

Outline of NCSBN's Transition to Practice[®] (TTP) Modules

INTRODUCTION

The goal of NCSBN's Transition to Practice[®] (TTP) Model is to promote public safety by supporting newly licensed nurses during their critical entry period and progression into practice.

Guiding Principles

- The mission of boards of nursing (BONs) is to protect public health, safety and welfare.
- Nursing regulators recognize the value of evidence-based models in their responsibility of public protection.
- Transitioning new nurses to practice is best accomplished when practice, education and regulation collaborate.
- Transition to practice programs should occur across all settings and education levels.
- Regulation criteria for transition programs should reflect minimum requirements and be the least burdensome criteria consistent with public protection.
- Transition program outcomes are consistent with the knowledge, skills and attitudes required for safe and effective provision of nursing care.

Relevant Definitions

Adverse Incidents—Any untoward, undesirable, and usually unanticipated event, such as death of a patient, an employee, or a visitor in a healthcare organization. (Ebright et al., 2004)

Clinical Reasoning—The ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family. (Benner et al., 2010)

Competent—The ability to demonstrate an integration of the knowledge, skills and attitudes necessary to function in a specific role and work setting. (Modified from American Association of Critical-Care Nurses' *Preceptor Handbook*)

Errors—Incidents or occurrences that had the potential to place a patient at risk for harm or resulted in actual harm.

Experiential Learning—Repeated and active experience with similar situations to improve performance. (Bjørk & Kirkevold, 1999)

Failure to Rescue—The inability to save a patient's life after the development of a complication. (Ashcraft, 2004)

Near Miss—An event or situation that could have resulted in an accident, injury, or illness, but did not, whether by chance or through timely intervention. (Ebright et al., 2004)

Orientation—The process of introducing staff to the philosophy, goals, policies, procedures, role expectations, and other factors needed to function in a specific work setting. Orientation takes place both for new employees and when changes in nurses' roles, responsibilities, and practice settings occur. (American Nurses Association, 2000)

Preceptor—A nurse who has had preceptor training and is assigned to work with the newly licensed nurse for the first six months of practice to provide expert feedback, to foster reflective practice, to role model safe and quality patient care, and to socialize the novice nurse into the role of a nurse. The preceptor can work on a one-to-one basis with the new graduate, or some institutions might utilize a team preceptorship model.

Reflection—An active thinking back upon one's experience for the purpose of improving practice.

Transition to Practice—A formal program of active learning implemented across all settings, for newly licensed nurses (registered nurses [RNs] and licensed practical/vocational nurses [LPN/VNs]) designed to support their progression from education to practice.

See NCSBN's TTP toolkit for further information about the NCSBN model.

CONTENT OF MODULES

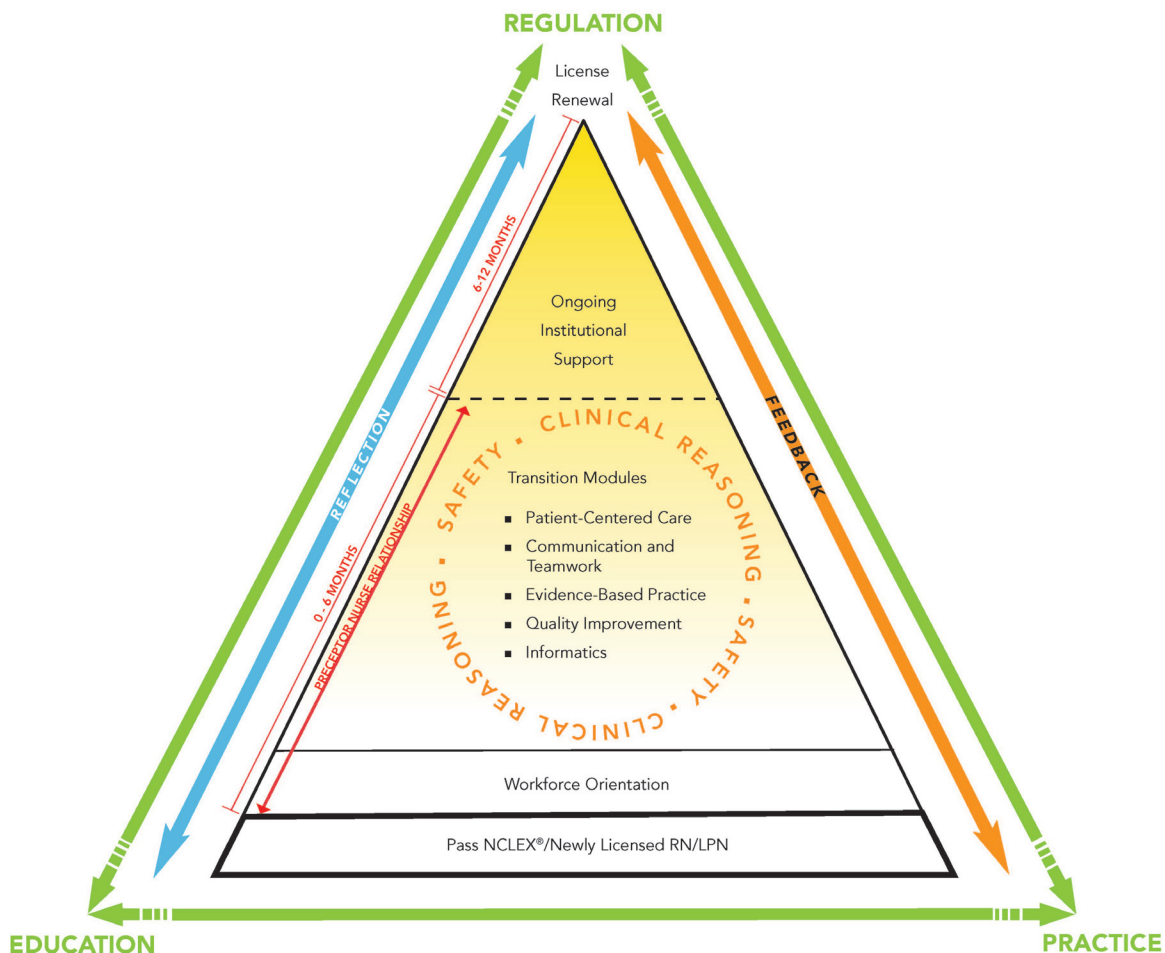
The following module outlines include the objectives, content outlines, suggested exercises and references for the five evidence-based modules that were developed for the Transition to Practice model:

- Communication and Teamwork;
- Patient-centered Care;
- Evidence-based Practice;
- Quality Improvement; and
- Informatics.

In addition, there is a module for preceptor training and some information about how employers can support newly licensed nurses in the last six months of the new graduate's first year in practice. Integrated in the patient-centered care module are ideas for employers to consider for supporting the learning of specialty content. Research has suggested that transition programs are more successful when they provide experiential learning within the specialty where the newly licensed nurse is working. Safety and clinical reasoning were specifically considered when designing all the modules, and have been integrated throughout. Similarly, strategies for providing feedback and opportunities for reflection during the new nurses' first year in practice have been identified.

It has been the vision that NCSBN's Transition to Practice Model is flexible; that is, employing agencies can develop the transition program, incorporating the standards as spelled out in the NCSBN modules. Employers are encouraged to partner with other organizations that hire new nurses or with academic settings in order to develop their own modules. However, since this is a regulatory model that requires new nurses to complete a standardized transition program before they can renew their license after the first year of practice, the online modules will be available so that every newly licensed nurse will have the opportunity to meet this requirement. Similarly, preceptor training is required in this model and there are a number of programs available where preceptors could meet this requirement.

NCSBN's Transition to Practice Model has been designed to promote experiential learning, rather than relearning material that should have been learned in the nursing program. Interactive exercises have been developed to promote this in the face-to-face programs. Further, the online modules will be designed to encourage experiential learning. In these interactive online modules, the new nurses will make decisions, set priorities and choose appropriate pathways using cutting-edge technologies.



Transition to Practice Model

REFERENCES

While each module is followed by a list of resources, the following are some general sources that support NCSBN's Transition to Practice Model:

- Barton, A. J., Armstrong, G., Preheim, G., Gelmon, S. B., & Andrus, L. C. (2009). A national Delphi to determine developmental progression of quality and safety competencies in nursing education. *Nursing Outlook*, 57, 313-322.
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- Cronewett, L., et al. (2007). Quality and safety education for nurses. *Nursing Outlook*, 55(3), 122-131.
- Finkleman, A., & Kenner, C. (2009). *Teaching IOM: Implications of the Institute of Medicine reports for nursing education* (2nd ed.). Silver Spring, MD: ANA.
- Greiner, A. C., & Knebel, E. (Eds.) (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academies Press.
- Grif Alspach, J. (2000). *Preceptor handbook*. Aliso Viejo, CA: American Association of Critical Care Nurses.

PATIENT-CENTERED CARE

___ Contact Hours

Development and Implementation Guidelines: This module must be tailored so it is consistent with RN and LPN/ VN scopes of practice in each state or jurisdiction.

Considerations for Specialty Care: The evidence supports that newly licensed nurses need experiential learning in the practice areas where they are employed. The focus will be on specific populations, practice settings and specialty competencies. This experiential learning must be provided by the employer.

Tips for agency support when incorporating specialty content: (a) consider development of partnerships between facilities, nursing programs, etc.; and (b) consider using specialty organization resources, online continuing education (CE) programs, etc.

In order to understand specialty care, it is recommended that the new nurse:

1. Interact with key individuals in specialty area;
2. Meet with the interprofessional team to include the nurse administrator and charge nurse; and
3. Review national standards, state requirements, and agency-specific policies and procedures as related to the specialty.

Learning Objectives

1. Appreciate the multiple dimensions of patient-centered care.
 - a. Patient, family, community.
 - b. Consider values and preferences.
 - c. Consider cultural, ethnic, social and religious backgrounds.
 - d. Examine how quality, safety and health care costs can be improved with involvement of patients and families.
 - e. Consider ethical and legal implications of care.
2. Advocate for the patient.
 - a. Put the patient first.
 - b. Teach and learn principles for patient-centered care.
 - c. Understand that the nurse is the patient's last line of defense.
 - d. Reflect on ways nurses advocate for patients.
3. Make sound decisions when caring for patients, based on recognition and validation of relevant patient data.
 - a. Consider ways of looking at a clinical issue, utilizing:
 - i. Basic natural and social sciences, including pathophysiology and psychopathology;
 - ii. Ethical decision-making framework;
 - iii. Reflective thinking, contemplation and deliberation; and
 - iv. Policies, procedures, clinical standards, protocols, pathways and guidelines.
 - b. Incorporate the following actions when making sound clinical decisions:
 - i. Systematically gather, retrieve and weigh relevance of multiple types of data (e.g., signs and symptoms; diagnostic testing; laboratory results);
 - ii. Identify missing data;
 - iii. Distinguish relevant from irrelevant data;
 - iv. Organize and interpret clinical cues;
 - v. Define patient/client health problem(s);
 - vi. Recognize desired outcomes; and

- vii. Identify specifics related to patient populations/settings:
 - Patient teaching;
 - Patient data collection and/or assessment;
 - Common diagnoses;
 - Common medications;
 - Common procedures;
 - Policies, procedures, practice standards, protocols, pathways and clinical guidelines applicable to the practice setting;
 - Setting, age and cultural competencies;
 - Safety and quality-improvement initiatives;
 - Key members and roles of the interprofessional team;
 - Evidence-based practice in specialty area;
 - Continuity of care considerations;
 - Emergency/code response; and
 - End of life.
- c. Recognize changes in patient status, including imminent threats to patient/client safety, and intervene appropriately.
 - i. Document and communicate/notify (substantiate decision making).
- 4. Anticipate patient/client outcomes based on timely analysis of individual responses to nursing interventions.
 - a. Use clinical data sources (technology/information systems).
 - b. See the unexpected; that is, recognize that not all cases look the same.
 - c. Detect signs that a particular patient is not like most people and thus, may not be helped or may even be harmed by following standard protocols.
 - d. Ask “Why?” and “Why not?”
 - e. Identify patterns, trends and red flags specific to patient populations and settings.
 - f. Understand and anticipate risks.
 - g. Recognize complications of treatments and procedures and intervene appropriately.
 - h. Know when and how to call the patient’s health care provider.
 - i. Phone orders
 - ii. Rapid response teams, when available
- 5. Prioritize patient care.
 - a. Review the levels of priority ranking for patient needs:
 - i. First order priority need—immediate threat to health, safety or survival;
 - ii. Second order priority need—actual problem for which immediate help has been requested by the client or family;
 - iii. Third order priority need—actual or potential issue that the client or family is not aware of; and
 - iv. Fourth order priority need—actual or potential issue that is anticipated in the future and for which help will be needed.
 - b. Recognize and discuss the “priority-setting traps” (Vaccaro, 2001):
 - i. “Path of least resistance”;
 - ii. “Squeaky wheel”;
 - iii. “Whatever hits first”;
 - iv. “Default.”

- c. Demonstrate sound clinical reasoning when deciding what activities should take priority depending upon client situations, based on safety, quality and systems considerations:
 - i. Understand one's own power, accountability and responsibility in the process of prioritizing/organizing nursing care;
 - ii. Determine the short- and long-term goals for the patient/client;
 - iii. Ask "Is the task/activity important?" and "Does the activity/task need to be done right now?";
 - iv. Assess one's own skill level;
 - v. Assess the availability of resources, including assistance from other more experienced staff;
 - vi. Recognize the need to delegate tasks to others appropriately;
 - vii. Assess patient's/client's needs and preferences at the time of decision making;
 - viii. Recognize the need to evaluate and potentially change the priority/order in which tasks are to be done;
 - ix. Keep track of multiple responsibilities; and
 - x. Consider patient and system costs, and analyze ways to decrease them.
 - d. Manage self with respect to time, while at the same time incorporating patient safety standards:
 - i. Understand the importance of safety, while attempting to achieve efficiency in prioritizing/organizing client care;
 - ii. Allow time for planning care including establishing priorities;
 - iii. Eliminate time wasters; i.e., group activities together that are in the same location, gather all needed supplies before beginning an activity, etc.;
 - iv. Eliminate interruptions, if at all possible;
 - v. Delegate appropriately; and
 - vi. Assess/personally reflect on organizational skills (e.g., how and why time is wasted, what is the best time of day to work, considering safety standards, etc.) and seek feedback on how to improve.
6. Evaluate effectiveness of patient-centered care.
- a. Utilize strategies for prioritizing and analyzing data.
 - b. Be mindful when caring for patients.
 - c. Seek and use constructive feedback.
 - d. Consider factors affecting clinical reasoning and patient safety (e.g., anxiety, stress, fatigue, environmental distractions, personal factors, ethical dilemmas).
 - e. Analyze strategies to enhance efficiency of the system:
 - i. Demonstrate knowledge of the nursing service delivery patterns and systems in the facility or organization;
 - ii. Recognize that nursing is one part of a larger environment;
 - iii. Understand the types of nursing care delivery methods (e.g., team nursing, primary nursing, case management, etc.) that are utilized at the facility; and
 - iv. Know how the facility uses information and technology in client care.
7. Maintain professional boundaries with patients and key parties (see NCSBN Model Nursing Practice Act and Model Nursing Administrative Rules, Article XI). Understand the following:
- a. Principles of professional boundaries;
 - b. Professional boundary crossings;
 - c. Professional boundary violations; and
 - d. Cautions with disseminating patient information via Internet/cell phone cameras.

Interactive Exercises

1. Journal to focus your thinking and reflect on what you did (or did not do), why you did it and what you could do differently in daily patient/client care situations.
2. Think aloud with preceptor(s) and/or experienced staff to develop questioning skills at higher cognitive levels of analysis (e.g., compare, discriminate, examine), synthesis (e.g., perform, propose, organize) and evaluation (e.g., prioritize, rank) to increase knowledge and understanding of complex patient/client situations commonly found on unit.
3. Think aloud with preceptor(s) and/or experienced unit nursing staff using each of the steps of the nursing process to work through a complex patient/client situation.
4. Think aloud with preceptor(s) and/or experienced unit nursing staff to examine actions that result in adverse events or undesirable patient/client outcomes.
5. Think about and discuss with preceptor: "What evidence do you have or need to collect to determine the effectiveness of your intervention?"
6. Using case studies corresponding to the clinical focus of the unit, develop written responses addressing pathophysiology related to the case; selection of rapid baseline assessment priorities; clinical judgments with validation and potential alternatives; and nursing interventions. Prioritize and provide rationales to substantiate decisions.
7. Using the case study, critique strength and relevance of how available evidence influences choice of interventions.
8. Simulate learning activities: administer medications to 10 or more patients; provide direct care to more than two patients; rehearse with preceptor(s) how and when to call physician with change in patient/client status; high acuity, less frequent vignettes (Beyea et al., 2007).
9. Reflect upon a near-miss situation that you were involved in and think about what you might have done differently. Seek feedback from your preceptor on the situation and consider alternative ways you might have responded. Consider how patient safety might have been adversely affected if you only had considered your efficiency.
10. Use a priority grid to help prioritize activities. Ask whether the activity is important and urgent, and place it on the grid in the appropriate space. Practice with activities such as giving a shift report ordering a routine medication from the pharmacy for a client, talking to a client's family who has a complaint about a nurse, etc.

Important		Yes	No
	Yes	A	C
	No	B	D
Urgent			

11. Make a list of time wasters that you experience during a shift. Include both internal (procrastination, poor planning, etc.) and external (e.g., phone calls, paperwork, socializing, etc.)
12. Make a to-do list at the beginning of your shift, estimating the time that specific tasks/activities will take. Reevaluate it at the end of the shift to determine your effectiveness and efficiency of prioritizing and organizing. What could you have done differently?
13. Reflect upon a day when you felt disorganized or overwhelmed and think about what you might have done differently. Seek feedback from your preceptor on the situation and consider alternative ways you might have responded. Consider how patient safety might have been adversely affected if you only had considered your efficiency.
14. Examine relationships that you have built and reflect on how they have helped you in safely managing care in difficult situations.
15. Develop a teaching plan for your patient with feedback from your preceptor.
16. View NCSBN's "Crossing the Line" videos and reflect, with your preceptor, on boundary crossings/violations that could occur where you work. Particularly talk about the implications of today's society of information disclosure (i.e., via cell phone cameras, social networking, blogging, Internet forum postings, etc.) related to patient boundaries and confidentiality.

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- Virginia Board of Nursing. (2009). Guidance Document #90-24: The use of simulation in nursing education. Retrieved June 16, 2010, from http://www.dhp.state.va.us/nursing/guidelines/90-24_Patient%20Simulation.doc

COMMUNICATION AND TEAMWORK MODULE

__ Contact Hours

Development and Implementation Guidelines: This module must be tailored to be consistent with RN and LPN/VN scopes of practice in each state or jurisdiction.

Learning Objectives

Upon completion of the Communication Module, the licensed nurse will be able to:

1. Determine strategies for socializing to the organization.
 - a. Recognize that the NCSBN's Transition to Practice Model occurs during the first year of practice and assumes a separate orientation; understand that orientation is the process of introducing staff to the philosophy, goals, policies, procedures, role expectations and other factors needed in a specific work setting. Orientation occurs for new employees and when changes in nurses' roles, responsibilities and practice settings occur; therefore, as nurses progress in their professions, they may have many orientations.
 - b. Make the transition from student to licensed, accountable nurse.
 - c. Understand a healthy work environment, where there is mutual respect and collaboration and where each team member is valued and has a voice in patient-centered care.
 - d. Know the role of newly licensed nurses and how they fit into the organization.
 - e. Know manager/supervisor expectations.
 - f. Understand interpersonal dynamics and expectations of immediate co-workers and colleagues in other work areas. Identify and seek out resources/social support systems in institutions.
 - g. Recognize and respond to negative behaviors that impact clinical practice.
 - h. Expect the culture to be that nurses should ask for assistance whenever questions arise.
 - i. Evaluate the importance of role socialization as a key strategy for supporting high standards of nursing practice.
 - j. Participate in shared (team) decision making, evidence-based practice and quality improvement group dynamics of the work environment.
 - k. Clarify roles and perceptions of health care team members.
 - l. Develop communication techniques for approaching experienced co-workers and other essential members of the health care team.

2. Evaluate personal effectiveness when communicating with co-workers, preceptors, supervisors and members of the interprofessional team.
 - a. Self-reflection.
 - b. Know thyself (strengths/limitations).
 - c. Know own biases and stereotypes.
 - d. Know nonverbal cues.
 - e. Examine the ability to give and receive constructive feedback regarding performance expectations.
 - f. Understand the perception of feedback.
 - g. Foster assertiveness.
 - h. Understand factors affecting clinical reasoning and patient safety (e.g., anxiety, stress, fatigue, environmental distractions, personal factors, ethical dilemmas)
3. Demonstrate the ability to clearly communicate and collaborate with the interprofessional team to ensure quality care and patient safety.
 - a. Hand-offs (transfer of care).
 - b. Use SBAR (Situation, Background, Assessment and Recommendation) for reports.
 - c. Use of other TeamSTEPPS (Team Strategies and Tool to Enhance Performance and Patient Safety) strategies:
 - i. Two-challenge rule (voice concerns at least twice to assure being heard);
 - ii. CUS (I am concerned; I am uncomfortable; this is a safety issue!);
 - iii. Call-out (e.g., "Airway status?"); and
 - iv. Check-back (double check messages received).
 - d. Understand the diverse perspectives of the health care team (Garman, Leach & Spector, 2006).
 - e. Learn team-building concepts.
 - f. Understand group dynamics.
 - g. Know documentation procedures.
4. Use clear and concise communication in the delegation process.
 - a. Utilize the delegation decision-making process safely and effectively.
 - i. Recognize that there is both individual and organizational accountability for delegation:
 - Nursing employers need to recognize that a newly licensed nurse is a novice who is still acquiring foundational knowledge and skills. In addition, many nurses lack the knowledge, skill and confidence to delegate effectively, so ongoing opportunities to enforce the theory and apply the principles of delegation are an essential part of employment orientation and staff development, as well as topics for continuing education offerings, mentoring opportunities and other continued competence strategies (NCSBN, 2005).
 - Appropriately assign care
 - b. Know key concepts and steps of the delegation decision-making process.
 - c. Definitions:
 - i. Assignment—Describes the distribution of work that each staff member is to accomplish on a given shift or work period (NCSBN, 2005).
 - ii. Delegation—Transferring to a competent individual the authority to perform a selected nursing task in a selected situation. The nurse retains accountability for the delegation (NCSBN, 2005).
 - iii. Supervision—Provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse for the accomplishment of a nursing task delegated to nursing assistive personnel.
 - Direct supervision involves the presence of the licensed nurse who is working with other nurses and/or nursing assistive personnel to observe and direct the assistant's activities. The proximity of this supervision is such that immediate intervention is possible if problems occur.

- f. Learn problem-solving skills.
 - g. Develop decision-making skills.
 - h. Appreciate differences in communication styles.
 - i. Know how to respond assertively when feedback is perceived to be negative or inaccurate.
 - j. Understand high-risk behavior.
 - k. Examine end-of-life situations.
8. Discuss professional development opportunities within the work setting, as well as outside nursing organizations:
- a. Agency staff development offerings;
 - b. In-house offerings, such as Clinical Ladder;
 - c. CE offerings;
 - d. State and national professional organizational offerings/opportunities;
 - e. Specialty organizations;
 - f. Other consultation and resources; and
 - g. BON open session meetings.

Interactive Exercises

1. Communicating with preceptors:
 - a. Make an appointment with your preceptor(s) to openly and honestly discuss your clinical performance.
 - b. Devise a way to address and correct deficiencies that were identified in this discussion with your preceptor(s).
 - c. How would you handle the preceptor's critical appraisal of your performance if you believe the unfavorable criticism is not accurate?
 - d. What steps would you take if you believe your professional development needs are not being met/adequately addressed by your preceptor?
 - e. How would you propose a change of preceptors?
2. Communicating with your supervisor:
 - a. Schedule an appointment (10-15 minutes) to meet with your nursing supervisor who is responsible for reviewing your performance.
 - b. Clarify with your supervisor how your performance will be evaluated, by whom and how often.
 - c. Request a copy of the performance evaluation tool that will be used to appraise your performance. Seek clarification so performance expectations are clearly understood prior to the actual evaluation.
 - d. Rehearse how you would begin discussion of your clinical performance to date, including examination of areas in which you feel confident/competent as well as areas in which skill development/performance improvement is needed.
 - e. Develop written goals. Design a plan with your supervisor to facilitate your continued skill development and monitor your performance.
3. Interprofessional communication:
 - a. Introduce yourself to key team members, such as physicians, occupational therapists, physical therapists, respiratory therapists and laboratory personnel. Find out what led each person to enter their chosen profession and what they enjoy the most about their professional work.
 - b. Contact a physician to report your focused assessment findings that reflect a change of patient condition. Reflect on the effectiveness of your communication and patient care/advocacy outcomes.
 - c. Problem solve how to handle a situation involving a physician who is not responding to an emergent patient situation that you have assessed as needing an immediate response (e.g., physician refuses to come in to do a face-to-face assessment of patient; physician not willing to make a referral to a specialist).
 - d. Describe a challenging person/department in your workplace. What are some of the problems you have encountered when working with this person/department? What factors would you change if you could? Can you identify a possible solution to this situation? What resources are available to help you handle this situation? What, if anything, have you tried to do to handle this situation? Devise a plan of action to try to resolve this situation.

4. Communicating effectively when assigning and delegating patient care:
 - a. What information would you give to an unlicensed assistive staff member who has floated to your unit where she will be assigned to provide one-on-one monitoring of a suicidal patient?
 - b. Rehearse giving directions to this unlicensed staff member regarding:
 - i. Environmental considerations (i.e., no sharp items, no belts, no metal silverware, etc.) to ensure patient safety; and
 - ii. Physical proximity requirements (i.e., no more than an arm's length away from the patient) when providing one-on-one monitoring of a patient who is on suicide precautions.
 - c. What information do you expect this unlicensed staff member to report to you immediately?
 - d. What information do you need from this staff member prior to the change of shift?
 - e. What support do you anticipate this unlicensed staff member will need to safely and effectively carry out the one-on-one patient care assignment?
 - f. What are the supervisory expectations of you, as a charge nurse, in this situation?
 - g. How would you respond if you found the suicidal patient unattended, taking a shower with a razor and shaving cream left in the bathroom, while the unlicensed staff member was reading the newspaper in the staff break room?
5. Analyze a patient safety vignette. Go through a root cause analysis and describe what went wrong and why. How could it have been prevented? What is the accountability of the new nurse?
6. Use the TeamSTEPPS strategies with your preceptor's feedback.
7. Give report using SBAR.
8. Interactive exercises related to delegation:
 - a. View NCSBN video clips.
 - b. Discuss a scenario where the organization does not have adequate staffing for the new nurse to delegate. This will incorporate safety, systems and assertiveness (communication) issues.
 - c. Delegation exercise: Complete the following, indicating which scenarios can be delegated to an LPN/VN or unlicensed assistive personnel. The computer will alert the new graduate to variances across states/jurisdictions or clinical situations.
9. Interactive exercises related to socialization to the role:

Procedure	Personnel to whom it can be delegated
<ul style="list-style-type: none"> ▪ Stocking of supplies ▪ Feeding a patient with a recent cerebral vascular accident (CVA) ▪ Suctioning a tracheostomy ▪ Providing transportation to an eye clinic ▪ Providing transport to ICU for status change ▪ Administering a Fleet enema ▪ Teaching a diabetic patient about diet and exercise ▪ Assisting physician with a central line insertion ▪ Ambulating a first-day postoperative patient ▪ Taking routine postoperative vital signs ▪ Clarifying physician orders ▪ Preoperative teaching ▪ Administering tube feedings ▪ Bathing a patient with dyspnea 	

- a. Socialization is best facilitated when the new nurse feels a part of the group. Based on your entry into practice, reflect on the differences of being a licensed, accountable nurse versus a student nurse. Identify quality-improvement teams and how you might participate.
- b. Identify evidence-based practice initiatives and how you might participate.
- c. Identify who you might contact for questions that might arise.
- d. Identify your team members and strategies on how to become an effective team member.
- e. All work environments have unwritten rules of expectations for performance. A new nurse may feel isolated if he/she doesn't know them and may experience failure for not recognizing the need to gradually be acclimated to the work setting. As that new nurse, what kinds of questions could you ask to find out these unwritten expectations?
- f. How would you handle these situations?
 - i. Some physicians want nurses to round with them and plan for specific times to have that done. What steps could you take to make sure this is communicated and incorporated during the plan of care?
 - ii. Assignments may seem strange. For instance, if Jane Doe is a seasoned nurse on a 15-bed unit and she is just rehabilitating from knee surgery, how would you respond to the situation when other nurses gripe unnecessarily that Jane's assignment has all of the patients in the front hall?
- g. Describe how you would handle the following scenario and with whom would you discuss the problem:

Your preceptor, Julie, continues to hover when you administer medication. She believes you are slow. What can you do to improve and meet her expectations for patient safety? What are the institutional policies related to timely medication administration? Write a plan for improvement, identifying some personal and/or other barriers.
- h. Plan a meeting with your manager/supervisor and review the job description, competency checklists and the agency's organizational chart.
- i. Describe and discuss with your preceptor the adjustment you have had with your personal and professional role balance. Would you relate any of it to "reality shock"?
- j. Attend a staff development offering, complete a continuing education session or participate in a professional development opportunity.

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EVIDENCE-BASED PRACTICE MODULE

___ Contact hours

Development and Implementation Guidelines: This module must be tailored to be consistent with RN and LPN/VN scopes of practice in each state or jurisdiction.

Learning Objectives

1. Define evidence-based practice.
 - a. Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.
 - i. Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values (Sackett, Straus, Richardson, Rosenberg & Haynes, 2000).
2. Utilize various databases to locate relevant evidence to support practice (RNs only; LPN/VNs participate in using evidence-based protocols under supervision of RNs):
 - a. CDSR (Cochrane Database of Systematic Reviews);
 - b. CINAHL;
 - c. ERIC (Education Resources Information Center);
 - d. Google Scholar has free search strategies;
 - e. MEDLINE;
 - f. NGC (National Guidelines Clearinghouse);
 - g. OVID;
 - h. PsycINFO; and
 - i. PubMed.
3. Participate in critiquing research, noting the strength of the evidence presented (RNs only; LPN/VNs participate by utilizing practice guidelines).
 - a. With assistance and existing standards, critically appraise original research reports and practice guidelines (RNs only).
 - b. Consider the strength of evidence (e.g., the hierarchy of evidence: meta-analysis of randomized clinical trials, one well-designed randomized trial, well-designed clinical trials without randomization, well-conducted systematic review, well-conducted non-experimental studies) (RNs only).
 - c. Lower levels of evidence by scrutinizing closely (e.g., poorly controlled or uncontrolled studies; conflicting evidence, consensus reports or published practice guidelines; qualitative studies, including meta-analysis of qualitative data; opinions from experts in the field; and clinical expertise, intuition and anecdote practice guideline evaluation criteria) (RNs only).
4. Evaluate practice changes that are needed or have occurred within the institution based on the evidence. For LPNs/VNs, identify practice gaps and share with preceptors or nurse manager.
 - a. Compare actual practice with evidence-based recommendations.

- b. What needs to change or has changed since being hired?
 - c. If a change needs to be made, consider who needs to make the change.
 - d. What are/were the intended outcomes of the proposed change/or the change that has occurred?
 - e. Participate in identifying relevant resources that support practice changes, such as:
 - i. Systematic reviews;
 - ii. Meta-analyses; and
 - iii. Practice guidelines.
5. Identify evidence-based implementation models (RNs only):
- a. Disciplined Clinical Inquiry (DCI) Model offers a pathway to integrate evidence-based practice into organizational and individual performance (Sanares et al., 2009);
 - b. Iowa Model of Evidence-Based Practice and Research Utilization (Titler, 2006, 2008);
 - c. Academic Center for Evidence-Based Practice (ACE) Model bridges research into practice with the ultimate goal of improving care, patient outcomes and patient safety (http://www.acestar.uthsca.edu/learn_model.htm);
 - d. Melnyk's five steps: (1) ask burning question in PICO (population, intervention, comparison, outcome) format; (2) collect relevant best evidence; (3) critical appraisal; (4) integrate evidence with clinical expertise and patient values; and (5) evaluate the change (Melnyk & Fineout-Overholt, 2005); and
 - e. Johns Hopkins Nursing Evidence-Based Practice (EBP) Model and Guidelines' goal is to promote effective nursing interventions, efficient care and improved outcomes for patients, and provide the best available evidence for clinical, administrative and educational decision making (Newhouse et al., 2007).
6. Work with the team to utilize evidence-based strategies to implement evidence-based health care improvements.
- a. Examples of strategies include:
 - i. Conferences—Participation of health care providers in conferences, lectures, workshops or traineeships.
 - ii. Local consensus process—Inclusion of participating providers in discussion to ensure that they agree that the chosen clinical problem is important and the approach to managing the problem (i.e., the clinical practice guideline or definition of adequate care) is appropriate. The consensus process might also address the design of an intervention to improve performance.
 - iii. Educational outreach visits—Use of a trained person who meets with providers in their practice settings to provide information with the intent of changing the provider's performance. The information given may include feedback on the provider's performance.
 - iv. Local opinion leaders—Use of providers nominated by their colleagues as educationally influential. The investigators must explicitly state that the opinion leaders were identified by their colleagues.
 - v. Patient-mediated interventions—Any intervention aimed at changing the performance of health care providers where specific information was sought from or given to patients, e.g., direct mailings to patients; patient counseling delivered by someone other than the targeted providers; clinical information collected from patients by others and given to the provider; educational materials given to patients or placed in waiting rooms.
 - vi. Audit and feedback—Any summary of clinical performance over a specified period of time. Summarized information may include the average number of diagnostic tests ordered, the average cost per test or per patient, the average number of prescriptions written, the proportion of times a desired clinical action was taken, etc. The summary may also include recommendations for clinical care. The information may be given in a written or verbal format.
 - vii. Reminders (manual or computerized)—Any intervention that prompts the health care provider to perform a specific clinical action.
 - viii. Marketing—Use of personal interviewing, group discussion (focus groups), or a survey of targeted providers to identify barriers to change and the subsequent design of an intervention that addresses these barriers.
 - ix. Multifaceted interventions—Any intervention that includes two or more of the above.
 - b. Strategies that are generally effective include educational outreach (for prescribing behavior) and reminders.
 - c. Multifaceted interventions based on assessment of potential barriers to change are more likely to be effective than single interventions.

Interactive Exercises

1. Review textbooks on evidence-based practice (see reference list). Complete online tutorial on EBP at <http://www.biomed.lib.umn.edu/learn/ebp>. Topics include key steps of EBP, hierarchy of evidence, finding the evidence, critiquing evidence, summarizing evidence, applying evidence and communicating evidence.
2. Determine a topic of interest to you and choose something you need more knowledge about. Go onto a computer (the library, on the unit, etc.) where databases are accessible. Search your topic and print at least one related article.
 - a. Read the articles. Search <http://www.ahrq.gov> for any related clinical practice guidelines.
 - b. Classify the article using a recognized evidence hierarchy tool.
 - c. Access a variety of models, such as the Johns Hopkins Nursing EBP Model and Guidelines; the ACE Star Model of EBP; the DCI model; the Iowa Model of Evidence-based Practice and Research Utilization; or Melnyk's Five Steps of Evidence-based Practice.
 - d. Summarize findings.
3. Discuss with colleagues actual practice changes within your institution based on the evidence.

Example: Discontinuing the use of heparin in IV reservoirs/locks and changing to saline, which improved patient safety and lowered costs

Example: Evidence driven Magnet Status for health care organizations.
4. Work in a group, depending on your setting, and determine a clinical problem/situation that you feel could be improved. Research the literature on the topic, formulate a synthesis/summary of findings, design an EBP protocol and implementation plan, and communicate findings to nursing management (See Heye & Stevens, 2009, for an excellent example).

Suggested topics could include: smoking cessation; pain; prevention of gastric irritation during chemotherapy; patient education after various procedures like colonoscopy, pacemaker insertion or gastric bypass; fall prevention; restraint use; high-risk medication administration; etc.
5. Identify an actual clinical problem and suggest a practice change based on the gap between actual practice and evidence-based practice (for RNs or LPNs/VNs).
 - a. Consider what really bothers you or what changes are needed.
 - b. Consider who needs to work with you on this project:
 - i. Review communications and teamwork module on problem solving/decision making; and
 - ii. Reflect on the differences between the participation of the LPN/VN versus RN.

Suggested References

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Online Tutorials

"Welcome to Evidence-Based Practice: An Interprofessional Tutorial" at <http://www.biomed.lib.umn.edu/learn/ebp>
 ARHQ Innovations Web site: <http://www.innovations.ahrq.gov>

Online References

Healthlinks/University of Washington at <http://healthlinks.washington.edu/ebp>
 American Psychiatric Association Practice Guidelines at http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm
 Cochrane Collaboration Reviews: <http://www.cochrane.org/reviews>

QUALITY IMPROVEMENT MODULE

___ Contact hours

Development and Implementation Guidelines: This module must be tailored to be consistent with RN and LPN/VN scopes of practice in each state or jurisdiction.

Learning Objectives

Upon completion of the Quality Improvement Module, the licensed nurse will be able to:

1. Use available data to identify and prioritize health care improvement or practice gap opportunities. Such data may include, but are not limited to:
 - a. Prevention guidelines or process-outcome measures;
 - b. Condition-management guidelines or process-outcome measures;
 - c. Sentinel event root-cause analyses;
 - d. Reason's Swiss Cheese Model (http://patientsafetyed.duhs.duke.edu/module_e/swiss_cheese.html);
 - e. Utilization data;
 - f. Readmission/transfer to higher level of care data;
 - g. Morbidity/mortality data;
 - h. Admission/discharge data;
 - i. Length of stay data;
 - j. Incident/risk management reports;
 - k. Nursing-sensitive care performance measures;
 - l. Medication error data;
 - m. Infection control data;
 - n. National patient safety goals across settings (<http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals>); and

- o. Never events (<http://www.cms.hhs.gov/apps/media/press/release.asp?Counter=1863>)
 - i. Prioritize identified practice gaps based on:
 - Population impact—decrease in morbidity/mortality;
 - Cost;
 - Leadership interests; and
 - Ease of implementation.
2. Identify the best method to address improvement/practice gap opportunities at the point of care and within the system:
 - a. Policy and procedure;
 - b. Practice guidelines;
 - c. Quality improvement systems:
 - i. Six Sigma uses a systematic methodology that utilizes information and statistical analysis to measure and improve systems.; and
 - ii. Lean is a principle of continuous improvement and respect for people.
 - d. Case management;
 - e. Discharge/transition planning;
 - f. Patient self-management education;
 - g. Community-based initiative;
 - h. Legislation; and
 - i. Reliability of the health care delivery system.
 3. Evaluate barriers to implementing improvements through the support of:
 - a. Leadership;
 - b. Physician and other health care provider stakeholders;
 - c. Patient;
 - d. Resource availability:
 - i. Money;
 - ii. Personnel;
 - iii. Equipment;
 - iv. Supplies; and
 - v. Time.
 - e. Burden of health care improvement initiative.
 4. Utilize evidence-based implementation strategies to facilitate improvement (Grimshaw, Shirran, Thomas, Mowatt, Fraser, Bero, et al., 2001):
 - a. Develop mindfulness and vigilance.
 - b. Understand systems thinking; e.g., analyzing why people decided to work around safety systems.
 5. Develop an implementation plan for quality improvement, considering the following:
 - a. Identify outcome measures to determine the success of an improvement;
 - b. Pilot the implementation plan on a small scale using Plan Do Study Act (PDSA) methodology until the identified outcomes are achieved on a small scale (<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowtoImprove/testingchanges.htm>);
 - c. Implement the improvement full scale using the revised implementation plan;
 - d. Measure the success of the full-scale implementation of the improvement using the established outcome measures;

- e. Revise the improvement implementation plan as needed to achieve the targeted improvement outcome; and
- f. Continue measurement and measurement feedback until maintenance of the change is achieved as demonstrated by outcome measure attainment.

Interactive Exercises

1. Complete one or more of the following Institute for Healthcare Improvement Open School quality improvement training opportunities:
 - a. Institute for Healthcare Improvement Open School training:
 - i. Quality Improvement: <http://ihi.org/lms/onlinelearning.aspx>; and
 - ii. Patient Safety: <http://ihi.org/lms/onlinelearning.aspx>.
 - b. Health Improvement Skills Center training: <http://www.improvementskills.org>.
2. Complete the Food and Drug Administration Medwatch and Patient Safety tutorial: http://www.accessdata.fda.gov/videos/MedWatch/tutorial/tutorial_video_flash.htm.
3. Identify the organizational structures and/or personnel in your organization that participate in quality-improvement activities.
4. Identify current and future improvement initiatives for your patient population from among the following national improvement initiatives:
 - a. Joint Commission Performance Measurements Initiatives: <http://www.jointcommission.org/NR/exeres/5A8BFA1C-B844-4A9A-86B2-F16DBE0E20C7.htm>
 - b. Joint Commission National Patient Safety Goals: <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/>
 - c. Center for Medicare and Medicaid Quality Initiatives: <http://www.cms.hhs.gov/QualityInitiativesGenInfo/>
 - d. Nursing Quality Indicators: <https://www.nursingquality.org/>
 - e. National Quality Forum indicators: http://www.qualityforum.org/Measures_List.aspx
 - f. Institute for Health Care Improvement 5 Million Lives Campaign and other initiatives:
 - i. 5 Million Lives: <http://www.ihi.org/IHI/Programs/Campaign>
 - ii. Other: <http://www.ihi.org/IHI/Programs/StrategicInitiatives>
 - g. Institute for Safe Medication Practice initiatives and alerts:
 - i. Guidelines: <http://www.ismp.org/Tools/guidelines/default.asp>
 - ii. Newsletter alerts: <http://www.ismp.org/newsletters/default.asp>
 - h. Food and Drug Administration medication and device safety alerts:
 - i. Alerts: <http://www.fda.gov/Safety/Recalls/default.htm>
 - ii. Broadcasts: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/psn/index.cfm>
 - iii. MedWatch: <http://www.fda.gov/Safety/MedWatch/default.htm>
 - i. Prevention guidelines through the U.S. Preventive Services Task Force (USPSTF): <http://www.ahrq.gov/clinic/uspstfix.htm>
 - j. Prevention process-outcome measures: <http://www.qualitymeasures.ahrq.gov>
 - k. Condition management guidelines: <http://www.ngc.gov>
 - l. Condition management process outcome measures: <http://www.qualitymeasures.ahrq.gov>
 - m. Patient safety initiatives:
 - i. Agency for Healthcare Research and Quality: <http://www.ahrq.gov/qual/errorsix.htm>
 - ii. National Patient Safety Foundation: <http://www.npsf.org/hp>
 - iii. The Joint Commission: <http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals>
5. Identify future improvement initiatives from setting-specific data, as appropriate:

- a. Risk-management data:
 - i. Sentinel event root-cause analyses;
 - ii. Failure to rescue and cardiac arrest data;
 - iii. Readmission/transfer to a higher level of care data;
 - iv. Mortality/morbidity data;
 - v. Incident/risk-management reports;
 - vi. Medication error data; and
 - vii. Infection control data.
 - b. Utilization data:
 - i. Admission/discharge data; and
 - ii. Length of stay data.
 - c. Customer/patient satisfaction data.
 - d. Employee satisfaction data.
 - e. Financial data.
6. Participate in a health care improvement initiative at your facility.
 7. Participate in a root-cause analysis in your facility.
 8. Support new and ongoing improvement initiatives in your setting through active participation, provision of feedback and compliance.

Suggested References

- Agency for Healthcare Research and Quality. (2000). *20 tips to help prevent medical errors*. Patient fact sheet. AHRQ Publication No. 00-PO38. Retrieved October 16, 2009, from <http://www.ahrq.gov/consumer/20tips.htm>
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Supplemental Resources

Agency for Healthcare Research and Quality (AHRQ)

Evidence-based Practice Centers
<http://www.ahrq.gov/clinic/epcindex.htm>

National Guideline Clearinghouse
<http://www.guideline.gov>

Prevention Guidelines/USPSTF
<http://www.ahrq.gov/clinic/uspstfix.htm>

Guide to Clinical Preventive Services, 2009
 Recommendations of the U.S. Preventive Services Task Force
<http://www.ahrq.gov/clinic/pocketgd.htm>

AHRQ Health Care Innovations Exchange
<http://www.innovations.ahrq.gov>

National Healthcare Quality & Disparities Reports
<http://www.ahrq.gov/qual/measurix.htm#quality>

Outcomes and Effectiveness
<http://www.ahrq.gov/clinic/outcomix.htm>

Putting Prevention Into Practice
<http://www.ahrq.gov/clinic/ppipix.htm>

Quality and Patient Safety
<http://www.ahrq.gov/qual>

Technology Assessments
<http://www.ahrq.gov/clinic/techix.htm>

Research Findings
<http://www.ahrq.gov/research>

AHRQ E-mail Updates
https://subscriptions.ahrq.gov/service/subscribe.html?code=USAHRQ_102

Quality Indicators

<http://www.qualityindicators.ahrq.gov>

Understanding Quality Measurement

<http://www.ahrq.gov/chttoolbx/understn.htm>

Advances in Patient Safety: From Research to Implementation

<http://www.ahrq.gov/qual/advances>

Medical Errors & Patient Safety

<http://www.ahrq.gov/qual/errorsix.htm>

Health Care 411

<http://healthcare411.ahrq.gov>

Online Web M&M

<http://www.webmm.ahrq.gov>

Patient Safety Network

<http://psnet.ahrq.gov>

Patient Safety Fact Sheets

- Provider: (Example) 30 Safe Practices for Better Health Care
<http://www.ahrq.gov/qual/30safe.htm>
- Patient: (Example) 20 Tips to Help Prevent Medical Errors
<http://www.ahrq.gov/consumer/20tips.htm>

Supplemental Resources: Veteran Health Association/Department of Defense—VHA/DoD

National Center for Patient Safety

<http://www.patientsafety.gov>

Falls Toolkit

<http://www.patientsafety.gov/SafetyTopics/fallstoolkit/index.html>

VHA Hand Hygiene Information and Tools

<http://www.patientsafety.gov/SafetyTopics/HandHygiene/index.html>

Supplemental Resources: Other Federal Government Agencies

CDC

Guide to Community Preventive Services

<http://www.thecommunityguide.org>

Institute for Clinical Systems Improvement

<http://www.icsi.org/knowledge>

Institute for Healthcare Improvement

<http://www.ihl.org/ihl>

Institute for Healthcare Improvement Improvement Map

<http://www.ihl.org/IHI/Programs/ImprovementMap>

Institute for Healthcare Improvement 5 Million Lives Campaign

<http://www.ihl.org/IHI/Programs/Campaign>

Centers for Medicare & Medicaid Services

Medicare/Medicaid

http://www.cms.hhs.gov/HospitalQualityInits/11_HospitalCompare.asp

Hospital Compare

<http://www.hospitalcompare.hhs.gov/>

Home Health Compare

<http://www.medicare.gov/HHCompare>

Nursing Home Compare

<http://www.medicare.gov/NHCompare>

American Nurses Association

National Database of Nursing Quality Indicators
<https://www.nursingquality.org>

National Quality Forum
<http://www.qualityforum.org>

The Joint Commission
<http://www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement>

FDA

Educational Resources
<http://www.fda.gov/Safety/MedWatch/ucm133050.htm>

Medwatch
<http://www.fda.gov/Safety/MedWatch/HowToReport/default.htm>

Patient Safety Alerts
<http://www.fda.gov/cdrh/safety.html>

Update Sign-up
<http://www.fda.gov/AboutFDA/ContactFDA/StayInformed/GetEmailUpdates/default.htm>

Supplemental Resources: Other International Governmental

Registered Nurses Association of Ontario

- Clinical Practice Guidelines
<http://www.rnao.org/Page.asp?PageID=861&SiteNodeID=270>
- Guideline Implementation Tool Kit
http://www.rnao.org/Storage/12/668_BPG_Toolkit.pdf

United Kingdom National Health Service National Patient Safety Agency
<http://www.npsa.nhs.uk/>

Supplemental Resources: Other Private Organizational

Institute for Healthcare Improvement (IHI)

- 5 Million Lives Campaign
<http://www.ihl.org/IHI/Programs/Campaign>
- Patient Safety
<http://www.ihl.org/IHI/Topics/PatientSafety>

Institute for Safe Medication Practices (ISMP)
<http://www.ismp.org>

ISMP Medication Safety Tools and Resources
<http://www.ismp.org/Tools/default.asp>

Supplemental Resources: The Joint Commission

General
<http://www.jointcommission.org>

National Patient Safety Goals
<http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals>

Patient Safety Speak Up Initiatives
<http://www.jointcommission.org/PatientSafety/SpeakUp>

Supplemental Resources: National Patient Safety Foundation (NPSF)

<http://www.npsf.org>

Supplemental Resources: Safe Care Campaign

<http://www.safecarecampaign.org>

Agency for Healthcare Research and Quality Evidence Reports
<http://www.ahrq.gov/clinic/epcindex.htm>

Institute for Safe Medication Practices List of High-Alert Medications

(<http://www.ismp.org/Tools/highalertmedications.pdf>)

Class/Category of Medications:

- Adrenergic agonists, IV (e.g., epinephrine, phenylephrine, norepinephrine)
- Adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)
- Anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)
- Antiarrhythmics, IV (e.g., lidocaine, amiodarone)
- Antithrombotic agents (anticoagulants), including warfarin, low-molecular-weight
- Heparin, IV unfractionated heparin, Factor Xa inhibitors (fondaparinux), direct
- Thrombin inhibitors (e.g., argatroban, lepirudin, bivalirudin), thrombolytics (e.g., alteplase, reteplase, tenecteplase) and glycoprotein IIb/IIIa inhibitors (e.g., eptifibatide)
- Cardioplegic solutions
- Chemotherapeutic agents, parenteral and oral
- Dextrose, hypertonic, 20 percent or greater
- Dialysis solutions, peritoneal and hemodialysis
- Epidural or intrathecal medications
- Hypoglycemics, oral
- Inotropic medications, IV (e.g., digoxin, milrinone)
- Liposomal forms of drugs (e.g., liposomal amphotericin B)
- Moderate sedation agents, IV (e.g., midazolam)
- Moderate sedation agents, oral, for children (e.g., chloral hydrate)
- Narcotics/opiates, IV, transdermal and oral (including liquid concentrates, immediate and sustained-release formulations)
- Neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)
- Radiocontrast agents, IV
- Total parenteral nutrition solutions

National Guideline Clearinghouse (NGC) Features (AHRQ, 2009)

- Structured abstracts (summaries) about the guideline and its development.
- Links to full-text guidelines, where available, and/or ordering information for print copies.
- Smartphone downloads of the complete NGC summary for all guidelines represented in the database.
- A guideline comparison utility that gives users the ability to generate side-by-side comparisons for any combination of two or more guidelines.
- Using guideline comparisons called Guideline Syntheses, prepared by NGC staff, compare guidelines covering similar topics, highlighting areas of similarity and difference. NGC Guideline Syntheses often provide a comparison of guidelines developed in different countries, providing insight into commonalities and differences in international health practices.
- An electronic forum, NGC-L for exchanging information on clinical practice guidelines, their development, implementation and use.
- An annotated bibliography database where users can search for citations for publications and resources about guidelines, including guideline development and methodology, structure, evaluation and implementation.
- An expert commentary feature written/reviewed by the NGC/National Quality Measures Clearinghouse (NQMC) Editorial Board.

ELEMENTS OF INFORMATICS MODULE

___ Contact hours

Development and Implementation Guidelines: This module must be tailored to be consistent with RN and LPN/VN scopes of practice in each state or jurisdiction.

Learning Objectives

Upon completion of the Informatics Module, the licensed nurse will be able to effectively utilize information at the point of care to support quality patient care by being able to:

1. Identify all electronic and/or print information data available at the point of care, as available in the agency:
 - a. Patient history and physical;
 - b. Patient diagnosis(es);
 - c. Patient orders/treatment plan;
 - d. Progress notes;
 - e. Laboratory data;
 - f. Medication information;
 - g. Reference materials;
 - h. Policies and procedures;
 - i. Adverse event reporting systems;
 - j. Consultation reports/referral information;
 - k. Community resources; and
 - l. Health information resources for patients and family members.
2. Determine the information needed at the point of care.
3. Access the needed information effectively, efficiently and in accordance with agency security requirements.
4. Recognize the various tools and technologies available to improve the quality of care, including electronic health records (EHRs), bar code medication administration (BCMA), computerized provider order (CPO), CPO entry with decision support systems (DSS), data capture, care planning tools, clinical decision support systems (CDSSs) and telehealth.
5. Identify the challenges of integrating health care information technology into practice.
6. Ensure confidentiality of all patient health information (PHI), whether print or electronic, relative to the Health Insurance Portability and Accountability Act (HIPAA), and other applicable laws and institution-specific policies.
7. Demonstrate compliance with laws, regulations, institutional policies and etiquette related to the access and use of information resources.

Interactive Exercises

1. Systems-related activities:
 - a. Locate the policies and procedures at your work setting (e.g., How long did it take you? Were you able to find what you were looking for?).
 - b. Review a policy/procedure for a common activity/situation, comparing what is written with the standard of current practice observed in your work setting.
 - c. Propose a plan for developing a new policy/procedure or revising an existing policy/procedure if revision is needed to reflect current practice standards. Who would you approach regarding the need for policy development/revision? Where would you go to access references or resources to support your claim that a new policy/procedure is needed (i.e., online literature searches, CINAHL, WebMD, Medline, standards of care)?
2. Access the Technology Informatics Guiding Educational Reform (TIGER) Informatics Competencies Collaborative (TICC) Final Report at http://tigercompetencies.pbworks.com/f/TICC_Final.pdf. See the list of competencies at the end and decide which competencies you have now and which ones you need to develop in the future. How might you work to develop the competencies?
3. Think about a patient with whom you have recently worked. How did you use informatics to locate the information you needed? Were you able to find everything you needed? If not, consult with your preceptor.
4. Choose one of the systems outlined in the objectives above (HER, BCMA, CPOE with DSS, data capture tools, care-planning tools, telehealth). What are the challenges of the system you chose?

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ELEMENTS OF TRANSITION TO PRACTICE™ PRECEPTOR TRAINING MODULE

__ Contact Hours

Development and Implementation Guidelines: This module must be tailored to be consistent with RN and LPN/VN scopes of practice in each state or jurisdiction.

Learning Objectives

1. Describe the role and responsibilities of the preceptor.
 - a. Role socialization.
 - b. Differentiate between staff nurse and preceptor.
 - c. Understand delegation and accountability.
 - d. Develop work-life balance (self-care).
 - e. Role modeling.
 - f. Describe how to establish an ongoing preceptor-nurse relationship.
 - g. Foster the development of clinical reasoning in the novice nurse.
 - h. Assist novice nurse to gather information about practice gaps and identify potential interventions.
 - i. Emphasize the importance of reflective practice.
 - j. Develop trusting relationship/confidentiality.
 - k. Identify support systems:
 - i. Staff development;
 - ii. Manager;
 - iii. Peer; and
 - iv. Board of Nursing.
 - l. Team preceptorship as an option.
 - m. Recognize and celebrate the novice nurse's success.
2. Examine the principles of teaching-learning.
 - a. Adult learning principles.
 - b. Benner's Novice to Expert Model emphasizes that newly licensed nurses are functioning at advanced beginner stage; goal of the Transition to Practice program is to reach the competency stage.
 - c. Diversity in learning styles (e.g., auditory, visual, tactile, etc.).
 - d. Generational and cultural differences in learning.
 - e. Learning domains:
 - i. Cognitive;
 - ii. Affective; and
 - iii. Psychomotor.
 - f. Providing a positive learning environment.
3. Demonstrate effective communication.
 - a. Understand systems.
 - b. Understand teamwork and collaboration across disciplines.
 - c. Learn group dynamics.

- d. Know feedback, reflection and evaluation process:
 - i. Ways to deliver—techniques and timing;
 - ii. Summative and formative evaluation;
 - iii. Written/verbal;
 - iv. Importance of providing feedback and evaluation;
 - v. Positive and negative/corrective;
 - vi. Perception of feedback;
 - vii. Critical self-reflection; and
 - viii. Formal documentation.
 - e. Utilize different strategies, such as SBAR and TeamSTEPPS.
 - f. Learn about conflict management.
4. Incorporate elements of NCSBN’s Transition to Practice Model when precepting.
- a. Orientation to unit/agency is entirely separate.
 - b. Review manual and essential elements of the Transition to Practice modules; review handbook newly licensed nurses use.
 - c. Integrate principles of safety and how to accept accountability for actions:
 - i. Regulatory model: Mission of BONs is to protect the public;
 - ii. Nurse practice act, scope of practice, rules and regulations;
 - iii. Legal/ethical;
 - iv. Policy and procedures;
 - v. Standards of practice;
 - vi. Evidence-based practice;
 - vii. Competence development;
 - viii. Root-cause analysis;
 - ix. Incident reports;
 - x. Protection of new nurse from making errors that might threaten patients, self and/or others;
 - xi. Requirements when assigning or delegating to others, according the state’s nurse practice act;
 - xii. Importance of stressing professional boundaries to newly licensed nurses; and
 - xiii. Fostering a reliable health care system (e.g., avoiding work-arounds, etc.).
 - d. Integrate clinical reasoning, which is defined by Benner, Sutphen, Leonard & Day (2010) as “The ability to reason as a clinical situation changes, taking into account the context and concerns of the patient and family.”
 - e. Threading reflection and feedback throughout while building confidence.
 - f. After preceptorship, six more months of support; development of long-term mentor.

Interactive Exercises

1. Complete the Index of Learning Styles questionnaire (<http://www.engr.ncsu.edu/learningstyles/ilsweb.html>).
2. Take Myers-Briggs and analyze results.
3. Examine the INSIGHT tool (AONE suggested; insightinstitute.com).
4. Discuss conflict situations, such as:
 - a. New protégé who is not meeting performance expectations;
 - b. Resources when the preceptor is not a good fit; and
 - c. Physicians/other nurses/patients/other health care personnel who only want to work with a “seasoned” nurse.
5. Review concepts of TeamSTEPPS scenario and SBAR (see Communication and Teamwork module), and develop a scenario where they can assist new nurses to use these principles.

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INSTITUTIONAL SUPPORT FOR TRANSITION TO PRACTICE

NCSBN's Transition to Practice Model requires a six-month preceptor program, followed by six months of institutional support. These are some tips for those last six months of support.

The following are some resources that the employer should plan for:

- Planning, preparation and oversight time for educators/managers;
- Preceptor education and support/mentoring time;
- Approval of and support for preceptor and new nurse transition activities (staffing, patient/client assignments, preceptor support and mentoring, etc.);
- Implementation of policies, competencies and evaluation tools related to preceptor and new nurse transition activities;

- Organizational leadership preparation for implementation of transition to practice activities;
- Implementation of evaluation strategies that identify best practices and measure the impact of implementing best practice transition activities; and
- Provision and maintenance of equipment, software and space needs to implement transition to practice activities.

Organizational Implementation Steps

The organization will:

1. Educate organizational leadership, nursing management and nursing personnel on the goals and components of the nurse residency program.
2. Enlist nursing management, human resource, quality improvement and other organization personnel in the development of organization-specific components and implementation of the transition to practice program:
 - a. Policies;
 - b. Procedures;
 - c. Logistical support (personnel, equipment, space);
 - d. Preceptor education;
 - e. Preceptor support;
 - f. Nurse orientation program;
 - g. Transition to practice program; and
 - h. Evaluation tools (resident, preceptor, program).
3. Identify the individual(s) within the organization who will be responsible for:
 - a. Preceptor education;
 - b. Preceptor coordination and support; and
 - c. Nurse resident coordination and support.
4. Ensure integration of all components of the nurse residency into all relevant organizational processes:
 - a. Human resources;
 - b. Performance/quality improvement;
 - c. Risk management;
 - d. Nursing management;
 - e. Support services (pharmacy, respiratory therapy, physical therapy, occupational therapy); and
 - f. Service lines.
5. Provide opportunities for:
 - a. Feedback and reflection of practice (e.g., "What would I have done differently?" What lessons were learned?);
 - b. Committee work (e.g., quality improvement, implementing safety measures) or participation in grand rounds to encourage engagement in the agency;
 - c. Evaluation of program/participant/preceptor/nurse manager;
 - d. Peer support; sharing their stories;
 - e. Postsentinel event/near-miss discussion of root-cause analysis (see *Nursing Pathways for Patient Safety*, 2009). Be sure all new nurses have gone through this;
 - f. Feedback to share professional development goals for the next year/strengths/weaknesses; understanding what a performance appraisal is; and
 - g. Celebrating the end of the program.

Resources

1. Overall support:
 - a. NCSBN will provide online modules and support for those agencies that cannot develop the resources and don't have partnership opportunities.
 - i. Website address (when available)
 - ii. Transition to practice toolkit: <https://www.ncsbn.org/1603.htm>
 - b. Commission on Collegiate Nursing Education (CCNE): <http://www.aacn.nche.edu/Education/NrsResToolkit.htm>
2. See preceptor training modules.
3. Support for competency development:
 - a. Transition to practice modules
 - b. Quality and Safety Education for Nurses: <http://www.qsen.org>
4. Commission on Collegiate Nursing Education (CCNE) accreditation information:
<http://www.aacn.nche.edu/accreditation/pdf/resstandards08.pdf>

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