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A Transition to Practice Regulatory Model: Changing the Nursing Paradigm

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The National Council of State Boards of Nursing (NCSBN) is embarking on an initiative that will change the face of nursing. We have been developing an evidence-based regulatory model for transitioning new nurses to practice (see Figure 1). Several factors have inspired this inquiry, such as recent Institute of Medicine reports of medical errors and the need to transform health care education, the increased complexity of care for sicker patients with multiple conditions, a continued need for systems thinking, and the exponential growth of technologic advances.

There have been national calls for a standardized transition program for new nursing graduates, including from the Joint Commission (2002), the draft of the Carnegie study of nursing education recommendations (P. Benner, personal communication, April 2009), a synthesis of national reports (Hofler, 2008), and from an excellent article by Orsolini-Hain and Malone (2007) exploring the "perfect storm" that is brewing in nursing.

Several transition programs around the country have been very successful, and worldwide transition programs are being designed (NCSBN, 2009). Indeed, the Commission on Collegiate Nursing Education (2009) has developed an accreditation process for residency programs. Yet, transition experiences are variable across the country, depending on the setting and the level of nurse education (NCSBN, 2006).

It is well accepted that standardized transition programs reduce turnover in that first year of practice (NCSBN, 2009). A review of discipline data in the Illinois Board of Nursing indicates that temporary nurse replacements have more discipline reports than regular staff nurses (Behrens, 2000). This is understandable as evidence shows that unfamiliarity with patients is linked to errors or near misses (NCSBN, 2009). Further, emerging evidence supports that well-developed transition programs decrease practice errors and improve patient outcomes (Elfering, Semmer, & Grebner, 2006; NCSBN, 2007). Yet the most heart-wrenching evidence is seen in this quote from a newly licensed nurse (Foundation for Nursing Excellence, 2009):

> *I am frightened for my patients and for my own license as I will soon be turned loose with only a resource person and expected to take a full load after only 5 days of orientation in my new assigned unit.* (p. 48)

This situation is not the fault of education falling short, nor is it the fault of practice expecting students to "hit the ground running." In nursing, we are missing a piece that many other health care professions have; that is, we do not have a standardized program to transition new nurses to practice. Therefore, for the safety and quality care of our patients, it is time for nurses to take action. NCSBN is developing a regulatory model that will assist regulators in their mission of public protection. However, NCSBN is not doing this alone. We are collaborating with education and practice because it is only through collaboration and consensus with our nursing colleagues that this model will be successfully implemented. To this end, NCSBN has held collaborative meetings and conference calls with more than 35 stakeholders, and we have invited a representative from the American Organization of Nurse Executives to participate in all meetings of our Transition to Practice Committee since practice will be critically affected by this initiative.

NCSBN's Transition to Practice regulatory model has been designed to be robust, meaning that it will include all health care settings that hire newly licensed nurses and all educational levels of nurses, including practical nurse, associate degree, diploma, baccalaureate, and other entry-level graduates. It has also been designed to be flexible so that many of the current standardized transition programs will meet the requirements of this model.

The new graduate must first take and pass the NCLEX®, obtain employment, and then enter the transition program. The preceptors in this model will be trained and will either work one-on-one with newly licensed nurses or in teams. There is recent evidence that team preceptorships are successful

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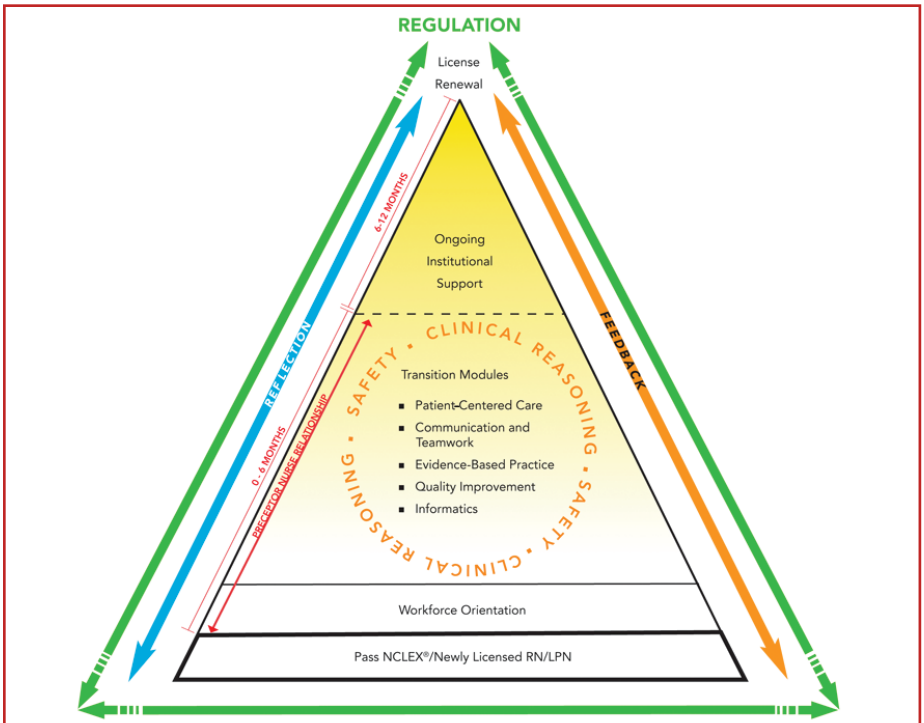

Figure 1. Transition to Practice Model

(Beecroft, Hernandez, & Reid, 2008). Preceptors will work with the new graduates throughout the six-month transition program, and this will be followed by six months of continued institutional support. The model is strongly dependent on a well-developed preceptor-nurse relationship, and this is supported in the research. Novice nurses will learn the importance of learning from a seasoned, dedicated preceptor and therefore in the future, more nurses will offer to serve as preceptors to new nurses. It is hoped that there will be a culture change in nursing so that becoming preceptors and mentors for new nurses will be an expected part of professional nursing.

Orientation – being instructed on the policies and procedures of the workplace, as well as role expectations – is required before entering the transition program. Therefore, orientation, according to this model, is *separate* from the concept of transition to practice, which is a formal program designed to support new graduates during their progression into practice.

The five transition modules, supported by the evidence (NCSBN, 2008, 2009), for this model are based on the Institute of Medicine (Greiner & Knebel, 2003) competencies and the Quality and Safety Education for Nurses (2009) initiative:

- Patient-Centered Care
- Communication and Teamwork
- Evidence-Based Practice
- Quality Improvement
- Informatics

Safety and clinical reasoning will be integrated throughout the experiential learning of these modules. We envision that these modules will be designed to integrate experiential and active learning and will not incorporate relearning of content that the new nurses have already learned in their nursing programs. The new nurse will successfully accomplish these modules during the six-month preceptorship. The modules will either be offered by the employer, in a collaborative program with other institutions, or NCSBN is developing interactive, online modules using cutting-edge technology to meet this requirement. Further, NCSBN is planning to offer electronic social networking to connect new nurses to preceptors in those settings or regions of the country where preceptors are in short supply. Therefore, all nurses, no matter where they are employed, will have the opportunity to meet the requirements of this regulatory model.

While the time period for the preceptorship will be six months, the preceptor, having been trained, will be able to evaluate how much support the new graduate needs during the preceptorship. Some novice nurses will need more support than others. Moreover, feedback and reflection were strongly supported in the literature and therefore are essential parts of this model and must be integrated throughout the entire transition program. This should be built into the preceptor-nurse relationship, but also should be maintained after the six-month transition period is complete.

It is the vision of this model that new nurses will be required to provide their Board of Nursing with evidence of completing all the requirements of this standardized transition program in order to maintain their license after their first year in practice. In many states, new drivers have similar requirements for maintaining their license after their first year of driving. Of course, this is just a model for the Boards of Nursing, and each jurisdiction will decide whether or not to implement this model. Jurisdictions also might adapt the model to the particular needs of their states or territories.

Because this is such a big step for nursing, we intend to pilot this model. Plans for the pilot include developing a business plan, as well as designing the online modules for those workplaces that don't have the resources or opportunities for partnering with other organizations to deliver the program. We will convene national advisory panels of experts to assist us in establishing outcome measures and for implementing the model. Further, we are looking for funding possibilities to assist practice with developing a transition program that would meet the requirements of our standardized transition program. Federal monies support medicine, pharmacy, and pastoral care residency programs, so there might be a possibility that nursing could also receive funding. Our toolkit has more information, including a timeline, and can be accessed online (https://www.ncsbn.org/363.htm). **DN**

References

Beecroft, P., Hernandez, A.M., & Reid, D. (2008). Team preceptorships: A new approach for precepting new nurses. *Journal for Nurses in Staff Development, 24*(4), 143-148.

Behrens, M.J. (2000, September 10). Dangerous care: Nursing mistakes kill, injur thousands; Cost-cutting exacts toll on patients, hospital staff. *Chicago Tribune.*

Commission on Collegiate Nursing Education. (2009). *Post-baccalaureate nurse residency program accreditation.* Retrieved from http://www.aacn.nche.edu/Accreditation/nrp.htm

Elfering, A., Semmer, N.K., & Grebner, S. (2006). Work stress and patient safety: Observation of work stressors as predictors of characteristics of safety-related events reported by young nurses. *Ergonomic, 49*(5-6), 457-469.

Foundation for Nursing Excellence. (2009). Evidence-based transition to nursing practice initiative in *North Carolina: Executive summary of Phase I findings.* Retrieved from http://www.ffne.org/images/File/Transition/Report%20%20of%20Phase%20I%20Survey%20Findings%20%20January%202009.pdf

Greiner, A.C., & Knebel, E. (Eds.). (2003). *Health professions education: A bridge to quality.* Washington, DC: The National Academies Press.

Hofler, L.D. (2008). Nursing education and transition to the work environment: A synthesis of national reports. *Journal of Nursing Education, 47*(1), 5-12.

Joint Commission, The. (2002). *Health care at the crossroads: Strategies for addressing the evolving nursing crisis* [White Paper]. Retrieved from http://www.jointcommission.org/NR/rdonlyres/5C138711-ED76-4D6F-909F-B06E0309F36D/0/health_care_at_the_crossroads.pdf

National Council of State Boards of Nursing (NCSBN). (2006). *Report of findings from the practice and professional survey – Transition to practice: Newly licensed RN and LPN/VN activities.* Retrieved from https://www.ncsbn.org/Vol_22_web.pdf

National Council of State Boards of Nursing (NCSBN). (2007, February). *Transition of new nurses to practice: A regulatory perspective.* In Spector, N. (Chair), Transition National Forum. Symposium conducted at the meeting of NCSBN, Chicago.

National Council of State Boards of Nursing (NCSBN). (2008). *NCSBN transition to practice report.* Retrieved from https://www.ncsbn.org/388.htm

National Council of State Boards of Nursing (NCSBN). (2009). *Transition evidence grid.* Retrieved from https://www.ncsbn.org/Final_08_Transition_grid.pdf

Orsolini-Hain, L., & Malone, R.W. (2007). Examining the impending gap in clinical expertise. *Policy, Politics & Nursing Practice, 8*(3), 158-169.

Quality and Safety Education for Nurses. (2009). *Quality and safety competencies.* Retrieved from http://www.qsen.org/

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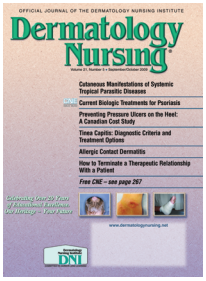

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Flu Season—Teachable Moments

The flu season and H1N1 flu epidemic offer nursing faculty a great opportunity to engage nursing students in the process of public education and service. NSNA school chapters with Community Health and Disaster Preparedness Committees are excellent venues for these activities.

The 2009-2010 Community Health theme, *Get Fit, Stay Fit: Wellness, Fitness, and Prevention,* works well with preventing influenza. A campus activity such as an information table in the student center, or a community activity such as an information table in a local bank, elementary school, senior center, or community hospital, offers great venues for students to interact with the public. Demonstrations on proper hand washing, use of hand sanitizer, and correct use of a face mask along with information about where to get influenza vaccination can be provided. Faculty should supervise and review the public health information literature to be distributed. Government Web sites (see list below) offer excellent user-ready public health influenza prevention and treatment information. A faculty member should also be present during the activity to help answer questions and offer the students guidance. We never know what "teachable moments" may arise.

These activities also fit well with the 2009-2010 NSNA Disaster Committee theme, *Disaster Planning: A Student Nurses' Role*. What better way to prevent an influenza disaster than by teaching how to prevent the illness!

There may also be opportunities for nursing students to be involved (even as observers) in influenza and H1N1 vaccination. Check with the health department in your community to explore this possibility.

Faculty who teach clinical, community health, and leadership courses may consider offering students who participate in community health projects academic recognition for their learning. This can be in the form of extra points, clinical hours, independent study, or perhaps one of the activities needed to fulfill course requirements. If academic recognition is given, be sure to submit a request for an NSNA Leadership University Certificate (see www.nsnaleadershipu.org for details). And don't forget to submit the project for an NSNA Award (go to www.nsna.org and click on *Publications* for the *Awards and Honors Booklet*).

Timely, topical activities can enhance student interest and boost participation. Recognize and capitalize on the teachable moments that this public health crisis offers. **DN**

Resources

One-stop access to U.S. Government H1N1, avian, and pandemic flu information: http://www.flu.gov/
Centers for Disease Control and Prevention influenza homepage and podcasts: http://www.cdc.gov/flu/
American Lung Association flu clinic locator: http://flucliniclocator.org/

Letter to the Editor

Your article about the entry level positions for new graduates (September/October 2009) is the California story and one that we've been working on for the last several months. Everything you have in the article validates everything we have found in California and reads as if you wrote the California story.

We are attempting real-time solutions, and are developing community-based transition programs (internships) housed in educational institutions with health care community partners providing clinical experiences and precepting/clinical coaching. We already have a funding commitment for kicking off the concept in the San Francisco Bay Area and recently applied for a DOL grant for statewide implementation of this concept. For details about this program and other information about how the California Institute for Nursing & Health Care is addressing this issue, visit http://www.cinhc.org/

Our organization serves as California's nursing workforce center. Your article helps re-enforce the severity of the issue. **DN**

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