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### The Development of a Pilot Program for a Standardized New Graduate Nurse Orientation Process to Support the Transition to Practice During COVID-19

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**Developing a Standardized New Graduate Nurse Orientation Program to Support the  
Transition to Practice During COVID-19**

Jennifer P. Low

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NUR 850 – Integrated Clinical Capstone for Nursing Leaders

Kelly Grady, PhD, RN, NPD-BC

### **Abstract**

New graduate nurses represent ten percent of the current nursing workforce and with the nursing shortage, retention of these nurses is key for sustaining and growing the labor pool. Furthermore, with almost twenty-five percent of new nurses leaving their positions within two years of starting, we must address the successful transition to practice. The move from student to graduate nurse can be stressful and difficult, but when combined with a pandemic and reduced or no hands-on clinical experiences during their last year of school, there is greater pressure for organizations to provide orientation that addresses the specific needs of these new nurses. The proposed program was developed to deliver an orientation that cultivates the skills, competencies, and confidence easing the transition while improving job satisfaction and reducing turnover in this population so vital to future staffing. The program may be expanded across the organization as the standard for new graduate nurse orientation.

**Keywords:** Clinical experience; Clinical skills; COVID-19; New graduate nurse; Nursing competencies; Nursing student; Orientation; Pandemic; Role transition; Transition to practice; Turnover rate

## **Developing a Standardized New Graduate Nurse Orientation Program to Support the Transition to Practice During COVID-19**

Almost a quarter (24.1%) of new nurses leave within the first year of practice year, and almost a third depart their position within two years (NSI Nursing Solutions Inc., 2021). With nearly ten percent of the nursing workforce made up of new graduate nurses, addressing turnover and supporting them in practice is even more relevant than ever (Letourneau & Fater, 2015). Factors identified as transition issues that lead to turnover in new graduate nurses within the first year of practice include stress, confidence in practice, workload, fear, and orientation issues (Baker, 2020). The transition from student nurses to licensed nurses entering employment can cause stress and self-doubt in competence in most new nurses, especially in the hospital, inpatient setting. Many graduate nurses starting their career as a new nurse during COVID-19 feel underprepared in sufficient skill levels to perform in the real life of clinical practice (Vichitragoonthavon, et al., 2020). The new nursing school models of virtual learning, simulations, and reduced or lack of hands-on clinical experience vary among nursing programs and the availability and opportunity for hands-on, real patient experiences may create inconsistency in the basic skills new graduate hires have when coming from different programs.. This discrepancy in student clinical experiences can have adverse effects on transitioning nurses, as their skills and competencies may be vastly different, which can cause stress and self-doubt in the ability to practice successfully. In addition to the lack of hands-on and practical clinical experiences for nursing students during the pandemic, they are also faced with a complex healthcare environment that requires a more advanced level of knowledge (Baker, 2020).

The partnership between nursing education and practical experience provides the opportunity for students to apply their academic teachings in a hospital setting (Monforte-Royo, 2021). It is more important than ever for institutions to identify the possible barriers that have existed in the most

recent and upcoming classes of nursing graduates and how to make that transition to practice one that fosters consistent skills and competencies, as well as confidence and reduction of the stress accompanying this transition. The current orientation program has only a small component of standardization; practice varies from unit to unit and even from preceptor to preceptor within the same unit. The typical medical-surgical unit new graduate orientation is twelve-weeks long with the majority of the first week consisting of house-wide orientation and classes. Average hours of orientation with a preceptor are 400 hours, which includes class time for mandatory institutional content. There is a need to review the current program and develop a standardized new graduate nurse orientation structured to build a foundation of fundamental skills and competencies based on evidence-based and best practices. This restructured program will be designed to build confidence, increase job satisfaction, reduce turnover, and ensure all new graduate nurses are provided with the tools for success, while maximizing the time orientees spend with preceptors developing their practice in a hands-on environment (Jones, 2017). As a Magnet™ designated facility, the pilot program also needed to align with the Magnet™ and professional practice models of care, supporting the advancement of these new nurses, creating a healthy work environment, and positive patient outcomes (American Nurses Credentialing Center, 2017).

### **Objective**

The objective of the project is to develop and pilot a standardized new graduate nurse orientation program that addresses and supports the transition from student to practice in an environment of reduced hands-on clinical experiences due to the COVID-19 pandemic. The goal of the newly standardized program is to provide a consistent foundation of essential knowledge and skills to increase confidence in practice, job satisfaction, and reduce new nurse turnover.

## **Implementation**

### **Best Practices**

To accomplish the project goal of a consistent foundation of skills competency, the first step was to evaluate best practices and identify the required knowledge, abilities, and skills for the initial six months to one year of nursing practice. This was accomplished through a literature search, focusing on peer reviewed information, nursing organizations such as the American Nurses Association and collaborating with the Center for Clinical and Professional Development, the in-house department that provides education, onboarding, and orientation of new staff, including new graduate nurses. The best practice skills encompass clinical/technical skills, critical thinking skills, and interpersonal skills. The focus of the program is to determine the knowledge and skills that new graduate nurses were unable to experience due to changes in curriculum and clinical experience during the final year of school during COVID-19.

### **Cohort Hiring**

The second step of the implementation of the pilot orientation program was to coordinate the hire dates for the upcoming cohort of new graduate nurses (NGN) in the program. This step required communication and negotiation with Unit Leadership, Human Resources, and Center for Clinical and Professional Development to ensure all identified new hires begin on the same date. It was determined that to give graduates time to schedule their testing date, July 6, 2021, would be the start date for the cohort. In addition, two NGNs have already been given a start date of June 21, 2021, and will be a control group, participating in the current NGN orientation process, allowing for evaluating the Pilot Program versus the current process.

## **Project Team**

Multidisciplinary collaboration was crucial for step three in the implantation process. Gathering a team of multidisciplinary members from nursing, rehabilitation medicine, care management and social work, nutrition, and nursing leadership was instrumental in determining topics, content, and resources available to assist with presentation and support for the program weekly information sessions. With best practice clinical/technical skills, critical thinking skills, and interpersonal skills identified, as well as the resources available to support the program, the next step was to develop the timeline and curriculum.

## **Curriculum and Timeline**

Step four of implementation was to create the timeline for the orientation program and develop the curriculum of the information/skills to be presented. With feedback from Clinical Nurse Educators across the institution, nursing leadership, and the literature, it was determined that the current length of orientation would remain at twelve-weeks for Medical/Surgical Unit NGNs, which is broken down into three 12-hour clinical shifts with their preceptor on the unit and four hours of hands-on skills, simulation sessions, didactic material to review Institutional policies, procedures, and best practices for the first eight weeks. The clinical shifts alongside a trained preceptor will reinforce the information and give them opportunity to practice and utilize the new skills on their designated unit. The weekly four-hour sessions will begin with review and experiences from the previous week content, with time set aside at the end of each session to debrief and allow for the new graduate nurses to share their successes, questions, concerns, and develop relationships to create a safe environment for the cohort to support each other in their transition to practice.

## **Progress and Evaluation**

The final step was to develop tools to evaluate the program. The evaluation of knowledge and skills, as well as how they are being executed begins with an initial assessment tool developed to provide a baseline assessment of the NGN clinical experiences, including simulation, virtual, in-person, or a combination of clinicals, along with a self-assessment of their experience with essential clinical knowledge and skills. This process gives the Clinical Nurse Educator and the organization a baseline of gaps in experiences and skills to be targeted during the program, to improve the transition into practice and reducing turnover rates within this nursing population. Ongoing evaluation involves orientees and preceptors independently completing a weekly competency and progress evaluation tool that will be reviewed by the Clinical Nurse Educator to determine any additional needs or inconsistencies in the progress as determined by the comparison of the orientee and the preceptor perspective. By the conclusion of the twelve-week orientation, the new graduate nurses will be provided the self-assessment tool that was completed at the beginning of the program to compare and evaluate the development of the essential clinical skills of the practicing nurse.

## **Outcomes**

### **Best Practices**

Utilizing the current organizational competency-based orientation tool, literature review, and input from various organizational departments and current staff, areas of skills, knowledge and best practices were identified as the content to be highlighted by the pilot orientation program. The content included institutional policies and practice, quality and national benchmark measures, and basic skills and knowledge. The topics of content for the program were reviewed and supported by Center for Clinical and Professional Development, Risk Management Departments, as well as unit leadership and educators.



**Cohort Hiring**

Although the program will not begin until July 2021, we have a confirmed hire and start date of July 6, 2021, for the group of graduate nurses participating in the pilot program. There are 21 new graduate nurses, from three units, that will participate in the pilot program. There will also be 2 NGNs starting prior to the cohort who will participate in the current model of orientation, as a control group. With 114 new graduate nurses being hired from the May graduating class, the volume of nurses per unit supports the cohorting of new hires to maximize resources across the organization, while providing the necessary support and orientation required for NGNs to practice independently and within safe practice guidelines. In addition to clinical support, the program provides an environment of peer support among the cohort.

**Project Team**

The multidisciplinary project team was established and given the task of developing their specific content based on the guidelines of supporting NGNs. The team identified resources available from each multidisciplinary area, as content specialists, to present the didactic material and provide support through hands-on demonstration and re-demonstration at weekly sessions. The units participating in the program were able to identify preceptors and Clinical Nurse III staff to work with the NGN throughout their orientation at the bedside, as well as through the weekly sessions, that also participated as part of the project team. In addition, the nursing leadership teams from the participating units, as well as the Vice President of Patient Care Services all participated in the project team meetings, and each will be attending one or more of the weekly education sessions. Having leadership present for weekly sessions gives the NGNs the opportunity to meet their nurse managers, directors, vice president of nursing, and the Chief Nursing Officer in an informal setting

where they are free to ask questions and familiarize themselves with the leadership structure and their specific leadership teams.

### **Curriculum and Timeline**

The curriculum and timeline have been finalized, as well as skills/competency verification tools that are required as part of the orientation process (Appendix A). With the liberalizing of COVID-19 restrictions, conference room space has been booked for the group to allow for didactic material, as well as smaller rooms for hands-on skills sessions. The cohort will be together for review, didactic, and debriefing sessions, breaking into three smaller groups for skills and hands-on sessions. Preceptors and nurses from each unit provided input into the program curriculum and also participated in a preceptor training to ensure consistency throughout the orientation process. Having experienced clinical nurses supporting the program on each unit through preceptorship and content/skills delivery has given this group a greater level of responsibility as they are the stewards of the success of the program, supporting the transition in to practice for the NGNs. Having buy-in from the units and their staff, from leadership to support staff has also created a dynamic of teamwork and cohesiveness as they are the pilot units for a possible institutional change in how orientation of new nurses is done.

### **Progress and Evaluation**

Each new hire will receive an assessment tool to complete and return to the Clinical Nurse Educator, evaluating their clinical experience and skills. At the conclusion of orientation, the NGNs will reassess their skills with the assessment tool to provide comparison data on growth and development. The survey includes the Casey-Fink Graduate Nurse Experience Survey (2008) and clinical experience information specific to Maine Medical Center. This assessment tool will serve as the baseline for future evaluation of the ongoing development of the orientees throughout their 12-

week orientation. In addition, weekly progress assessments (Appendix C) will be completed by the preceptor and the orientee to identify gaps in learning or inconsistencies in perception of progress of orientation. The process of ongoing assessment of the orientation program was designed to identify gaps in learning and highlight areas that may need to be focused on during the next weekly session or need further development between preceptor and orientee. The anticipated outcome is early identification of gaps or inconsistencies in knowledge or practice that can be remediated to provide the appropriate support for a successful transition to practice for the NGN.

When assessing the desired outcome of the program, not only are the initial evaluation of the clinical skills and knowledge the new nurses developed important, but also whether the program created an environment where the new nurses felt supported, confident in the basic skills, and to follow the nurses through their initial two years of practice to determine if the program had any effect on reducing nurse turnover. The program will also compare new graduate nurses hired during the same timeframe who participated in the current orientation process, tracking turnover rates and exit interview information as to reasons for leaving current position. If successful, the program will be rolled-out to all inpatient units as a standardized program of all new graduate nurses.

### **Implications**

The COVID-19 pandemic altered the traditional learning experience for nursing students, providing the opportunity to re-evaluate the current orientation process of new graduate nurses to support their ongoing needs. Many students experienced traditional learning and clinical experience for the first year and then were abruptly transitioned to an ever evolving process of remote learning, and little to no in-person clinical time. Nursing schools struggled with providing on-line/virtual simulations and limited to no hands-on experience in their final semesters of school (Huang, et al, 2020). The new curriculum may leave new graduate nurses with additional stress and feelings of

self-doubt about their abilities to practice at the bedside. The burden of developing a learning environment for new graduate nurses where they can develop the clinical skills and knowledge that may have been traditionally part of their education is now on the hiring organizations. An area of the program that was initially overlooked was the population of new hires that had previous hospital experience, especially if the experience was in the institution they were hired as a nurse. It was determined that including this group into the cohort would provide some institutional knowledge that could be shared with the group, while supporting their role change within the organization, and their need for the same clinical skill development.

The proposed program provides not only the clinical skills and competencies to become an independent practicing nurse, but also to address the emotional needs of the group to help ensure job satisfaction and reduce turnover. Additionally, as a Magnet™ designated facility, the development and implementation of the program at Maine Medical Center represents the core principles and professional practice model of the organization, as well as the Magnet™ standards of supporting the advancement of these new nurses, creating a healthy work environment, and positive patient outcomes (American Nurses Credentialing Center, 2017).

### **Conclusion**

New graduate nurses are essential to sustaining and growing the nursing workforce as they represent more than ten percent of the nursing population (Letourneau & Fater, 2015). The transition to professional nurse has historically been one that evoked stress and self-doubt in their ability to practice independently, when combined with COVID-19 and reduced clinical practice time, that anxiety and doubt are amplified. Hiring facilities need to provide a program that can support and address the lack of clinical experience, as well as foster a positive transition to practice creating an environment of guidance, teaching, and feedback to reduce attrition and turnover.

Orientation programs that support a successful transition to practice for new graduate nurses not only supports best practices, positive patient outcomes, and job satisfaction, but also support the overall vision and values of the organizations. The process of developing and implementing this pilot orientation program provided the opportunity to collaborate with a multidisciplinary team of professionals throughout the organization from nursing units to support staff, to leadership of various levels, all of which also align with Magnet™ standards of empowerment, exemplary professional practice, new knowledge, innovation and improvements, and empirical outcomes (Magnet Model - Creating a Magnet Culture. n.d.). In addition, the opportunity for nurses to take the lead in creating this program to support and mentor the professional development of NGNs gives them ownership and a stake in the success of not only the NGNs, but the overall program, by as improving job satisfaction and reducing turnover benefits all nurses and organizations.

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Week 4	TBD	<p>IVs &amp; Foleys</p> <ul style="list-style-type: none"> <li>○ Insertion, Maintenance &amp; Removal</li> <li>○ Condom Cath, Purewick &amp; Primofit</li> <li>○ Documentation</li> <li>○ Quality Reminders with Bobbi</li> </ul> <p>Pumps &amp; Lines</p> <ul style="list-style-type: none"> <li>○ Priming Lines &amp; trouble shooting</li> <li>○ Abbott, Kangaroo, Epidural, PCA</li> </ul>	
Week 5	TBD	<p>Gastric Tubes</p> <ul style="list-style-type: none"> <li>○ NG placement, maintenance &amp; removal</li> <li>○ G/J Tubes</li> <li>○ Bridles</li> <li>○ Documentation</li> </ul> <p>Tracheostomies</p> <ul style="list-style-type: none"> <li>○ Routine Care</li> <li>○ Suctioning</li> <li>○ Emergency preparedness</li> </ul>	
Week 6	TBD	<p>Oxygen Delivery Devices</p> <ul style="list-style-type: none"> <li>○ NC, Simple Mask, Nonrebreather</li> <li>○ CPAP &amp; BiPAP</li> <li>○ Aerosolizing procedures &amp; N95 usage</li> <li>○ Emergency responses</li> </ul> <p>Chest Tubes</p> <ul style="list-style-type: none"> <li>○ Care &amp; Maintenance</li> <li>○ Changing canister</li> <li>○ Emergency responses</li> </ul>	
Week 7	TBD	<p>Diabetes</p> <ul style="list-style-type: none"> <li>○ Insulin Calculator</li> <li>○ Subcutaneous Injections</li> <li>○ Insulin gtt</li> </ul> <p>Blood Admin/Albumin/FFP/IVIG</p> <ul style="list-style-type: none"> <li>○ Policy Review</li> <li>○ Monitoring guidelines</li> <li>○ Pump programming</li> <li>○ Reaction protocols</li> </ul>	

**Upon completion of program NG RN & CNE to sign and date:**

**New Graduate RN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Nurse Educator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Appendix B**

**2021 New Graduate Nurse Experience  
and Skills Assessment**

*Please complete and return to Clinical Nurse Educator by:* \_\_\_\_\_

**Name:** \_\_\_\_\_

**Degree:** ADN BSN

**Nursing School Attended:** \_\_\_\_\_

**Date of Graduation:** \_\_\_\_\_

**1. What previous health care work experience have you had?**

\_\_\_\_\_ Nursing assistant

\_\_\_\_\_ EMT

\_\_\_\_\_ Medical assistant

\_\_\_\_\_ EMT - Paramedic

\_\_\_\_\_ Volunteer

\_\_\_\_\_ Student Practicum

\_\_\_\_\_ Unit secretary

\_\_\_\_\_ Other: (please specify)  
\_\_\_\_\_

**2. Please share why you chose nursing as a career.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. What was your clinical experience in school: (select all that apply)?**

\_\_\_\_\_ In-person/hands on

\_\_\_\_\_ Simulation

\_\_\_\_\_ Virtual/On-line

**4. Was your clinical practicum experience at Maine Medical Center?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

*If yes, what unit?* \_\_\_\_\_

**5. Clinical Area of Senior Practicum experience:**

- |                             |                                |
|-----------------------------|--------------------------------|
| _____ Adult M/S             | _____ Mental Health            |
| _____ Adult ICU             | _____ Ambulatory Care Setting  |
| _____ Oncology              | _____ Rehabilitation           |
| _____ OB (L&D, POST PARTUM) | _____ Emergency Department     |
| _____ Pediatric M/S         | _____ OR/Perioperative Setting |
| _____ Pediatric ICU         | _____ Other: _____             |
| _____ NICU                  |                                |

**6. Did you work at MMC prior to graduating nursing school?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what Unit and job capacity (CNA/Tech, etc.) \_\_\_\_\_

**Casey-Fink Readiness for Practice Survey**  
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**Skills you have had clinical experience with:**

- |  |   |
|--|---|
| <input type="checkbox"/> Assessment skills   | <input type="checkbox"/> Intravenous (IV) starts  |
| <input type="checkbox"/> Bladder catheter insertion                                      | <input type="checkbox"/> IV pumps/PCA pump operation                                    |
| <input type="checkbox"/> Blood glucose monitoring device                                 | <input type="checkbox"/> Medication administration                                      |
| <input type="checkbox"/> Central line care (dressing change, blood draws, discontinuing) | <input type="checkbox"/> NG/OG tube insertion and care                                  |
| <input type="checkbox"/> Charting/documentation  | <input type="checkbox"/> Pulse oximetry   |
| <input type="checkbox"/> Chest tube care   | <input type="checkbox"/> Responding to an emergency/<br>CODE/changing patient condition |
| <input type="checkbox"/> EKG/Telemetry monitoring and interpretation                     | <input type="checkbox"/> Trach care/suctioning  |
| <input type="checkbox"/> Giving verbal report  | <input type="checkbox"/> Wound care/dressing change/wound vac                           |
| <input type="checkbox"/> Intravenous (IV) medication administration                      | Other _____   |

**7. List three skills/procedures you are most uncomfortable performing independently at this time?**

*Select from list above.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please use the following scale to answer the questions below.**

**(1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree (5) Not Applicable**

**1. I feel confident communicating with physicians.**

1      2      3      4      5

**2. I am comfortable communicating with patients from diverse populations.**

1      2      3      4      5

**3. I am comfortable delegating tasks to the nursing assistant.**

1      2      3      4      5

**4. I have difficulty documenting care in the electronic medical record.**

1      2      3      4      5

**5. I have difficulty prioritizing patient care needs.**

1      2      3      4      5

**6. My clinical instructor provided feedback about my readiness to assume an RN role.**

1      2      3      4      5

**7. I am confident in my ability to problem solve.**

1      2      3      4      5

**8. I feel overwhelmed by ethical issues in my patient care responsibilities.**

1      2      3      4      5

**9. I have difficulty recognizing a significant change in my patient's condition.**

1      2      3      4      5

**10. I have had opportunities to practice skills and procedures more than once.**

1      2      3      4      5

**11. I am comfortable asking for help.**

1      2      3      4      5

**12. I am comfortable communicating and coordinating care with interdisciplinary team members.**

1      2      3      4      5

**13. Simulations have helped me feel prepared for clinical practice.**

1      2      3      4      5

**14. I am comfortable taking action to solve problems.**

1      2      3      4      5

**15. I feel confident identifying actual or potential safety risks to my patients.**

1      2      3      4      5

**19. I am satisfied with choosing nursing as a career.**

1      2      3      4      5

**20. I feel ready for the professional nursing role.**

1      2      3      4      5

**What could be done to help you feel more prepared to enter the nursing profession?**

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### Appendix C

#### Weekly Progress Report on Orientee

Date: \_\_\_\_\_ Name of Orientee: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Unit: \_\_\_\_\_  
 Hand off to: \_\_\_\_\_

**Score 1-6**

- 1= Requires monitoring, unable to safely function alone
- 2= Requires complete assistance
- 3= Requires monitoring of activities and some assistance
- 4= Requires minimal assistance
- 5= No assistance required, but still dependent on preceptor
- 6= Works independently

*\*Any score below a "4" requires documentation (may use the back of this form)\**

Complete weekly and return to educator or manager	1	2	3	4	5	6	COMMENTS
<b>COMMUNICATION</b>							
Communicates in a clear and timely manner to members of healthcare team							
Remains approachable							
<b>Report to oncoming shift is succinct and accurate</b>							
Welcomes and accepts constructive criticism							
Communicates effectively with patient and family							

CRITICAL THINKING SKILLS	1	2	3	4	5	6	COMMENTS
Critically reviews patient's condition and identify needs							
Implements the plan of care							
Demonstrates ability to make appropriate changes in plan of care							
Anticipates needs and follows up with pt./family to ensure needs are met							
Demonstrates ability to respond to emergency situation							
Solves problems as they occur							
Seeks appropriate resources							

DELEGATION/LEADERSHIP	1	2	3	4	5	6	COMMENTS
Identifies appropriate task for delegation							
tasks appropriately and supervises care							
Makes expectations clear							
Provides appropriate support							

ORGANIZATIONAL SKILLS	1	2	3	4	5	6	COMMENTS
Demonstrates ability to organize care for assigned patients							
Prioritizes and organizes work effectively							
Demonstrates flexibility with changes							
Solves problems as they occur							
Seeks appropriate resources							

TEAMWORK	1	2	3	4	5	6	COMMENTS
Treats others with fairness and respect							
Works well with other team members							
Demonstrates understanding of role as a team member							
Displays self-direction and initiative							



**Clinical Knowledge and Performance**

**Score 1-6**

- 1= Requires monitoring, unable to safely function alone
  - 2= Requires complete assistance
  - 3= Requires monitoring of activities and some assistance
  - 4= Requires minimal assistance
  - 5= No assistance required, but still dependent on preceptor
  - 6= Works independently
- \*Any score below a "4" requires documentation (may use the back of this form)\**

Complete weekly and return to educator or manager	1	2	3	4	5	6	COMMENTS
<b>PERFORMS CORE NURSING SKILLS</b>							
Assessment, Physical							
Documentation (computer and paper)							
Dressing changes – Wound or Incision							
Foley catheter insertion and care							
Isolation patient							
IV line : <b>peripheral and central line</b> and pump maintenance							
IV medication administration							
Medication administration							
Order Management							
Oxygen application/ monitoring							
Patient Safety/ Restraints							
<b>Identifies Fall Risks &amp; takes appropriate safety measures</b>							
<b>Identifies Pts at risk for Pressure Ulcers and takes appropriate safety measures</b>							

ADDITIONAL							
Blood and blood component therapy							
Central line care (PICC and Non-tunneled)							
IV start							
NG insertion/ care							
Suctioning							
Tube Feeding							

**COMMENTS:**

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