Managing Risk in New Graduate Nurses

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1. Identify issues specific to transition to practice
2. Describe the role of simulation in preparing new students for a clinical environment
3. Discuss collaboration with multidisciplinary leadership
4. Describe how to plan and implement transition to practice simulations
5. Define measurable objectives for success

Background: Errors

- Errors with medications and IVs – 75% of new grads
- Inability to follow provider orders
- Improperly supervising patients
- Delays in care or treatment
- Documentation errors
- Inadequate communication with providers
- Poor understanding of equipment
- Not asking for help
- Prioritization & organization
Novice nurse perspective

- Difficulty managing a normal patient load
- Lack of confidence in skills
- Difficulty making clinical decisions for patients with complex diagnoses
- Difficult relationships with peers and preceptors
- Struggles with dependence on others, organization and prioritization
- Communication with physicians

Preceptor perspective

New grads struggle with

- Interpretation of assessment data
- Decision making based on the nursing process
- Recognition of changes in patient status
- Conducting appropriate follow up
- Taking initiative
- Medication administration
Novice to Expert

- Acontextual
- Progression along the continuum from novice expert relies on...
  - The ability to rely more on past experiences and less on context-free rules
    - The role of experience in learning — dependent on the integration to experience and reflection
  - The ability to recognize that some aspects of situation are more important than others

Role Transition

- Reality Shock
  - Honeymoon
  - Shock
  - Recovery
  - Resolution
- Transition Shock
  - Nonlinear process
  - Changes in responsibilities, roles, knowledge, and relationships
  - Expression are physical, emotional, intellectual, and socio-developmental
Strategies to Reduce Risk

The roles of the preceptor
- Socialization
- Performance assessment/feedback
- Provision of social and emotional support
  - Reality shock
- Collaborate with new nurse to promote critical thinking
  - Questioning—reflective discussion
  - Role modeling & "thinking out loud"

Strategies to Reduce Risk

- Structured orientation periods with predictable assignments
- Clear performance measures
- Ongoing feedback on performance
- Simulation as experiential learning
  - Manikin based
  - Computer based
  - Case studies
  - Skills based

Accelerating to Practice

Background

Advisory Group:
- Carondolet Health Network, St. Joseph’s Tucson, AZ
- Cedars-Sinai Medical Center, Los Angeles, CA
- Indiana University Health, IN
- Novant Health Medical Center, Manassas, VA
- St. Dominic Jackson Memorial Hospital, Jackson, MS
- St. Thomas Health, Nashville, TN
- Texas Health Presbyterian Hospital, Dallas, TX
- University of Kansas Hospital, Kansas City, KS
- UW Medicine Valley Medical Center, Renton, WA
Accelerating to Practice

Competencies:
1. Clinical Knowledge
2. Critical Thinking
3. Communication
4. Management of Responsibilities
5. Professionalism
6. Technical Skills


Accelerating to Practice

Competencies and Measures further refined:
1. Clinical Knowledge
2. Clinical Reasoning
3. Communication
4. Professionalism
5. Management of Responsibility


Accelerating to Practice

How would you measure them?
Accelerating to Practice

Clinical Reasoning:

- Recognition of need for Assistance
- Recognizing Change in Patient Status
- Patient Safety
- Decision Making Based on Interpretation of Patient Data
- Ability to Anticipate Risk

How do we create clinical experiences to enhance and measure these competencies?

Why Simulation works

- Experiences can be standardized
- Experiential learning theory
- Reflective learning theory
- Deliberate Practice Theory
- Ability to assess thought processes through debriefing
- No risk of harm to actual patients
- Socialization to professional role
- Practice communication
Creating Simulation Experiences for New Graduate Transition

- Use of Standards guiding Simulation
- Mapping to learning outcomes
- Identifying critical actions around a triggering event
- Identify the clinical context
- Develop your story – content experts, content validity

Brief Summary – Stan Checketts
This case presents a preoperative patient who presents to the emergency department with severe dehydration. The symptoms of dehydration are related to poor intake of fluids by mouth as well as nausea and vomiting from a small bowel obstruction. The students will be expected to demonstrate basic assessments to detect signs and symptoms of severe dehydration with impending hypovolemic shock, notify the provider immediately, and provide the appropriate treatment.
Creating Simulation Experiences for New Graduate Transition: Clinical Reasoning

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<tr>
<th>Competency</th>
<th>Demonstration</th>
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| Decision making based on Nursing Process | • Administer fluid bolus  
• Evaluate the lab data  
• Reassess fluid status  
• Reassess pain  |
| Recognition of whom to ask for assistance | • Contact the provider to clarify the medication order relative to NPO status—specifically the medication route requesting change from p.o. to IV  |
| Recognition of unsafe practice | • Intervenes to stop the CNA from administering soda to a patient on NPO status (hold others accountable using at the moment discussion of breaks in safe practice – and Coaching others on unsafe practice)  
• Explains to patient and CNA the risk of complications with NPO, NG, and anticipated bowel obstruction |

Thinking at different stages

**Novice**: Decision making is guided by inflexible rules that do not take context into account

**Advanced beginner**: Can identify some global characteristics of situations based on prior experience. Can’t identify aspects that are more important than others – so can’t prioritize. Begin to see patterns.

**Competent**: Able to consciously, deliberately plan nursing actions based on goals and priorities. Can understand context

**Proficient**: Perceives situations as wholes, rather than individual parts; can anticipate because understands "normal" and can see patterns

**Expert**: Has an intuitive grasp of situations; does not rely on analysis of parts

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Thank You!

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