified stroke center hospital.

- What's next?

- Start oxygen at 2 LPM via nasal cannula if SpO2 is less than 94%
- Check blood glucose (Finger Stick)
- Place patient on cardiac monitor
- Start IV, 18 or 20 gauge antecubital
- Obtain STAT labs: chemistry panel, PT/INR, CBC, troponin (Do not delay CT for labs)
- Obtain STAT non-contrast head CT

- Stroke Case Study
- Prepare to administer IV Alteplase.
  - Obtain actual weight of patient using stretcher scale
  - Obtain IV pump

- Remove Alteplase from Omnicell on override and bring to bedside
- After verbal order from MD to reconstitute, reconstitute Alteplase per package insert (CT head negative)
- Prepare medication with nurse double check

- Start a second IV, 18 or 20 gauge antecubital
- Once order is in Epic, remove excess drug, hang in pump and administer bolus followed by infusion.

- Stroke Case Study
- CT reveals ischemic stroke – what's next?
- Alteplase administration
  - Dose, how?
    - Infuse 0.9 mg/kg (maximum dose 90 mg) over 60 minutes with 10% of the dose given as a bolus over 1 minute.
- Nursing assessment
  - Frequency
    - Q15MIN X 2H (from start of tPA * infusion), then
    - Q30MIN x 6H, then
    - Q1H x 24H after infusion is stopped,
    - Then Q4H
- Biggest complication?

- Stroke Case Study
- Time table
  - Door to physician (10 minutes)
  - Door to stroke team (15 minutes)
  - Door to CT/MRI initiation (25 minutes)
  - Door to CT interpretation (45 minutes)

- Order to lab results (30 minutes)
- Computer link from when determined medically necessary by ED physician (20 minutes)
- Door to IV tPA bolus- 60 minutes (75% compliance) AND 45 minutes (50% compliance)
- Transfer of patients to Comprehensive Stroke Center (2 hours of ED arrival)
- Door to monitored bed admission, if admitted (3 hours of ED arrival)

- Diabetes

- Diabetes
- Jane, a 25 year old female, was brought to the ED via EMS with a report of the patient being found unresponsive. Vitals: BP 103/64, HR 126, RR 34, Temp 98°F, SaO2 98% on RA. Pt responds to painful stimuli, respirations are rapid and deep. Accucheck says "critical high". Lab values: Na+ 126, K+ 5.4, Cl 88, CO2 < 6, BUN 34, Cr 1.4, glucose 784, arterial pH 7.0. The serum ketones were positive.

- What's next? Diagnosis?
- Diabetes
- DKA

- What are the indicators?
- Unresponsive, elevated HR, lab values, + ketones

- Anion gap?
- $[Na^+ – (Cl^- + HCO_3^-)] = 126 – (88 + 6) = 126 – 94 = 32$

- Diabetes
- Treatment
  - Reverse dehydration
  - Replace insulin

- Insulin gtt using Glucommander software
- Replenish electrolytes
  - Pay attention to K+, may need to have IV fluids with KCl
- Reverse ketoacidosis

- ESRD

- ESRD
- Jane, a 55 year old Caucasian female, admitted to the hospital with ESRD. Has a non-functioning fistula.
- VS: HR 82, BP 100/58, SaO_2 95%
- Labs: K+ 6.1, BUN 47, Creatinine 4.1, H/H 7.4/19.8

- ESRD
- On arrival to the ICU, the heart rate monitor shows…

- What do you expect to treat first? With what?

- HR stabilizes, BP trends downward over the next two hours. What's the next treatment?

- Hypertension

- Hypertension
- John is a 6o year old plumber. He smokes ½ PPD and drinks socially. He states he's "been trying to lose 30 pounds for the last 6 months" but works too many hours to eat right or get any exercise. His 5 BP readings in the ED averaged 200/101. He's admitted to the ICU on a labetalol drip.

- What's next?
- Hypertension

- BP readings
  - Frequency?
- Rate of BP reduction?
  - No more than 25% over 2-6 hours
  - Why?
    - Avoid cerebral, coronary, and renal ischemia

- GI Bleed

- GI Bleed
- John, 65, arrived at the ED via EMS having witnessed blood in the toilet when he had a bowel movement. His VS on arrival to the ED: HR 110, BP 85/50, temp 98^{o} F. He's admitted to the med-surg unit for observation. Four hours later the RN notices he's extremely lethargic and pulls back the covers and noticed the sheets are covered in blood. She calls an MRT and John is transferred to the ICU.

- GI Bleed
- What's next?
  - Vital signs, labs
- What can you expect?
  - Fluids until blood products available

Appendix D4: PowerPoint Presentation Month 6

ICU Nurse Residency Program
Month 6

- Merri Morgan, MSN, RN, CCRN

- Objectives
  - The learner will explain the purpose of the hospital's BSN goals.
  - The learner will explain the purpose of the hospital's RN certification goals.
  - The learner will describe the impact RN satisfaction has on the hospital.
  - The learner will identify the rewards and recognition programs offered to nursing.
  - The learner will identify benefits received as a member of the organization.
  - The learner will describe the impact customer service has on the hospital.
  - The learner will discuss the purpose of both the nursing strategic imperatives and the healthcare system strategic plan.
  - The learner will discuss the impact the Magnet "Journey to Excellence" has on nursing.
- Nursing at the Hospital

- BSN Goals

- What are the BSN goals for the hospital?
  - Ultimate goal of 80% by 2020
  - 1-5% increase each year, collaborative effort between facility partnership council and nursing leadership to determine goal each year
- Current BSN percentage: 58%
- BSN goal for the healthcare system?
  - 80% by 2020

- BSN Goals
- How were these goals established?
- Adoption of IOM recommendations by system CNO, hospital CNEs

- Steps taken to achieve the hospital goal
- Tier 1 and Tier II BSN goal action plan
- Certification Goals
- RN certification goals for the hospital
    - Successive annual improvement
    - Collaborative effort between facility partnership council and nursing leadership to determine goal each year
- RN certification goals for the healthcare system
    - Improvement each year
    - Aligns with Magnet expectations

- Certification Goals
- Reasons healthcare system support RN certification
    - Knowledgeable RN staff
    - Improved patient outcomes
- Healthcare system support of RN certification
    - ANCC Success Pays program
    - AACCN program
    - AMSN Failsafe program
    - Progress on other nursing specialty organizations
- WEI/RN Satisfaction goal
- "Members of the Team" survey
- Vendor – The Jackson Group
- Completed every year by staff – typically in July/August

- Designed to get the “pulse” of the organization
- Anonymous
- Capable of answering question, and offering free text comments
- Participation highly encouraged

- WEI/RN Satisfaction goal
- Nurses asked questions about:
  - Quality of Nursing
  - Leadership Access & Responsiveness
  - Autonomy
  - Interprofessional Relationships
  - RN-RN Teamwork/Collaboration
  - Professional Development
  - Adequacy of Resources & Staffing

- WEI/RN Satisfaction goal
- Outperformance of the national mean
  - Importance/ benefit of a high score
  - Happier patients
  - Holistic care

- Rewards & Recognition
- Programs offered at the hospital
  - ACE Award
  - DAISY Award

- Unit-specific: employee of month/ quarter
- Customer Service
- Goal for the hospital
  - Vendor: NRC
- Customer service scores determined by:
  - Discharge calls
- Inpatient & ambulatory settings
- Data relayed to HCAHPS
- Customer Service
- HCAHPS
  - Patient satisfaction survey required by CMS
- How does a good score benefit the hospital?
  - Happy patients/families
  - Increased revenue related to utilization of hospital services
  - Word of mouth reviews

- Strategic Imperatives/System Healthcare Strategic Plan
- 2013–2016 hospital strategic imperatives
  - Top 10% Quality, Safety, and Service*
  - Hardwire Strong Nursing Practice, Unleash the Passion, and Solidify the Professional Image of Nursing
  - Redesign the patient and family experience
  - Population Health Management

- Magnet “Journey to Excellence”

- Clinical nurses' role in achieving/ maintaining designation
  - Shared governance participation
  - Engagement in continual patient outcome improvement
  - Utilization of EBP
- Magnet "Journey to Excellence"
- Five Components of Magnet Model
  - Transformational Leadership
  - Structural Empowerment
  - Exemplary Professional Practice
  - New Knowledge and Innovation
  - Empirical Outcomes

- Magnet Journey
- Transformational Leadership
  - Characteristics – Change agent, open & effective communication, having/maintaining high standards, team builder, strategic planner, visionary, visible, supportive & knowledgeable, empowering
  - CNO rounds at least 3 days/week
  - New RN orientation
  - Unit Coordinator meetings
  - Supports shared governance
- Magnet Journey
- Structural Empowerment
  - 4 Conditions for Empowerment
    - Access to Information
    - Adequate Resources

- Supported by Feedback from Management & Peers
- Opportunity to Learn & Grow

- Commitment to Professional Development
- Teaching & Role Development
- Commitment to Community Development
- Recognition of Nursing

- Magnet Journey
  - Examples:
    - Nursing Intranet Page
    - SBAR communications
    - Daily inventory replenishment
    - Peer Feedback/Self Evaluation
    - Quarterly 1:1 with ICU nurse manager
    - Onelink Learning & CE Direct
    - Certification exam reimbursement
    - Rewards & Recognition

- Magnet Journey
- Exemplary Professional Practice
  - PPM*
  - Interdisciplinary collaboration
  - QI
  - Culture of Safety
    - Safety coaches
    - RCA/ACA
    - STARs
    - Patient Advocate

- Magnet Journey

- New Knowledge & Innovation
  - EBP
  - Research
  - Innovation in Nursing

- Magnet Journey
- Empirical Outcomes
  - 4 Types
    - Patient Outcomes
    - Nurse Outcomes
    - Organizational Outcomes
    - Consumer Outcomes
- References
- American Nurses Credentialing Center. (2011). *Magnet: The next generation – nurses making the difference*. Silver Springs, MD: ANCC.

Appendix D5: PowerPoint Presentation Month 7

ICU Nurse Residency Program
Month 7

- Merri Morgan, MSN, RN, CCRN

- Objectives
- The learner will describe the signs, symptoms, negative impacts, and methods to reduce and/or eliminate alarm fatigue.
- The learner will describe the signs, symptoms, negative impacts, and treatment methods for patient "ICU psychosis".
- The learner will describe the signs, symptoms, negative impacts, and coping strategies for ICU nurse burnout.
- Alarm Fatigue & Other Common ICU Phenomenon

- Alarm Fatigue
- Develops when clinicians are subject to inordinate amount of alarm noise
- "Sensory overload" for nurses exposed to numerous alarms (quantity & type)
  - Physiological alarms, vent alarms, bed alarms, IV pumps, phone, tube system, etc.
- Upwards of 40 different types of alarms occur in the ICU setting
- Clinician experience sensory overload and desensitization
- Alarm Fatigue
- Alarms designed to alert nurse of parameters outside norm, triggering a response to assess patient
- Lack of alarm customization leads to "false positive" alarms > nurse complacency & sensory overload > bad patient outcome

- Alarm Fatigue
- Impact of Alarm Fatigue

- Response to alarms may be delayed, ignored, or clinician turns off alarm
- Patient deaths have occurred as a result of alarm fatigue

- The Joint Commission Sentinel Event Alert (April 2013)
  - Database from January 2009 – June 2012
  - 98 alarm-related events
  - 80 resulted in death
  - 13 resulted in permanent loss of function
  - 5 resulted in additional care/length of stay
- Alarm Fatigue
- Joint Commission established National Patient Safety Goal (NPSG) related to alarm fatigue for 2014
  - **NPSG.06.01.01:** Improve the safety of clinical alarm systems
    - As of July 1, 2014, leaders establish alarm system safety as a hospital priority
    - During 2014, identify the most important alarm signals to manage
    - As of January 1, 2016, establish policies and procedures for managing the alarms
    - As of January 1, 2016, educate staff and licensed independent practitioners about the purpose and proper operation of alarm systems for which they are responsible
- Alarm Fatigue
- Summer 2014 – Alarm Fatigue Task Force formed
  - Comprised of ICU Manager, ICU educator, Risk Management, Quality, and Professional Practice Manager
  - Discussed alarm fatigue, AACCN's Practice Alert
  - Developed plan for assessing problem related to physiological alarms only (for now)
    - Queried staff

- Trended red arrhythmia alarms, yellow arrhythmia alarms, red "bed" alarms, yellow "bed" alarms

- Alarm Fatigue
- September 2014 – reviewed results
- Implemented AACCN's recommendations from Alarm Fatigue Practice Alert
  - Staff re-educated on alarm customization
  - Proper skin prep for ECG electrodes
  - Change ECG electrodes daily
  - Reminder signs for alarm customization placed on tabletop stations
- Alarm Fatigue
- Customization Exercises

- ICU Psychosis (i.e. ICU delirium)
- Occurs d/t lack of sleep, increased patient anxiety, excessive noise/constant alarms, medication (polypharmacy)
- Assessment tool
  - CAM ICU
- ICU Psychosis (i.e. ICU delirium)
- Preventative non-pharmacological nursing interventions
  - Calendar in room
  - RN reorientation
  - Maintaining day/night for patient
  - Using personal assistive devices for patient (glasses, hearing aids, etc.)
  - Family presence
  - Mobility, getting patients out of bed
  - Nutrition

- ICU Nurse burnout
- How/why it occurs:
  - High levels of stress
  - Critical nature of patients (high patient acuity), compassion fatigue, futility of treatment, morally distressing situations
  - Lack of teamwork

- ICU Nurse burnout
- Coping strategies
  - Work-life balance
  - Teamwork, teambuilding exercises
  - Employee Assistance Program
  - Counseling services
  - Stand downs after significant event
  - "Buddy system"

- References

- The Joint Commission. (2013a). Medical device alarm safety in hospitals. Retrieved from http://www.jointcommission.org/assets/1/18/SEA_50_alarms_4_5_13_FINAL1.PDF
- The Joint Commission. (2013b). R^3 report: Requirement, rationale, reference: Alarm system safety. Retrieved from http://www.pwrnewmedia.com/2013/joint_commission/r3_report_alarms/downloads/R3_Report.pdf

Appendix D6: PowerPoint Presentation Month 8

ICU Nurse Residency Program
Month 8

- Merri Morgan, MSN, RN, CCRN

- Objectives
- The learner will describe the three elements comprising the annual review.
- The learner will discuss the importance of performance appraisal.
- The learner will describe the purpose of setting personal goals.
- The learner will identify a personal goal.
- The learner will discuss the purpose of the new BSN graduate support group.
- Housekeeping Items – Part 1

- Annual Review
- Self-Evaluation
  - Demonstrates a commitment to lifelong learning
  - Keeps one on track with goals
  - Required to be completed each year as part of the annual review

- Annual Review
- Peer Feedback
  - 1 peer selected by employee, 1 peer selected by manager
  - Feedback incorporated into annual review
  - Anonymous

- Annual Review

- Annual Review
  - All nurses, all levels must complete
- Evaluation measures:
  - 1. Does not meet
  - 2. Marginally effective
  - 3. Fully effective
  - 4. Highly effective
  - 5. Exemplary

- Annual Review
- Onelink format
- Must achieve fully effective or higher to meet potential bonus payout
- Managers must complete, review with employees by end of February each year

- Annual Review
- Purpose of establishing individual goals:
  - Professional development
  - Support hospital nursing strategic plan
- Types of goals included
  - Education
  - Certification
  - Career advancement
  - Committee involvement

- Annual Review
- Hands On Activity

- Onelink Review
- Goal Establishment

- New BSN support group
- Provides ongoing source of mentoring and support in a safe, confidential environment for the new graduates
- Topics include: relationship building, teamwork, coping skills, networking, goal setting, work/family balance, communication
- “Vegas-style” meetings
- Meets second Monday of month, 0800, education department

Appendix D7: PowerPoint Presentation Month 9

ICU Nurse Residency Program
Month 9

- Merri Morgan, MSN, RN, CCRN

- Objectives
  - The learner will describe the purpose of the Occupational Health department.
  - The learner will identify two instances in which the Occupation Health department will be utilized.
  - The learner will describe the license renewal process.
  - The learner will define the continuing education requirements for license renewal.
  - The learner will locate the CE Direct learning link.
  - The learner will locate the hospital online learning link.
  - The learner will describe the process of enrolling in online learning.
  - The learner will identify the computer-based training modules required each year.
- Housekeeping Items – Part 2
- Occupational Health
- Services provided by Occupational Health department:
  - Tracks and analyzes employee injuries
  - Offers immunizations to staff free of charge
  - Administers airborne mask fit-testing
  - Completes annual screenings

- Location of the Occupational Health office/ office hours
  - Medical office building, 4th floor
  - Hours: M-F, 0700-1530
  - After hours, call nursing supervisor

- Board of Nursing
- Web address
- Services offered
  - License lookup, renewal
  - Laws governing nursing

- Board of Nursing
- How and when to renew RN License
  - Fees
  - Frequency

- Board of Nursing
- Continuing Education Requirements for RN license
  - # CEs annually, # CEs biannually
- How to track CEs obtained
- Obtaining CE requirements:
  - CE Direct

- Hospital Online Learning
- Nursing organization participation, offer CEs as part of joining

- Mandatory Education
- Must be completed by end of November
- Stroke – 8 hours
- Annual regulatory training (basic and advanced safety
- Special Communication Services
- Preventing Workplace Violence
- Employee Acknowledgment Forms

- Mandatory Education
- Site excursion – Occupational Health
- Hands On Exercises
  - Review BON website
  - Complete RN profile
  - Review CE Direct link
    - Search/Save classes to profile
  - Review Onelink Online Learning intranet site
    - Search/save classes to profile

Appendix D8: PowerPoint Presentation Month 10

ICU Nurse Residency Program
Month 10

- Merri Morgan, MSN, RN, CCRN

- Objectives

- The learner will categorize nursing activities according to the PPM.

- The learner will identify the key components of the hospital's nurse theorist.

- The learner will describe the purpose and function of unit and hospital shared governance.

- The learner will describe the purpose and function of the hospital system.

- The learner will describe the reporting structure of nursing committees within the hospital and the hospital system.

- Professional Practice Model (PPM)/Shared Governance (SG)

- Hospital PPM

- Hospital PPM

- Parthenon: visual of nursing mission, vision, values

- Framework for nursing

- Elements of the PPM: *Foundation* – A Culture of Safety and Accountability, Jean Watson's Theory of Caring, Relationship-Based Caring; Relationship; *Care Delivery System* – Team; Coordination; *Vision* – To Create an Environment of Health and Healing

- PPM

- Culture of Safety & Accountability

- Foundation of nursing care provided
- *Culture* – "way of life, especially the general customs and beliefs, of a particular group of people at a particular time" (Cambridge Dictionaries Online, 2015, para. 1)
- *Accountability* – "a situation in which someone is responsible for things that happen and can give a satisfactory reason for them" (Cambridge Dictionaries Online, 2015, para. 1)

- Jean Watson
- Theory of Caring Principles
  - Loving-kindness & equanimity
  - Authentic presence
  - Cultivating own spiritual presence
  - Being the caring-healing environment
  - Allowing miracles

- Jean Watson
- Elements (Caritas) of the Theory of Caring:
  - Embrace altruistic values and practice loving kindness with self and others.
  - Instill faith and hope and honor others.
  - Be sensitive to self and others by nurturing individual beliefs and practices.
  - Develop helping – trusting- caring relationships.

- Jean Watson
- Elements (Caritas) of the Theory of Caring:
  - Promote and accept positive and negative feelings as you authentically listen to another's story.
  - Use creative scientific problem-solving methods for caring decision making.

- Share teaching and learning that addresses the individual needs and comprehension styles.

- Jean Watson
- Elements (Caritas) of the Theory of Caring:
  - Create a healing environment for the physical and spiritual self which respects human dignity.
  - Assist with basic physical, emotional, and spiritual human needs.
  - Open to mystery and allow miracles to enter.

- PPM
- Relationship-Based Care
  - Relationship w/ patient/family
  - Relationship w/ staff
  - Relationship w/ self*

- PPM
- Relationship
  - Fostering relationships w/ patient/family
    - Caring
    - Involving patients/family in treatment plan
    - Whiteboard communication
    - Bedside shift report
    - Education

- PPM
- Team

- MDRs
  - Utilizing best-practices to optimize outcomes
    - Evidence-based bundles
      - Foley, Vent, CVL
    - Prone Positioning
    - Therapeutic Hypothermia
    - Mobility protocol
    - Diuresis protocol
    - Computer-directed glycemic management

- PPM
- Collaboration
  - MDRs
    - Held daily
    - Family/patient included
    - Plan of care discussed/reviewed
  - Interdisciplinary care plans*
  - Care Coordination involve to facilitate discharge
    - Includes necessary resources (O2, etc.)
    - Discharge to: home, rehab, SNF
  - eICU

- PPM
- Environment for Health & Healing
  - Room design, private room
  - Quiet time
  - Healing Touch™

- Unit (ICU) shared governance (SG) committee
- Chair/co-chair – clinical nurses
- Interdisciplinary - includes infection preventionist, wound care nurse, pharmacy, respiratory, dietary, clinical nurses
- Meeting date/times: 1st Wednesday of the month, 0800, ICU conference room

- Unit (ICU) shared governance (SG) committee
- Reviews relevant ICU data, clinical nurses identify opportunities for improvement
- Provides clinical nurses with voice in issues affecting their practice

- Hospital shared governance (SG) committee
- Chair/Co-Chair – clinical nurses
- Interdisciplinary quarterly, nurse focused all other months
- Reviews relevant hospital data, clinical nurse identify opportunities for improvement
- Provides clinical nurses with voice in issues affecting their practice
- Chairs from each PC in the hospital represent their unit
- Meeting date/times: 4th Wednesday of month, 0800, PDR

- System shared governance (SG) committee
- Chair/Co-Chair – clinical nurses
- Identifies system-impact areas of nursing for improvement, supports hospital SG
- Membership: 1 clinical nurse from each hospital, 1 nursing leadership member from each hospital
- Meeting date/times: 1st Monday of month, via webex

- System shared governance (SG) committee
- System Committees/Forums Structure
  - Goal to have > 50% clinical nurses as members for all system committees and forums
  - Reporting structure for unit, division, and system SG committees

- References

- Accountability. 2015. In *Dictionary.Cambridge.org*. Retrieved September 19, 2015, from http://dictionary.cambridge.org/dictionary/english/accountability
- Culture. 2015. In *Dictionary.Cambridge.org*. Retrieved September 19, 2015, from http://dictionary.cambridge.org/dictionary/english/culture
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Appendix D9: PowerPoint Presentation Month 11

ICU Nurse Residency Program
Month 11

Merri Morgan, MSN, RN, CCRN

- Objectives
- The learner will identify the nurse-sensitive indicators.
- The learner will discuss the importance of national benchmarking.
- The learner will discuss the impact nurse-sensitive indicators has on patient outcomes.
- The learner will explain the purpose of the formal Nursing Peer Review Committee.
- NSI/Quality

- Nurse-sensitive indicators
  - CAUTI
  - CLABSI
  - VAP
  - Restraint Utilization
  - Falls with Injury
  - Pressure Ulcers

- Nurse-sensitive indicators
- Each instance recorded, analyzed
- Importance
- Reduction techniques

- CAUTI care bundles
- CLABSI care bundles
- VAP care bundles
- Fall reduction techniques
  - "Safety trumps privacy"
  - Johns Hopkins Fall Risk Assessment Tool
  - Completed each shift
  - Completed with change in patient condition
- Skin care protocol
  - Wound care RN
  - Braden Scale
  - Pressure reduction devices

- NDNQI
- National database utilized by healthcare organization for nurse-sensitive indicators
- Data entered quarterly
- What is national benchmarking?
  - Comparison based on hospital demographics
  - Performance evaluation

- NDNQI
- How does the ICU compare nationally?
- Outperformance in all indicators majority of time (i.e. > 5/8 quarters)
- Why is benchmark comparison important for Magnet® designation?
  - Needed for successful designation
  - Must submit data annually to MPO

- Nursing Peer Review Committee
- Cases referred in person, completed form, via email
- Anyone can refer cases, including MDs
- Non-punitive, focuses on nursing practice, not behavioral issues

- Nursing Peer Review Committee
- Members recommended by peers, with manager approval provided to the NPR facilitators – members are unofficial leaders in hospital with minimum BSN preparation and two years' experience, (i.e. no Unit Coordinator can be a nursing peer review member)
- Cases reviewed monthly
- Findings/lessons learned published in NPR newsletters and shared with clinical nurses – nursing leadership is copied on the findings/lessons learned

- Quality Improvement Department
- Trends outliers of optimal treatment methods
- Utilizes Root Cause Analysis to determine divergence from established treatment modalities
- 3 principles of quality: Customer focus, continuous improvement, teamwork

Appendix D10: PowerPoint Presentation Month 12

ICU Nurse Residency Program
Month 12

Merri Morgan, MSN, RN, CCRN

Objectives

The learner will describe the components of EBP.

The learner will compare and contrast frequently utilized EBP models in nursing.

The learner will give examples of dissemination to internal and external audiences.

The learner will explain the purpose of the hospital nursing research committee.

The learner will discuss the importance of journal clubs.

The learner will discuss the importance of human subjects training for research.

The learner will describe the support and resources provided by the system for nursing research.

Evidence-Based Practice (EBP)/ Nursing Research

What is EBP?

Problem-solving approach

3-pronged approach – best evidence, clinician experience, patient preferences

Frequently utilized EBP models

ACE Star Model

ARCC Model

Iowa Model

- Johns-Hopkins EBP Model
- Rosswurm & Larrabee Model
- Stetler Model

- 7 steps of EBP
- 1. Cultivate a spirit of inquiry
- 2. Ask clinical questions in PICOT format
- 3. Search for a collect the best evidence
- 4. Critically appraise the evidence
- 5. Integrate the evidence with clinical expertise and patient preferences
- 6. Evaluate Outcomes
- 7. Disseminate the outcomes

- How is EBP utilized in the ICU?
- Ventilator treatment bundles
- Foley treatment bundles
- CVL treatment bundles
- Skin care bundles

- ICU EBP Projects
- Pressure ulcer reduction project
- Work environment
- Lateral rotation

- Dissemination
- Internal dissemination
  - Work shared within the organization
- External dissemination
  - Work shared with others outside the organization

- Types of dissemination
  - Poster/ Podium
  - Hospital Nursing Grand Rounds
  - Presentation at committees/meetings
  - Presentation to nursing leadership
  - Presentation at nursing conferences (local, regional, national, international)

- What is Research?
- Builds scientific foundation for clinical practice
- Hospital Nursing Research Committee
- Membership: opened to nurses at all levels of practice
- Meeting dates/times: 4th Wednesday of month, 0900 (right after hospital SG meeting)
- MSN-prepared RNs mentor clinical nurses in nursing research process/EBP project implementation
- Nursing research can be conducted by any RN

- Research Process (phases)
- Engagement phase

- Planning phase
- Execution of methods/results phase
- Dissemination phase
- Close study

- *Hospital CNO must sign off on all nursing research projects

- Human Subjects Training
- Collaborative Institute Training Initiative (CITI) training
- All PIs/research members must complete
- Training is good for 2 years
- Provides history of human subject research and laws/acts implemented to protect research participants

- Journal Clubs
- Prevent copyright infringement
- Allow a group/cohort to access same articles
- 30-day limit
- Created by the librarian

- System Nursing Research Council
- Held quarterly
- Hospital research forum chairs and anyone else interested may attend
- Provides insight to system nursing research

- Supports hospital forums
- Educational opportunities related to research
- Guides direction of nursing research at a system level
- System resources
- QRI team (PhD members, DNP member, analytic support, protocol development, IRB package submission support)
- Librarian (assists with literature reviews, teaching others to utilize research databases)
- Forum members (many MSN-prepared RNs attend hospital forum members, DNP students)

Appendix E: Content Expert Evaluation of Curricula

Date:
Student: Merri Morgan
Name of Reviewer:
Products for review: Curriculum Plan, Complete Curriculum Content, Literature Review Matrix
Instructions Please review each objective related to the curriculum plan, content and matrix. The answer will be a "yes" or "no" with comments if there is a problem understanding the content or if the content does not speak to the objective.

Month 3		
Objective 1: The learner will give examples of the 17 ANA Nursing Scope and Standards of Practice. Comments:	**Met**	Not Met
Objective 2: The learner will give examples for the nine provisions of the ANA Code of Ethics for Nurses. Comments:	**Met**	Not Met
Objective 3: The learner will describe the elements of the AACCN Synergy Model. Comments:	**Met**	Not Met
Month 4		
Objective 1: The learner will describe the signs, symptoms, and nursing "bundled" treatment modalities for sepsis, heart failure, and pneumonia. Comments:	**Met**	Not Met
Objective 2: The learner will discuss the importance mortality rates, length of stay, and readmission rates has on the hospital. Comments:	**Met**	Not Met
Month 5		
Objective 1: The learner will apply learned	**Met**	Not Met

concepts and principles to plan and manage the holistic care of a critically ill patient. Comments:		
Month 6		
Objective 1: The learner will explain the purpose of the hospital's BSN goals. Comments:	**Met**	Not Met
Objective 2: The learner will explain the purpose of the hospital's RN certification goals. Comments:	**Met**	Not Met
Objective 3: The learner will describe the impact RN satisfaction has on the hospital. Comments:	**Met**	Not Met
Objective 4: The learner will identify the rewards and recognition programs offered to nursing. Comments:	**Met**	Not Met
Objective 5: The learner will identify benefits received as a member of the organization. Comments:	**Met**	Not Met
Objective 6: The learner will describe the impact customer service has on the hospital. Comments:	**Met**	Not Met
Objective 7: The learner will discuss the purpose of both the nursing strategic imperatives and the healthcare system strategic plan. Comments:	**Met**	Not Met

Objective 8: The learner will discuss the impact the Magnet® "Journey to Excellence" has on nursing. Comments:	**Met**	Not Met
Month 7		
Objective 1: The learner will describe the signs, symptoms, negative impacts, and methods to reduce and/or eliminate alarm fatigue. Comments:	**Met**	Not Met
Objective 2: The learner will describe the signs, symptoms, negative impacts, and treatment methods for patient "ICU psychosis." Comments:	**Met**	Not Met
Objective 3: The learner will describe the signs, symptoms, negative impacts, and coping strategies for ICU nurse burnout. Comments:	**Met**	Not Met
Month 8		
Objective 1: The learner will describe the three elements comprising the annual review. Comments:	**Met**	Not Met
Objective 2: The learner will discuss the importance of performance appraisal. Comments:	**Met**	Not Met
Objective 3: The learner will describe the purpose of setting personal goals. Comments:	**Met**	Not Met
Objective 4: The learner will identify a personal goal.	**Met**	Not Met

Comments:	
Objective 5: The learner will discuss the purpose of the new BSN graduate support group. Comments:	**Met** Not Met
Month 9	
Objective 1: The learner will describe the purpose of the Occupational Health department. Comments:	**Met** Not Met
Objective 2: The learner will identify two instances in which the Occupation Health department will be utilized. Comments:	**Met** Not Met
Objective 3: The learner will describe the license renewal process. Comments:	**Met** Not Met
Objective 4: The learner will define the continuing education requirements for license renewal. Comments:	**Met** Not Met
Objective 5: The learner will locate the CE Direct learning link. Comments:	**Met** Not Met
Objective 6: The learner will locate the hospital online learning link. Comments:	**Met** Not Met
Objective 7: The learner will describe the process of enrolling in online learning.	**Met** Not Met

Comments:	
Objective 8: The learner will identify the computer-based training modules required each year. Comments:	**Met** Not Met
Month 10	
Objective 1: The learner will categorize nursing activities according to the PPM. Comments:	**Met** Not Met
Objective 2: The learner will identify the key components of the hospital's nurse theorist. Comments:	**Met** Not Met
Objective 3: The learner will describe the purpose and function of unit and hospital shared governance. Comments:	**Met** Not Met
Objective 4: The learner will describe the purpose and function of the hospital system. Comments:	**Met** Not Met
Objective 5: The learner will describe the reporting structure of nursing committees within the hospital and the hospital system. Comments:	**Met** Not Met
Month 11	
Objective 1: The learner will identify the nurse-sensitive indicators. Comments:	**Met** Not Met
Objective 2: The learner will discuss the importance of national benchmarking.	**Met** Not Met

Comments:		
Objective 3: The learner will discuss the impact nurse-sensitive indicators has on patient outcomes. Comments:	**Met**	Not Met
Objective 4: The learner will explain the purpose of the formal Nursing Peer Review Committee. Comments:	**Met**	Not Met
Month 12		
Objective 1: The learner will describe the components of EBP. Comments:	**Met**	Not Met
Objective 2: The learner will compare and contrast frequently utilized EBP models in nursing. Comments:	**Met**	Not Met
Objective 3: The learner will give examples of dissemination to internal and external audiences. Comments:	**Met**	Not Met
Objective 4: The learner will explain the purpose of the hospital nursing research committee. Comments:	**Met**	Not Met
Objective 5: The learner will discuss the importance of journal clubs. Comments:	**Met**	Not Met

Objective 6: The learner will discuss the importance of human subjects training for research. Comments:	**Met**	Not Met
Objective 7: The learner will describe the support and resources provided by the system for nursing research. Comments:	**Met**	Not Met

Appendix F: Content Expert Evaluation of Curricula Summary

Items Rated Not Met = "1" or Met = "2"

Objectives	Expert 1	Expert 2	Expert 3	Average Score
Month 3				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Month 4				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Month 5				
Objective 1	2	2	2	2
Month 6				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Objective 4	2	2	2	2
Objective 5	2	2	2	2
Objective 6	2	2	2	2
Objective 7	2	2	2	2
Objective 8	2	2	2	2
Month 7				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Month 8				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Objective 4	2	2	2	2
Objective 5	2	2	2	2
Month 9				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Objective 4	2	2	2	2
Objective 5	2	2	2	2
Objective 6	2	2	2	2
Objective 7	2	2	2	2

(table continues)

Month 10				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Objective 4	2	2	2	2
Objective 5	2	2	2	2
Month 11				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Objective 4	2	2	2	2
Month 12				
Objective 1	2	2	2	2
Objective 2	2	2	2	2
Objective 3	2	2	2	2
Objective 5	2	2	2	2
Objective 6	2	2	2	2
Objective 7	2	2	2	2

Expert review, agreement by all reviewers that curricula content meets stated objectives

Appendix G: Pretest/Posttest

Date:

Student Name: Merri Morgan

Reviewer's Name:

Packet: Pretest/Posttest, Complete Curriculum

INSTRUCTIONS: **Please check each item to see if the question is representative of the course objective and the correct answer is reflected in the course content.**

Test Item #

1. The Scope and Standards of Practice for Nursing consists of standards of practice and standards of professional performance?
   a) True
   b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

2. The standards of practice include which of the following?
   a) Assessment, Diagnosis, Planning, Implementation, and Evaluations
   b) Assessment, Outcome Identification, Implementation, and Evaluation
   c) Assessment, Planning, Implementation, and Evaluation
   d) Assessment, Diagnosis, Outcome Identification, Implementation, and Evaluation

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

3. The Code of Ethics for Nursing?
   a) Establishes the ethical standard for the profession
   b) Provides a guide for nurses to use in ethical analysis and decision-making
   c) Makes explicit the primary obligations, values, and ideals of the profession
   d) All of the above

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

4. Provision 1 of the Code of Ethics for Nursing provides for?
   a) Preservation of Integrity
   b) Integrity of the Profession
   c) Respect for Human Dignity
   d) Conflict of Interest for Nurses

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

5. The nursing competencies utilized in the Synergy Model include?
    a) Clinical judgement, advocacy, caring practice, systems thinking, clinical inquiry, and facilitator of learning
    b) Clinical judgement, advocacy, caring practice, collaboration, systems thinking, response to diversity, clinical inquiry, and facilitator of learning
    c) Advocacy, complexity, systems thinking, clinical inquiry, and resource availability
    d) Advocacy, caring practice, stability, clinical inquiry, and resource availability

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

6. The three diagnoses commonly referred to at the Clinical 3 are?
    a) End Stage Renal Disease, Sepsis, Heart Failure
    b) End Stage Renal Disease, Heart Failure, Pneumonia
    c) Sepsis, Pneumonia, Heart Failure
    d) Heart Failure, Diabetes, COPD

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

7. Two signs and symptoms of sepsis are?
    a) Headaches and temperature > 101
    b) Temperature > 101 and heart rate > 90 bpm
    c) Heart rate > 90 bpm and respiratory rate > 18
    d) Mental status change and temperature > 101

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

8. Patients with a diagnosis of heart failure must be weighed daily?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

9. The RN completes the sepsis screening tool at the beginning of the shift. The score is a 3. The patient is clinical stable at the time of the screen being completed. The first step the nurse should take is?
    a) Call a Medical Response Team (MRT) alert (in house rapid response team)
    b) Complete the SBAR form and contact the MD stating that the patient is positively scoring on the sepsis screening tool
    c) Complete the SBAR form and contact the MD with pertinent information related to the patient's condition (labs, vitals, clinical presentation, etc.)
    d) Ask the charge nurse for help

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

10. Not meeting expected CMS guidelines related to mortality rates, length of stay, and 30-day readmission for patients with heart failure and sepsis can negatively impact hospital reimbursement?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

11. A hemorrhagic stroke is due to an occlusion of the blood vessel in the brain, whereas an embolic stroke is due to a bleed directly into the cerebral tissue?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

12. Patients with Diabetic Ketoacidosis typically present with polyuria, polydipsia, and polyphagia?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

13. Peritoneal dialysis is the most common treatment modality for patients with end stage renal disease?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

14. Patients with a blood pressure of 120/80 are considered to be/have?
    a) Normal blood pressure
    b) Pre-hypertension
    c) Stage I hypertension
    d) Stage II hypertension

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

15. The initial treatment priority of gastrointestinal bleeding is?
    a) Saline fluid resuscitation
    b) Blood volume resuscitation
    c) Bleeding scan
    d) Medications, such as vasopressin

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

16. The hospital achieving 80% of nurse with a BSN degree or higher was based on adopting the recommendation of?
    a) The Joint Commission
    b) The Institute of Medicine
    c) The healthcare system's board of directors
    d) The Agency for Healthcare Research and Quality

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

17. The hospital participates in many programs to prevent the nurse from having to utilize their own funds to pay for the certification exam?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

18. Who sets the RN certification goals each year?
    a) The chief nursing officer of the hospital
    b) The facility partnership council
    c) Nurse managers in collaboration with the chief nursing officer of the hospital
    d) Recommendations from unit partnership councils are presented to the nursing leadership team and a consensus of the goal is achieved

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

19. Why does the hospital support RN certification because?
    a) It is an expectation of Magnet® that all nurses have a specialty certification
    b) The hospital system requires nurses to have a specialty certification as soon as applicable for their area of expertise
    c) The literature demonstrates improved outcomes when patients are provided care by nurses with specialty certification
    d) Stress at home and work

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

20. The hospital currently has ____ percent of nurses with a BSN or higher?
    a) 45
    b) 50
    c) 55
    d) > 55

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

21. Alarm fatigue is typically defined as the lack of response by the clinician due to excessive number of alarms which result in sensory overload and desensitization?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

22. Nurses should utilize factory settings on all physiological alarms?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

23. Reorientation of patients to their surroundings and use of personal devices (i.e. hearing aids, glasses, etc.) are two strategies to reduce ICU psychosis in patients?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

24. Two key contributors of nurse burnout in the ICU setting are stress from high patient acuity and morally distressing situations encountered on a daily basis in the work setting?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

25. Coping strategies include?
    a) Availability of counseling services and debriefs
    b) Taking breaks and time off from work
    c) Getting enough rest
    d) All of the above

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

26. Nurses at all levels (clinical nurse, managers, directors, advance practice nurses, chief nursing office) are expected to complete a self-evaluation, receive peer feedback on their performance, and have an annual review?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

27. Nurses are eligible for the Performance Plus incentive program (bonus program) regardless of the outcome of their annual review, provided the healthcare system achieves their operating margin?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

28. The New Graduate Support Group is designed to provide an ongoing source of mentoring and support to the new nurse?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

29. Which one of the following is acceptable to be listed as personal goals on the annual review form?
    a) Education
    b) Certification
    c) Committee involvement
    d) All of the above

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

30. Self-evaluation:
    a) Provides nurses with an opportunity to list only the strengths of their performance
    b) Demonstrates a commitment to lifelong learning, keeps one on track with goals, and completion is recommended by unit managers
    c) Demonstrates a commitment to lifelong learning, keeps one on track with goals, and is required to be completed each year as part of the annual review
    d) Provides nurses with an opportunity to list only the strengths of their performance, and is required to be completed each year as part of the annual review

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

31. The Board of Nursing requires ___ hours of continuing education for nurses each year as part of licensure renewal?
    a) 10
    b) 15
    c) 20
    d) 30

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

32. Annual regulatory training must be completed by _____ each year?
    a) March
    b) July
    c) November
    d) December

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

33. In the Intensive Care Unit, nurses are required to complete ___ hours of continuing education related to Stroke?
    a) 6
    b) 8
    c) 10
    d) 12

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

34. The Occupational Health Department provides which of the following services?
    a) Tracks and analyzes employee injuries
    b) Offers immunizations to staff free of charge
    c) Administers airborne mask fit-testing
    d) All of the above

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

35. The hospital provides access to the continuing education website CE Direct for all nurses free of charge?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

36. The hospital professional practice model (PPM) is in the shape of (a)?
    a) Interwoven Circles
    b) Star
    c) Parthenon
    d) Directional Arrows

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

37. Nursing's foundation is comprised of?
    a) Creating an Environment of Health and Healing, Coordination, and Relationship-Based Care

b) A Culture of Safety and Accountability, Jean Watson's Theory of Caring, and Relationship-Based Care
c) Relationship, Team, and Coordination
d) A Culture of Safety and Accountability, Team, Creating an Environment of Health and Healing

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

38. Share governance is a term used to describe a structure by which clinical nurses have a voice regarding issues affecting their practice.
a) True
b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

39. The goal of the system CNO is to have greater than 50% of membership at all committees and forums comprised of clinical nurses (i.e. bedside nurses).
a) True
b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

40. Unit nurse managers chair the partnership councils on their respective units and identify issues of importance.
a) True
b) False

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

41. The hospital utilizes which fall risk assessment tool?
a) Conley Scale
b) Morse Fall Scale
c) Hendrich Fall Risk Assessment Tool
d) Johns Hopkins Fall Risk Assessment Tool

Not Relevant Somewhat Relevant Relevant Very Relevant
Comments:

42. NDNQI aggregates data?
a) Monthly
b) Quarterly
c) Annually
d) All of the above

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

43. This is performed to better understand causes and identify actions to prevent reoccurrence.
    a) Safety Stand Down
    b) Management Review
    c) Prospective Analysis
    d) Root Cause Analysis

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

44. Nursing Peer Review Committee members are comprised of:
    a) Unofficial "leaders" from the nursing units
    b) Unit Coordinators (i.e. permanent charge nurses)
    c) Nurses selected by the CNO
    d) New nurse graduates

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

45. The three principles of quality include:
    a) Customer focus, teamwork, management oversight
    b) Teamwork, continuous improvement, management oversight
    c) Customer focus, continuous improvement, teamwork
    d) Management oversight, customer focus, continuous improvement

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

46. Research at the hospital is only conducted by nurses with advanced degrees?
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

47. Evidence-based practice incorporates?
    a) The best evidence
    b) The best evidence and clinician experience
    c) The best evidence, clinical experience, and the patient's preferences and beliefs
    d) The best evidence, clinical experience, the patient's preferences and beliefs, and "sacred cows"

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

48. Presenting the findings of a research study to the hospital leadership is an example of internal dissemination?

a) True
b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

49. Available resources to assist with conducting a literature review include which of the following?
    a) Librarian
    b) Research team members
    c) Members of the QRI team
    d) All of the above

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

50. Research generates new knowledge that can be used in clinical practice.
    a) True
    b) False

Not Relevant Somewhat Relevant Relevant Very Relevant

Comments:

Appendix H: Pretest/Posttest Expert Content Validation

Date: 10/25/16

Student Name: Merri Morgan

Reviewer's Name:

Packet: Curriculum Plan, Pretest/Posttest, Literature Review

INSTRUCTIONS: **Please check each item to see if the question is representative of the course objective and the correct answer is reflected in the course content.**

Test Item #	Not Relevant	Somewhat Relevant	Relevant	Very Relevant
1 **Comments:**				**X**
2 **Comments:**				**X**
3 **Comments:**				**X**
4 **Comments:**				**X**
5 **Comments:**				**X**
6 **Comments:**				**X**
7 **Comments:**				**X**

(table continues)

Test Item #	Not Relevant	Somewhat Relevant	Relevant	Very Relevant
8 **Comments:**				**X**
9 **Comments:**				**X**
10 **Comments:**				**X**
11 **Comments:**				**X**
12 **Comments:**				**X**
13 **Comments:**			**X**	
14 **Comments:**			**X**	
15 **Comments:**				**X**
16 **Comments:**				**X**
17 **Comments:**			**X**	
18 **Comments:**				**X**

(table continues)

Test Item #	Not Relevant	Somewhat Relevant	Relevant	Very Relevant
19 **Comments:**				**X**
20 **Comments:**				**X**
21 **Comments:**				**X**
22 **Comments:**				**X**
23 **Comments:**				**X**
24 **Comments:**				**X**
25 **Comments:**			**X**	
26 **Comments:**				**X**
27 **Comments:**				**X**
28 **Comments:**				**X**
29 **Comments:**				**X**
30 **Comments:**				**X**

(table continues)

Test Item #	Not Relevant	Somewhat Relevant	Relevant	Very Relevant
31 **Comments:**				**X**
32 **Comments:**				**X**
33 **Comments:**				**X**
34 **Comments:**			**X**	
35 **Comments:**			**X**	
36 **Comments:**			**X**	
37 **Comments:**			**X**	
38 **Comments:**				**X**
39 **Comments:**				**X**
40 **Comments:**			**X**	
41 **Comments:**			**X**	
42 **Comments:**			**X**	

(table continues)

Test Item #	Not Relevant	Somewhat Relevant	Relevant	Very Relevant
43 **Comments:**			**X**	
44 **Comments:**			**X**	
45 **Comments:**				**X**
46 **Comments:**				**X**
47 **Comments:**				**X**
48 **Comments:**			**X**	
49 **Comments:**				**X**
50 **Comments:**				**X**

Appendix I: Pretest/Posttest Expert Curriculum Content Validation Summary

Ratings of a 50-Question Scale by Three Experts: Items Rated 3 or 4 on 4-Point Scale

Question	Expert 1	Expert 2	Expert 3	Experts in Agreement	Item CVI
1	X	X	X	3	1.00
2	X	X	X	3	1.00
3	X	X	X	3	1.00
4	X	X	X	3	1.00
5	X	X	X	3	1.00
6	X	X	X	3	1.00
7	X	X	X	3	1.00
8	X	X	X	3	1.00
9	X	X	X	3	1.00
10	X	X	X	3	1.00
11	X	X	X	3	1.00
12	X	X	X	3	1.00
13	X	X	X	3	1.00
14	X	X	X	3	1.00
15	X	X	X	3	1.00
16	X	X	X	3	1.00
17	X	X	X	3	1.00
18	X	X	--	2	.67
19	X	X	X	3	1.00
20	X	X	X	3	1.00
21	X	X	X	3	1.00
22	X	X	X	3	1.00
23	X	X	X	3	1.00
24	X	X	X	3	1.00
25	X	X	X	3	1.00
26	X	X	X	3	1.00
27	X	X	X	3	1.00
28	X	X	X	3	1.00
29	X	X	X	3	1.00
30	X	X	X	3	1.00
31	X	X	X	3	1.00
32	X	X	X	3	1.00
33	X	X	X	3	1.00
34	X	X	X	3	1.00
35	X	X	X	3	1.00
36	X	X	X	3	1.00
37	X	X	X	3	1.00

(table continues)

Question	Expert 1	Expert 2	Expert 3	Experts in Agreement	Item CVI
38	X	X	X	3	1.00
39	X	X	X	3	1.00
40	X	X	X	3	1.00
41	X	X	X	3	1.00
42	X	X	X	3	1.00
43	X	X	X	3	1.00
44	X	X	X	3	1.00
45	X	X	X	3	1.00
46	X	X	X	3	1.00
47	X	X	X	3	1.00
48	X	X	X	3	1.00
49	X	X	X	3	1.00
50	X	X	X	3	1.00
				Average I-CVI =	.99
Proportion Relevant	1.00	1.00	.99		

I-CVI, item-level content validity index; scale-level content validity index, universal agreement method (S-CVI/UA) = .98; scale-level content validity index, averaging method (I-CVI/Ave) = .99. *Note*. From "Focus on Research Methods: Is the CVI an Acceptable Indicator of Content Validity? Appraisal and Recommendations," by Polit, Beck & Owens, 2007, Research in Nursing in Health, 30, p. 460.

Appendix J: Summative Evaluation

Qualitative Summation Evaluation Stakeholder

Title of Project: Improving New Nurses' Transition to Practice

Student: Merri Morgan

A. This project was a team approach with the student as the team leader resulting in outcome products.

1. Please describe the effectiveness of this project as a team approach

2. How do you feel about your involvement as a stakeholder/committee member?

3. What aspects of the process would you like to see improved?

B. There were outcome products involved in this project.

5. Describe your involvement in participating in the development/approval of the products.

6. Share how you might have liked to have participated in another way in developing the products.

C. The role of the student was to be the team leader

7. Please share the strengths you observed in the student in this role.

8. Please offer guidance in how the student might grow further in this role.

Appendix K: DNP National Conference Abstract Submission Criteria

2017 DNP National Conference
September 13-15, 2017
Intercontinental Hotel
New Orleans, Louisiana
www.DoctorsofNursingPractice.org

Abstract Submission Criteria

In order to submit an abstract, you must read and agree to the following submission, review, and selection criteria. **Make sure you read the criteria carefully, as the process has changed.**

Submission Instructions:

- Your abstract **title** cannot exceed 20 words.
- You will be asked to submit an **abstract** with a limit of 400 words, exclusive of any footnoted references.
- Spell out acronyms upon first usage.
- Use 3rd person pronouns when talking about your organization, avoid "we", "our", and, "us".
- The following may NOT be entered: charts, graphs, tables
- Files and/or videos may not be uploaded as attachments.
- Review your abstract and edit for spelling and grammar prior to submission.

Objectives

Abstracts must be submitted addressing at least one of four conference learning objectives:

After participation in the 2017 Tenth National Doctors of Nursing Practice Conference New Orleans, attendees will be able to:

1. Reflect the progress of DNP practice through the last decade,
2. Explore the ways diversity contributes to strength and impact on health care outcomes,
3. Highlight the ways DNP prepared professionals mitigate the impact of health care disparities, and,
4. Discuss innovative and inclusive approaches to practice led by DNP prepared nursing professionals.

Submission Deadline

ALL submissions must be completed by **11:59 p.m. eastern time, April 15, 2017.** No new submissions or edits will be accepted after the deadline.

All presenters attending the conference **listed on the abstract submission are expected to attend the full three-day conference.** Each author must submit the Biographical / Conflict of Interest (Bio/COI form). It is the responsibility of the primary author to assure that all documents are included before submitting the abstract. The primary author must attend and present. Second and third authors are optional, but if attending must register and attend the entire conference.

A maximum of four presenters may be listed per abstract submission. Once an abstract is accepted for presentation, changes to this list of presenters including credential and affiliations may not be made. Presenters cannot be added, and substitutions will not be accepted.

The primary author is the point of contact for all communications regarding the 10th National DNP conference. This person will be responsible for assuring that the abstract submission process is complete, and that all Bio/COI forms are complete and uploaded for review by the conference nurse planners.

Everyone listed on the abstract will be required to provide biographic and conflict of interest disclosure information during the abstract submission process. The abstract will not be reviewed if this information is not provided.

Presenter Requirements

If accepted for presentation, **all presenters must register for and attend the conference and be available to present on any of the three days of the conference.** Registration fees for presenters are discounted. Presenters assume all costs related to travel, accommodations, and registration. Failure to register will result in the forfeit of the presentation.

Poster presenters will be required to:

- Assume responsibility for obtaining all copyright permissions for content.
- The *Primary Author* for the poster must submit an electronic version of the poster by **11:59 p.m. eastern time July 15, 2017.** ***Sorry, but modifications cannot be made after that deadline, nor will presenter be able to upload their presentation during the conference***.
- The abstract review team will review all posters. The reviewers may require that changes be made.
- These must be made and the presentation uploaded again.
- Include the poster title, author(s) name, and the institution where the work was completed, in large letters centered at the top of the poster. Include the address, phone number and email address.
- Present your poster sections in a methodical sequence so that others can follow the logic of your presentation. A good method is setting up your poster in a column format so that

individuals interested can read your poster, first vertical, then top to bottom, and then left to right.

- Use a type size that can be read easily from a considerable distance (4 feet or more). Try using a type between 18-22 pt. The title should be larger than the rest of the text. Select a font such as Times New Roman, Arial, or Helvetica.
- Posters should stimulate discussion, not give a long presentation. Therefore, keep text to a minimum, emphasize graphics, and make sure every item in your poster is necessary.
- Space your information proportionally: divide your poster either horizontally or vertically into three or four sections, and place your materials within those spaces.
- Handouts of your poster presentation are strongly recommended for distribution to interested conference attendees. Provision of these handouts is your responsibility. We recommend you bring 200+ printed handouts. The conference organizers will not provide copies of handouts for conference attendees.
- Once approved, absolutely no changes may be made to the poster.
- Approved versions of posters will be loaded onto the DNP Conference Web Site prior to the conference, provided releases have been given and the materials are approved before the deadline for the site. They may also be loaded onto the conference mobile app.
- **Do NOT bring a hard-copy poster to the conference for display**. This is a digital poster presentation. **Poster presenters will be required to provide two 10-minute oral presentations**.

Mini Podium presenters will be required to:

- Assume responsibility for obtaining all copyright permissions for content.
- The *Primary Author f*or the presentation must submit an electronic version of the presentation by **11:59 p.m. eastern time July 15, 2017.** ***Sorry, but modifications cannot be made after that deadline, nor will presenter be able to upload their presentation during the conference***.
- Must be available to present on **Wednesday September 13, 2017.**
- Mini Podium presenters will have 15 minutes for the presentation with a 7-slide maximum. Laser pointers will not be provided so please bring your own if you would like to use one.
- All Power Point (PPT) must be submitted via email to info@dnp.org no later than the deadline listed in the invitation letter.
- The title of the conference must appear on the first slide.
- All Mini Podium presentations will be recorded, so please be sure to speak into the microphone and help to assure that all audience questions are also recorded.
- Handouts of your presentation are strongly recommended for distribution to interested conference attendees. Provision of these handouts is your responsibility. We recommend you bring 200+ printed handouts. The conference organizers will not provide copies of handouts for conference attendees.

Breakout Podium presenters will be required to:

- Assume responsibility for obtaining all copyright permissions for content.

- The *Primary Author f*or the presentation must submit an electronic version of the presentation by **11:59 p.m. eastern time July 15, 2017.** ***Sorry, but modifications cannot be made after that deadline, nor will any presenter be able to upload their presentation during the conference***.
- Breakout Podium presenters will have 45-50 minutes for the presentation and 10-15 minutes for questions and answers. Laser pointers will not be provided so please bring your own if you would like to use one.
- All Power Point (PPT) must be submitted via email to info@dnp.org no later than the deadline listed in the invitation letter.
- The title of the conference must appear on the first slide.
- All Breakout Podium presentations will be recorded, so please be sure to speak into the microphone and help to assure that all audience questions are also recorded.
- Handouts of your presentation are strongly recommended for distribution to interested conference attendees. Provision of these handouts is your responsibility. We recommend you bring 200+ printed handouts. The conference organizers will not provide copies of handouts for conference attendees.

Acceptance

Notification of abstract selection or non-selection status will be sent **via email** in May 2017. **Please be sure that the email address provided in the abstract submission process is valid, that it contains no typographical errors, and that your system settings allow you to received mail from this system.** We strongly urge you to send yourself a test email from the log-in page of the abstract submission site.

If you do not receive notification of acceptance or rejection for your abstract by May 12, 2017, please send an email inquiry to conference staff at info@dnp.org