

Supporting New Nurse Transition into Practice during the Covid-19 Pandemic

*Opportunities for Academic & Practice
Nurse Educator Collaboration*



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Foreward

Academic and practice educators have long shared a common goal to ensure new nurses transition into practice smoothly, however the COVID-19 pandemic has added complexity and disruption for new nurses, schools of nursing, and healthcare organizations. Educators from both academic and practice settings joined a task force that was co-led by the Organization of Nurse Leaders and the Massachusetts Rhode Island League for Nursing, with the goal of producing recommendations to support new nurse transition into practice during this dynamic and uncertain time.

Academic nurse educators identified unique challenges encountered by nursing students graduating in 2020, and nurse educators from practice settings described atypical conditions in the clinical environment in which resources were distributed in creative ways to prepare for, and respond to, patient needs during the pandemic. Collectively, task force members identified strategies that could be broadly adopted to support new nurse transition into practice.

Information in this document can be used to guide discussions between academic and practice partners. Opportunities for collaboration between academic and practice educators to support new nurses transitioning into practice during the COVID-19 pandemic are presented. These opportunities are framed by two main areas to support new nurse transition into practice:

- Preceptor development
- Support groups and resources for new nurses

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Introduction

During ordinary circumstances, the first year of employment for new graduate nurses can be challenging. In 2020 this transition may be even more arduous as newly graduated nurses are entering practice during the COVID-19 pandemic.



Nursing Student Considerations

The COVID-19 pandemic conditions prevented nursing students in the Northeast region of the country, and elsewhere, from participating in traditional clinical experiences during the spring semester of 2020. Schools of Nursing worked to identify innovative solutions to provide clinical and simulation experiences. However, as new graduate nurses enter into the workforce it will be important for healthcare organizations, professional development specialists, educators, and preceptors to be mindful of the disruption to their clinical education.

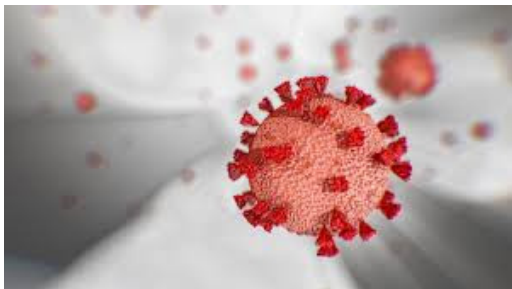
New nurses are entering practice with varied clinical experience—most will have had less clinical education than graduates before them. Many, however, have work experience as a clinical nursing assistants or in other supportive roles during the pandemic response. These variabilities underscore the need for professional development specialists to vigilantly assess and re-evaluate new nurses as they transition into practice during the pandemic.



As states across the country declared a State of Emergency, many governors issued executive orders allowing new nurses to practice prior to sitting for the NCLEX-RN licensure exam. As a result, many healthcare organizations (HCO) hired newly graduated nursing students into practice.

Transitioning graduate nurses into practice prior to taking the licensure exam may serve two purposes: to help reinforce skills in preparation for the NCLEX-RN exam and to keep new graduates in the learning mindset. However, this strategy may also create the potential for new unlicensed nurses, who may not have completed their clinical experiences, to enter practice with different learning, social, and emotional needs.

Healthcare Organization Considerations



Organizations went through a rapid period of substantial change to prepare for and respond to the COVID-19 pandemic. Some patient care units were closed, new units were opened, non-emergent surgical services were stopped, and ambulatory visits were conducted virtually.

The structural changes had significant implications for staff, including nurses. Experienced clinical staff in HCOs were deployed to provide leadership and care in new units, or to participate in training/upskilling in other areas, resulting in some HCOs indicating a need for additional preceptors to onboard new staff. Compounding this, clinical educators were deeply involved in supporting the movement of nurses within organizations as many nurses and staff began working on unfamiliar units which required new clinical knowledge and skills. Structuring orientations, trainings, additional preceptor classes became increasingly challenging for professional development specialists and clinical educators.

Background

Transitioning of new nurses into practice during the COVID-19 pandemic required new thinking and new strategies, thus, a collaborative academic/practice taskforce co- led by the Massachusetts Rhode Island League for Nursing (MARILN) and The Organization of Nurse Leaders MA, RI, CT, NH, VT (ONL) was established. Taskforce members consisted of faculty at schools of nursing, educators in practice settings, and one dean from a school of nursing. The goal of the taskforce was to identify strategies that would help new nurses successfully transition into practice during this unprecedented time.

Members of the taskforce determined that an academic-practice partnership strategy through partnership new strategies could best support the onboarding of new nurses during the COVID-19 pandemic. Integrated academic-service partnerships can improve patient outcomes through improved evidence-based patient care (Granger et al., 2012), and strengthening these partnerships could leverage scarce resources for all.

The initial taskforce meetings resulted in the development of two workgroups—one to address the need for more preceptors in HCOs, and the other to address supports for new nurses as they transition into practice. The Massachusetts Nurse of the Future Core Competencies (Massachusetts Department of Higher Education, 2016; [Appendix A](#)) was used as a guiding framework.

Part I: Preceptor Assessment and Development

The importance of the preceptor in new nurse retention and patient safety cannot be minimized. Novice nurses need more than 12 months of orientation and may not reach beyond advanced beginner functioning for 2-3 years (Monagle, Lasater, Stoyles, & Dieckmann; 2018). As many as 26% of newly licensed nurses leave within the first two years of practice, making those beginning years critical (Kovner et al., 2014). Strong preceptor programs have been shown to decrease turnover rates among new staff and improve new graduate nurse retention, but recruiting and retaining effective preceptors can still be a challenge for organizations (Friedman, Delaney, Schmidt, Quinn, & Macyk, 2013; Kovner et al., 2007; Ulrich et al., 2010). Further, of all the variables examined in a systematic review, the number one factor for success cited by new nurses was having “a designated resource person” or preceptor (Innes and Calleja, 2018).

The pandemic has strained healthcare organizations in numerous ways depending on the extent of the COVID-19 surge in the region. For areas hard hit, experienced clinical staff in HCOs were deployed to provide leadership and care in new clinical units, or to participate in training/upskilling in other units, resulting in some HCOs indicating a need for additional preceptors assist with onboarding of new nurses.

As role models, preceptors facilitate learning, evaluate practice, and socialize the new nurse as they transition into practice. Supporting and developing preceptors is a worthy endeavor in normal circumstances, but is even more critical in the context of the COVID-19 pandemic. Taskforce members explored solutions that could be implemented quickly while also providing a long-term return on investment. For example, skilled and experienced nurses are often asked to precept, yet these are also the very nurses who are likely deeply engaged in the pandemic response. Therefore, taskforce members accounted for innovative ways to utilize newer staff as preceptors. The group’s priority was to balance best practices for clinical teaching and academic expertise with onboarding and orientation best practices, and clinical educator expertise.

Recommendations

The following recommendations are designed to support the newest nurses in their transition into practice during the 2020 COVID-19 pandemic. The recommendations focus on short-term and easily implementable strategies to strengthen the cadre of available preceptors, while also providing a long-term return on investment. However, task force members recommend a longer-term and more sustainable action plan be developed and retain strong preceptors should be developed.

The following steps will guide organizations through a process of preceptor assessment and development; asynchronous and alternate support ideas are provided to supplement the primary preceptor.

Preceptor Gap Analysis

Organizations should perform a self-assessment of their preceptor capacity and current need, or a gap analysis. Doing this will provide organizations with a snapshot of available resources so that they may utilize preceptor training resources efficiently and effectively. As part of the gap analysis, we encourage HCOs to closely work with their academic partners and communicate the



number of new nurses they expect to hire in the next 12-18 months. It is important to consider overall resources for learning by assessing the projected number of nursing student clinical placements along with planned hiring of novice (new to an area) nurses and new graduate nurses in their calculations of preceptor demand. **HCOs that place a large number of students may benefit from increasing focus on preceptor training to make the pool of skilled preceptors as large as possible.**

Consider what is working within the organization's processes for onboarding new nurses, and what additional supports and resources may be needed. HCOs may benefit from connecting with other hospitals or academic partners to leverage available resources.

To guide an organization's analysis, a gap analysis template is available ([Appendix B](#), and on the [ONL website](#)) and includes the following considerations:

- The volume of new graduate nurses and anticipated volume of new hires starting in the summer or fall of 2020 (and for the next 18 months)
- The number of newly hired/non-new graduate nurses on orientation who will still be on orientation in the summer of 2020 (and for the next 18 months)
- The number of trained preceptors on each unit and the number of nurses who are not yet trained as preceptors that could be trained and engaged to support parts of orientation. Don't overlook relatively new nurses such as those who completed orientation in the past 1-2 years.
- Evaluate local resources for training and developing preceptors in addition to in-house options. Some universities offer clinical faculty training. Working with academic partners can help the HCO build preceptors, and can also support SONs by developing staff nurses to support clinical education and developing a pool of potential clinical faculty.

After performing the preceptor gap analysis—identifying the number of available preceptors as well as the number of preceptors your organization is likely to need—the next step is to identify the nurses who will fill this important role.



Thoughtful and purposeful selection of preceptors is important. Often, clinical skill and availability are the primary factors in preceptor selection, particularly in times where there is a large need for preceptors.

The taskforce strongly recommends that preceptor selection go beyond availability, and focus on skills and attributes of strong preceptors.

Using an evidence-based checklist to guide preceptor selection and development will strengthen the pool of preceptors available in HCOs. The checklist is available in [Appendix C](#). Professional development specialists are encouraged to consider newer nurses may be effective preceptors, with training and support (Cotter, Eckardt, & Moylan, 2018).

Preceptor Competencies

Preceptor competencies align with the MA Nurse of the Future Core Competencies ([Appendix A](#); Finn & Chesser-Smyth, 2013; MA DHE 2016) and reflect competencies from the literature.

Preceptor Competencies

Assess and Evaluate Novice Competencies *A

- How to deliver an evaluation

Deliver Constructive Feedback *A

- Advocacy- Inquiry Model (NLN) Critical Conversations (Forneris & Fey, 2018)
- Communication
- SBAR (Monagle, Lasater, Stoyles, & Dieckmann, 2018)

Develop Clinical Reasoning and Critical Thinking *A

- Tanner's Model (Noticing, Interpreting, Responding and Reflection) (Monagle, Lasater, Stoyles, & Dieckmann, 2018)
- Reflective Journaling
- Debriefing skills (deep questioning and feedback) (Monagle, Lasater, Stoyles, & Dieckmann, 2018)
- Teach prioritization

Integrate Learning Styles *A

Principles of Adult Education *A

Using Technology and Evidence-Based Decisions (National Council of State Boards of Nursing) *AL

Collaboration *L

- Conflict resolution and cognitive rehearsal *L
- Socialization *L

Preceptor and Novice Roles and Responsibilities *L

- Socialization

Orientation *L

Maintaining Standards for Novices and Helping them Succeed *L

- Professionalism and resiliency
- Self-care

*A: Indicates academic faculty may be able to assist practice with these competencies

*L: Indicates items should be reserved and completed in HCOs at the unit or departmental level

Preceptor Development Modules



Preceptor development modules were developed to assist professional development specialists and practice-based nurse educators with quickly implementing a preceptor development program. Specifically, three preceptor development modules were developed and are available on the in the about tab, in the public education section of Organization of Nurse Leaders website (www.oonl.org). Each module consists of a short didactic video and supplemental materials that are intended to be used together by nurse educators and new preceptors.

Click [here](#) to access the preceptor modules. An overview of Preceptor Development Modules is provided in [Appendices D - F](#).

HCOs are encouraged to use these modules and resources to implement an evidence-based preceptor development program. Academic and practice partners should work together on how to best meet the needs of new preceptors. Academic faculty may be able to work with practice-based educators and professional development specialists to facilitate preceptor development modules, even remotely via video conference.

Evidence-based preceptor programs demonstrate promising results.

- The Vermont Nurses in Partnership (VNIP; n.d.) offers a clinical transition framework consisting of evidence-based competency and preceptor development models. Delfino et al., (2015) and Boyer (2008) documented the importance and much evidence supporting the use of the VNIP model.
- The National Council of State Boards of Nursing (NCSBN) Transition to Practice (TTP) model has shown promise for both preceptors and newly licensed nurses. Retention and clinical competence of newly licensed nurses was seen in hospitals with structured preceptorship models (Blegen, et al., 2015).

Best Practices for Recruiting and Retaining Preceptors

Becoming a preceptor should be something that nurses aspire to and are pleased to achieve, yet it is also a role that can be demanding and time-consuming. To enhance preceptor experience and retain strong clinical teachers, organizations should consider the extent to which preceptors are recognized for their contribution to the success of the unit and the organization. Support for preceptors has been shown to contribute to workforce retention; Bontrager, Hart, & Mareno, (2016) found an association between preceptorship and increased job satisfaction in preceptees, resulting in decreased attrition of new nurses.

Preceptor Support is Paramount

Reducing the preceptor's assignment, scheduling the novice on the same shifts as the preceptor, encouraging novice and preceptor to share assignments, and keeping the number of preceptees low are some of the best preceptor practices at the organizational and departmental level (Blegen, et al., 2015). To support preceptors and position them to be successful in orienting new nurses, HCOs should consider implementing:

HCOs should consider implementing:

- **Reduced preceptor work assignments to less than a full load, leaving time for teaching.**
- **A preceptor toolkit with all forms and expectations to help preceptors better understand the role.** Some organizations reported having a “job description” for preceptors to outline expectations. Other organizations have preceptor hand-off tools as well as criteria for evaluating new nurses to make measuring their progress consistent. Standardizing expectations, tools and processes may be helpful.
- **A preceptor support and mentoring forum.**
- **Preceptor incentives and recognition;** these do not need to be monetized and could include having preceptor development qualify for CE credits, professional development or certification as a preceptor ([example](#)), or recognition for preceptors such as thank you notes from unit leaders and educators and/or recognition awards offered by HCOs or professional nursing organizations.

Structured collaboration between local academic and practice partners to establish formal preceptor and clinical instructor programs — taught jointly by faculty and clinical nurse educators — could enhance both student and new graduate clinical experiences

Consider Current Resources when Planning New Nurse Orientation During the Pandemic



Researchers McDonald and Ward-Smith (2012) found a high correlation between a well-designed, consistent orientation process and retention. Orientation during the pandemic may look different, but thinking creatively about how to structure orientation around available resources will help ensure a successful orientation process and may provide additional support for preceptors. Things to consider include:

- **Where will nurses be orienting and does the learning experience improve if new nurses are started in areas outside of their “home” unit (such as a non-COVID area)?** Time on a different unit could provide a less-stressful environment and the opportunity to establish competency in basic skills and knowledge.

Partner with other units that provide exposure to desired skills/competencies and give the new graduate nurse the chance to learn patient management in multiple areas.

Consider Using New Nurses as Part of a Precepting Team

- Consider how newer nurses (even those with one-year experience) could be utilized as part of a precepting team to orient the new graduate nurse for a period of time, with a focus on clinical basics, socialization, and unit familiarity.
- Utilizing newer nurses as preceptors for the first 2-3 weeks of a 12-week orientation offers a leadership opportunity to the preceptor and may enhance the socialization of the new graduate nurse by providing them with a preceptor who recently experienced the same transition to practice. In addition, this gives more experienced preceptors a break while still leveraging their expertise when orienting new nurses to more complex skills and critical thinking.
- Having a point person and organizing preceptor handoffs are critical: If using multiple preceptors, design and implement a structured plan for preceptor handoffs. The Nursing Executive Center identified using newer nurses as preceptors as a best practice to address the skill/complexity gap in nursing orientation, but stressed the importance of handoff between preceptors (2019).

Set Weekly Goals to Establish Clinical Competence

Consider setting weekly orientation goals for establishing clinical competence in key areas, and re-visit additional needs over time.

- Evaluate the immediate needs of your units and consider the extent to which team composition and skill mix have shifted with the COVID-19 response. Are some units more stressed than others? Has the skill mix and/or structure of the team providing care shifted?
- While team nursing is not widely used it may be effective to structure patient care activities as a team when skill mix is lower or the team structure has changed. This may be applied to a unit, but it can also be a way to look at orientation of the new graduate nurse. Orientation could be shifted to focus on practical and assessment skills development (e.g. all Foley catheter or IV insertions and maintenance or all telemetry strip review/documentation, for multiple units) (The Nursing Executive Center, 2019).



Demonstrate Preceptor Return on Investment

Long term, orientation and preceptor support is a valuable investment. The financial burden of nurse turnover on an organization is estimated to be \$3.6-\$6.1 million annually for the average hospital (Nursing Solutions, Inc., 2019). For the new graduate nurse, when accounting for time spent orienting and training, the average cost is estimated to be 1.5 times the salary of that nurse (Nursing Executive Center, 2019).

Below are suggestions to advocate for increased preceptor development and orientation support, despite financial challenges due to pandemic response:

- For professional development teams, calculating the return on investment (ROI) is an effective way to make the case for increasing support for preceptor programs (Opperman, Liebig, Bowling, & Johnson, 2016). ROI tools are available, but simply comparing the cost of preceptor support and preceptor incentives to turnover may be enough to demonstrate ROI in preceptor programs.

- Brook et al. (2019) found new nurse transition programs with teaching, a preceptor, and mentor in place for 27-52 weeks often yielded a ROI. Hospitals with preceptors saw an average of 14% decrease in turnover rates and a 23 % increase in retention. As preceptor programs are linked to decreased turnover rates, and the COVID-19 pandemic has put extreme financial pressures on HCOs, it is important to make the case that now is not the time to shorten orientation or increase preceptor workload.
- New graduate nurses are particularly at risk for turnover due to the routine stress of entering the practice; up to 35% of new graduate nurses change positions each year (Phillips, 2020; Windey, et al., 2015). The perception of peer support and other such relational resources explain the largest contribution to nurses' perception of workload- greater than even staffing levels and skill mix- making this particularly important during this time when nurses are struggling with the emotional weight of the pandemic (Oppel & Mohr, 2020).

Part II:

Support for Newly Graduated Nurses

Some new nurses already have jobs in a practice setting, while others are still looking for their first nursing job. In either scenario, staying connected with other new nurses and with established nurse leaders — such as faculty and educators — will provide needed supports for a smooth transition into practice.

Recommended strategies and identified resources are intended to support the newest nurses in their transition into practice during the 2020 COVID-19 pandemic.

New Nurse Virtual Support Groups

New graduates will likely benefit from additional psychosocial support during this unpredictable and challenging time. Despite the close relationships that can develop between new nurses and preceptors and among members of a new nurse cohort, new nurses can often feel isolated and overwhelmed. Providing a forum, a virtual space, for new graduates to process experiences and to discuss concerns or ask questions will provide both emotional and psychological support. Dialogues in the virtual

support groups will likely benefit new nurses in their transition into practice, as well as in the first several months after orientation concludes.

Academic and practice educators are encouraged to collaborate and co-lead forums together. New nurses from HCOs and nurses who recently graduated from schools of nursing can be recruited to participate in the support groups. Support group leaders are encouraged to be flexible in regard to the time and topics covered and leaders can offer discussion topics if participants do not have questions or situations that they would like to discuss. Many topics can be addressed in the support forums including debriefing, professional role development, reflection with storytelling, mentoring resources, license exam preparation, clinical skills development, interview skills, and providing information about potentially earning a certificate and developing new skill sets are seen as important components for focus within these forum gatherings.

By creating such forums at the local level, schools and partnering clinical agencies can provide the space for identifying priority needs of the new graduate, providing resources and further development, and time for processing thoughts, feelings, and experiences. Done across a region, such forums can also develop the new nurses' network of colleagues.

Structure and Content of New Nurse Virtual Support Groups

Objective: To establish a forum for newly licensed registered nurses to process their experiences as they transition to practice in a supportive environment that provides counsel, camaraderie and inclusion. Consider limiting size of groups to 10 or less.

Duration of Support Group Meetings and Program Length: Format is to be determined by facilitator(s) and the organization. Members of the taskforce recommend support group sessions last for one hour. Consider offering multiples dates and times for the forums to maximize new nurse attendance. It is recommended that the new nurse attend one forum per week for the duration of the transition period.

Meeting Platform: Zoom or multi-user meeting platform of choice.

Model: Group Support/Debriefing

Facilitator(s): Consider having two co-leads, one from each organization in the academic-practice partnership. Members of the taskforce recommend having an educator from the clinical practice setting and an educator from a school of nursing. Facilitators should meet weekly to check in about the groups, share information, and plan for upcoming sessions.

Forum Norms: At the first debriefing session ground rules are established. The facilitator(s) create an environment conducive to sharing and communicates in an open, empathetic and respectful manner. It is extremely important for the facilitator to not be viewed as the only one with answers, but rather encourages sharing and support amongst the participants (Shrinners, Africa, & Hawkes, 2016). It should be communicated that the discussions within the support groups are confidential, and the only reason to break this rule is for patient or nurse safety issues.

Support Group Format: The format for the support group should be flexible so that it can be adjusted based on the group's needs. Keep in mind that attendees may vary from week to week. Formats can include open discussion, needs assessment or themed discussions and sharing of resources.

Curriculum: Topics may include self-care, reality shock, effective communication, transitioning to night shift, grief management, disruptive behaviors in the workplace and delegation challenges. Pellico, Brewer, & Kovnar, (2009) identified five themes that may be useful in discussions with new nurses including: colliding role expectations; the need for speed- or productivity expectations; you want too much- or potentially unrealistic expectation for new nurse performance, how dare you- blame, shame and guilt; and change is on the horizon. More recently, study participants identified response to stress, self-care, reality shock-transition, and reality shock from novice to expert as highly relevant topics for discussion with new nurses (Shrinners, Africa, & Hawkes, 2016). All of these themes and concepts can be used to structure support group discussions.

Debriefing

Debriefing with new graduate nurses transitioning into practice is beneficial (Shinners, Africa & Hawkes, 2016). When conducted within a nursing context, debriefing provides an effective vehicle for group members with shared experiences to explore feelings, ask questions and express concerns in a non-threatening, non-judgmental environment. Debriefing sessions allow participants to reflect on, and critique their experiences while providing validation, enhancing self-efficacy and promoting psychological growth.

Reflection and Storytelling

Reflection and storytelling can be powerful tools for processing experiences. Zak (2013) communicates the impact stories have on our brain and how they can help us develop empathy. The article is available for educational purposes on the ONL website by clicking [here](#), and can be used with new nurses and preceptors as a point of discussion about clinical and learning experiences. Reflective journaling is another way to process experiences and can be used as part of nursing orientation to develop clinical judgment (Nielsen, Stragnell, & Jester, 2007). A reflective journaling guide is provided in [Appendix G](#).

Competency-Based Professional Role Development

Two important learning outcomes during transition to practice are ongoing professional role and competency development.

There are many competency models, including the *Quality and Safety Education for Nurses* (QSEN) model (QSEN, 2020), that addresses competency development in safety, evidence-based practice, teamwork and collaboration, quality improvement, informatics and patient-centered care. The National Council of State Boards of Nursing base their *Transition to Practice Model and related courses* on these competencies; these are further delineated by the *Massachusetts Nurse of the Future Core Competencies* (NOFCC, [Appendix A](#)) with the addition of communication, professionalism, leadership, and systems-based care (Massachusetts Department of Higher Education, 2016).

New Nurse Competencies

The Massachusetts Nurse of the Future Core Competencies (Massachusetts Department of Higher Education, 2016; [Appendix A](#)) are introduced below and additional resources to support competency-based professional role development can be found in [Appendix H](#):

Communication and Teamwork

Transitioning from student to professional nurse requires understanding of teamwork and how it plays out in pressure-packed situations. Having the big picture enables new graduate nurses to become part of the solution as they balance personal accountability with the collaborative efforts of the team. **Definition:** Functions effectively within nursing and interdisciplinary teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care. The following bullets highlight potential learning objectives for new nurse development:

- **Describe the relationship between patient safety, collaboration and teamwork** using SBAR and IPASS the BATON- TeamSTEPPS communication strategies (AHRQ, 2020), and Clark Healthy Workplace Inventory (Clark, 2015).

- Demonstrate effective use of communication techniques with colleagues to resolve conflict, disruptive behaviors and workplace violence using DESC script; Cognitive Rehearsal (Longo, 2017); Cues for Addressing Disruptive Behavior ([Appendix K](#)); access resources provided by the American Nurses Association- End Nurse Abuse campaign (ANA, 2020).
- Discuss how to lead and/or work cooperatively with others
- Discuss professional development opportunities for lifelong learning, health policy and professional organizational work

Patient and Family-Centered Care

Nurses have a unique role in helping patients and families become partners in their care. A nurse's holistic and multidimensional role accounts for patient preferences, culture, values, beliefs, physical wellbeing, home environment, community and support system. **Definition:** Patient-centered care recognizes the patient as the source of control and partner in providing compassionate and coordinated care based on respect for patient preferences, values, and needs. The following bullets highlight potential learning objectives for new nurse development:

- Describe patient- and family-centered care
- Assess and address health literacy

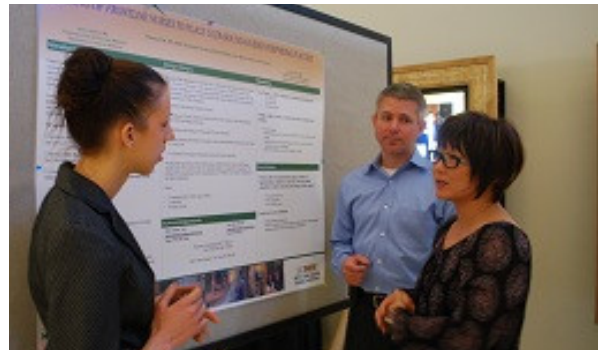
- Discuss techniques that protect patients and minimize errors including: Root cause analysis of near misses and incidents
- Discuss how a nurse provides patient- and family-centered care and empower patients, families and significant others

Evidence-Based Practice

As new graduate nurses learn to define priorities, find supporting evidence, and then suggest ways to implement findings, they will build a strong foundation for long-term practice. **Definition:** Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal healthcare. The following bullets highlight potential learning objectives for new nurse development:

- Discuss evidence-based practice as it relates to the clinical unit, organization, and new nurse practice
- Write a researchable clinical question
- Identify ways to find answers to the clinical question
- Explore the connection between research, evidence and practice guidelines

Quality Improvement



Patients expect high quality of care when they enter a healthcare system. New graduate nurses can help ensure this quality by contributing to a culture of safety. This compels them to raise concerns and to actively find ways to improve care. Nurse-driven initiatives can identify needed areas of improvement and make a significant difference in patient safety and satisfaction. **Definition:** Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of healthcare systems. The following bullets highlight potential learning objectives for new nurse development:

- Discuss quality improvement initiatives on the clinical unit and within the organization
- Explore how quality improvement is used to facilitate change
- Describe how to develop a workable quality improvement and evaluation plan
- Discuss how nursing quality initiatives improve patient care

Informatics



New nurses need to understand that while technology cannot replace compassionate and skillful nursing care, it can facilitate communication and decision making in the clinical workflow. Everyone on the healthcare team, including patients and their families, can use this information to generate new knowledge and create caring interventions and evidence-based, personalized plans of care.

Definition: Use information and technology to communicate, manage knowledge, mitigate error, and support decision-making. The following bullets highlight potential learning objectives for new nurse development:

- Discuss how informatics supports a learning health system
- Distinguish between data, information and knowledge
- Articulate how health information technology is used to manage patient information
- Explain how connected care tools are used to enhance health outcomes

Patient Safety

Nurses have an important role in contributing to, and overseeing safe patient care.

Definition: Minimizes risks of harm to patients and providers through both system effectiveness and individual performance. The following bullets highlight potential learning objectives for new nurse development:

- Discuss how to adopt proven communication strategies that reduce errors. The taskforce recommends TeamSTEPPS (Agency for Healthcare Research and Quality, 2020) strategies for assertiveness (Two Challenge Rule, CUS).
- Discuss strategies for prevention of medication errors and the complexity of human factors
- Discuss just culture, fairness, accountability, and error reporting in complex systems (National Health Services, 2018).
- Discuss novice nurse as error-prone. Help new nurses' practice: time management skills, prioritization skills, delegation skills, clinical judgment, clinical reasoning and decision-making skills (Spector, Ulrich, & Barnsteiner, 2012).

Interviewing

Newly graduated nurses entering practice during the COVID-19 pandemic may need additional information on how to prepare for, and interview for employment. Considerations include:

Create a professional resume

Evaluate your social media footprint. Eliminate unprofessional pictures and posts (though remember they are still retrievable)

Choose the organizations of interest and familiarize yourself with their websites, including the organization's mission and vision; note if the organization part of a larger network or healthcare system and if they are known for certain specialties. Take care to review nursing department links, and note if there is evidence of shared governance, professional development opportunities, tuition support, continuing education and opportunities for advancement. Also note the number of open positions.

If you have never interviewed, practice. Select somewhere you will not actually work and get the kinks out of the experience before you go to your next one. Practice interviews with a friend, and give each other constructive criticism

Plan your interview including your outfit. Business attire (clean, neat, no heavy perfumes or lingering smoke, and no gum). Bring extra copies of your resume, and prepare questions: Why does the interviewer(s) enjoy working at the organization, and/or on that unit? How would they describe the unit culture and the organizational culture? Ask for examples to describe the culture. How many new nurses are likely to be on orientation? What are the best aspects of the facility? What are they most proud of about the organization and the unit?

Ask about new graduate orientation

- What can you expect for orientation? At least 8 weeks is the average, for specialties orientation could be 12-16 weeks, or longer.
- Residency programs components, such as classroom, seminar, and/or support group elements, as well as evidence-based projects.
- Preceptors: How are they chosen? How many preceptors would you have? Do you follow their schedule, or do you follow a set schedule with multiple preceptors? Do you share an assignment with the preceptor, or do they have their own assignment? How do off-shifts work during orientation?
- Who are the resources for new nurses, preceptors, educators, or others? What type of preceptor model do they use?
- How are you evaluated on orientation?
- Is there an option to extend orientation if needed?
- What supports are available after orientation? Is there a *New Graduate Transition Group*, a support system, or a mentoring initiative in place for nurses as the move into competent practice?



Prepare for behaviorally-based interviewing. Look up behaviorally-based interviewing and be prepared to talk about clinical scenarios or team interactions you are proud of and be prepared to share these examples.

If you have had previous careers, include some of those responsibilities in your resume.

Previous experience in supervisory or leadership roles, customer service, and peer leadership are all valuable in nursing roles.

Do a practice visit to find your facility, time your travel, and allow extra time the day of your interview for traffic, parking, etc.

Plan to be interviewed by multiple people; group interviews are more common and may consist of a manager, educator, and staff to determine your fit for the unit.

Ask if there is an opportunity to participate in a shadow experience so that you have first-hand knowledge about the patient population and culture within the unit.

Be prepared to answer questions about your five-year plan and aspirations.

Bring a complete package of documents to share, and/or be prepared to share them electronically. If you have a professional portfolio— bring it, it will make you stand out! They will also likely want to see references, transcripts.

Thank the interviewer(s) and send a thank you note....it will make you stand out!

Good luck!

NCLEX-RN Preparation

Remaining prepared for the NCLEX-RN exam is critical for newly graduated nurses! Whether new nurses are hired and practicing in a graduate nurse role, or looking for employment while studying for the NCLEX, it is critical that test preparation continues until the day of the exam. Many organizations plan to offer NCLEX preparation as part of the new nurse orientation program, or residency program, and this is considered a best practice for organizations that hire graduate nurses.

There are four apps that can be purchased for a relatively low cost, to help new nurses stay prepared for the NCLEX exam. We do not endorse any of these programs, but are sharing them as resources.

- NCLEX Mastery. The full version of this highly-rated app offers 1,600 digital flashcards with rationales and pictures, plus 350 pharmacology questions. Questions are based on past NCLEX exams, and a built-in timer shows you how long you're taking on each one. Other goodies: a comprehensive list of NCLEX mnemonics and a prefix, suffix and vocabulary section. \$24.99 (soon to be going up to \$39.99) iOS® and Android™.
- Saunders Mobile Review Questions for the NCLEX-RN® Exam. Based on questions from the bestselling review book. Test it out with a free 25-question lite version, or download the full app to get 1,500 questions and the ability to create customized quizzes. You can also purchase additional questions, 500 at a time, with in-app purchasing. Questions are written by NCLEX prep expert Linda Anne Silvestri, PhD, RN. The app features numerous alternate-format items, including audio and video questions. \$29.99 iOS.
- HESI® Q&A for the NCLEX-RN Exam. From the makers of the HESI series of nursing exams, this app includes 600 critical-thinking style practice questions in six different content areas – Medical-Surgical Nursing, Pharmacology, Pediatrics, Fundamentals, Maternity and Psychiatric-Mental Health Nursing. Take a comprehensive exam, or create a customized quiz on the topics you need to study the most. No Internet access required for use. Use the “study mode” to review the rationale for every question. \$24.99 iOS.
- ATI RN Mentor. This quiz app includes 800+ NCLEX-style questions that span a number of formats: multiple choice, ordered response, select all that apply, image hot-spot and chart exhibit. Choose the topics and number of questions to generate customized quizzes. Each question features detailed rationales for both correct and incorrect answers. App includes a built-in calculator. \$19.99 iOS and Android.

Additional Resources

In addition to staying prepared for the NCLEX-RN licensure exam, nurses entering practice for the first time may feel challenged in learning clinical skills. A plethora of resources are provided in [Appendices H- I](#) to assist educators in supporting the immediate learning needs of new nurses transitioning into practice. [Appendix J](#) provides resources specific to COVID-19, including videos on personal protective equipment (PPE) caring for specific patient populations, and resources for resilience and psychosocial well-being. Cues to address disruptive behavior are provided in [Appendix K](#) as disruptive behaviors may be more prevalent during this pandemic period. Lastly, [Appendix L](#) identifies a few certification programs that may be of interest to new nurses.

Conclusion

Academic and practice educators share a concern and commitment to ensuring new nurses transition smoothly into practice. The COVID-19 pandemic served as a catalyst to convene a taskforce charged with producing strategies that could be developed between academic and practice partners to collaboratively support new nurse transition into practice during this dynamic and uncertain time. Resources to assess and develop clinical preceptors were provided, along with a framework to provide virtual support groups for new nurses. Resources to support these strategies, as well as competency-based professional development, and interview and NCLEX-RN preparation for new nurses, were also provided.

This taskforce was co-led by the Organization of Nurse Leaders (ONL) and the Massachusetts Rhode Island League for Nursing (MARILN). Members of this taskforce donated their time and expertise, and hope recommendations shared in this report will be implemented in HCOs and that new nurses will have a successful transition into practice during the COVID-19 pandemic.

Questions, requests, or feedback on the strategies outlined in this report can be emailed directed to info@oonl.org.

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Appendices

A: Massachusetts Nurse of the Future Core Competencies- Registered Nurse Model

B: Preceptor Gap Analysis

C: Evidence-based Preceptor Selection and Development Checklist

D: Preceptor Development Module 1: Clinical Judgment Model (CJM) and Reflection

E: Preceptor Development Module 2: Clinical Judgment Continued

F: Preceptor Development Module 3: How to Give Constructive Feedback

G: Reflective Journaling Guide

H: Resources to Support Professional Role Development Among New Nurses

I: Resources to Clinical Skills Development Among New Nurses

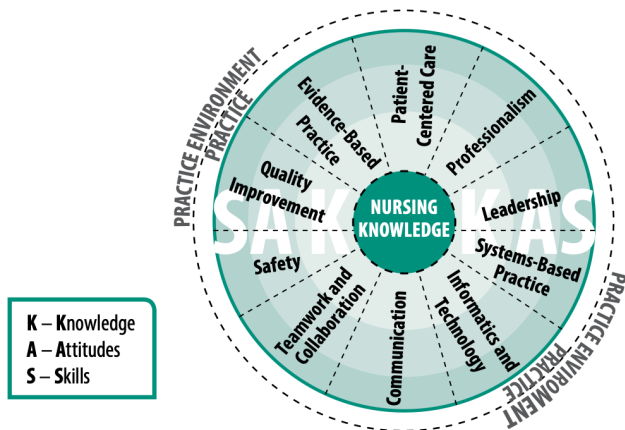
J: COVID-19 Resources

K: Cues for Addressing Disruptive Behavior

L: Certificate Modules

Appendix A

Massachusetts Nurse of the Future Nursing Core Competencies[®] REGISTERED NURSE



Massachusetts Department of Higher Education Nursing Initiative
Revised March 2016

(Massachusetts Department of Higher Education, 2016)

Appendix B

Unit Preceptor Capacity/Resource Gap Analysis

	Summer 2020	Fall 2020	Spring 2021	Notes:	Plan
# of New Graduate (NG) or Senior Nursing Students Starting *work with local academic partners to estimate volume for 2021, if possible					*Consider: how many weeks remain on orientation for each individual
Newly Hired/Non-NG nurses still on orientation from prior quarter					
Anticipated volume of new hires who will be on orientation					
Total # New Staff					
Experienced/Trained preceptors Nurses who have not yet been trained as preceptors (including newer nurses) who could be trained and provide support for all, or parts of, orientation					
Preceptors Currently Precepting (include 1:1 Nursing Students)					
Trained Preceptors + Trainee Preceptors- Preceptors Currently Precepting=					
Total # of Available Preceptor Resources					
*Mapping orientation dates vs. available resources on a calendar may help visualize areas where resources may be limited. Consider dividing weeks of orientation between multiple preceptors with an educator or "point person" providing consistent support. For each quarter, consider student placements/# students, additional clinical teaching occurring, projects requiring unit staff to act as clinical champion/supervisor, availability of educator.					

	Summer 2020 Gap	Fall 2020 Gap	Spring 2021 Gap	Plan
Total Available Preceptors- Total New staff= Gap				
Available Spots in Preceptor Training Classes				

Appendix C

Evidence-based Preceptor Selection & Development Checklist

Please rate _____, who is a candidate for Preceptor on the attributes listed below.	
Each attribute is worth up to three (3) points: A score of 35 or higher is needed to be accepted as a preceptor by the unit-based council.	
1 = Needs Improvement; 2 = Meets Expectations; 3 = Exceeds Expectations	
Score	Attribute
Clinical competence	
	1. Provides nursing care according to established nursing standards.
Nursing process	
	2. Documentation is appropriate and complete.
	3. Sets priorities and demonstrates time management skills.
Transformational leadership	
	4. Sets priorities and demonstrates critical thinking skills.
	5. Delegates appropriately and effectively to nursing support staff.
Collaboration/communication skills	
	6. Promotes effective/skilled communication through the use of tactful, direct, and sensitive interaction.
	7. Narrates patient care and explains the purpose behind his/her actions to others
Professional development	
	8. Participates in learning activities, committees, and/or staff meetings.
	9. Provides "learning moments" to develop peers.
Conflict resolution	
	10. Demonstrates problem-solving skills and minimizes escalation of situations to assure safe patient care.
Commitment	
	11. Works to provide feedback to new employees. Welcomes and provides feedback to new employees.
Flexibility	
	12. Demonstrates willingness to vary work assignment/schedule to meet unit needs and needs of new orientees.
Empowerment	
	13. Objectively identifies strengths and weaknesses of self and others. Provides constructive feedback in a manner that allows for progression and growth.
Values	
	14. Projects positive attitudes as it relates to work environment.

Cotter, E., Eckardt, P., & Moylan., L. (2018). Instrument development and testing for selection of nursing preceptors. *J. of Nurses in Professional Development*, 34(4), 185-193.

* Table shared for use at the point of care and only for educational purposes. Where possible authors should be cited. Do not copy and distribute freely as this would be a violation of copyright law.

Appendix D

Preceptor Development Module 1: Clinical Judgment Model (CJM) and Reflection

Module Components:

- [Didactic module on YouTube](#)
- Viewing the didactic module will take approximately 20 minutes.
- Articles
- Guides for developing critical thinking

2 articles about Clinical Judgment Model*

- Tanner CA. (2006). Thinking like a nurse: a research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45(6), 204–211.
- Monagle, J., Lasater, K., Stoyles, S., & Dieckmann, N. (2018). New Graduate Nurse Experiences in Clinical Judgment: What Academic and Practice Educators Need to Know. *Nursing Education Perspectives*, 39(4), 201–207.
<https://doi.org/10.1097/01.NEP.0000000000000336>

2 guides for developing critical thinking among preceptees (cheat sheets):

- Questions to guide the preceptor in using the CJM to promote the development of critical thinking among preceptees.
- Using the Ladder of Inference

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** Click [here](#) to access the preceptor module from the Organization of Nurse Leaders website (www.oonl.org).

Appendix E

Preceptor Development Module 2: Clinical Judgment Continued

Module Components:

- [Didactic module on YouTube](#)
- Viewing this didactic module will take just less than 10 minutes
- Case studies
- Articles

2 case studies (one a non-nursing and a nursing one) for preceptors to practice utilizing the CJM model.

- GI Case Study
- Veteran Teacher (non-nursing)

Articles

1 article about how to plan for structured reflection

- Baker, C.R., (1996). Reflective learning: a teaching strategy for critical thinking. *Journal of Nursing Education*, 35(1), 19–22.

2 articles about precepting

- Brook, J., Aitken, L. M., Webb, R., MacLaren, J., & Salmon, D. (2018). Characteristics of successful interventions to reduce turnover and increase retention of early career nurses: a systematic review. *International Journal of Nursing Studies*, 91, 47-59.
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<https://doi.org/10.1097/NNA.0000000000000278>

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** Click [here](#) to access the preceptor module from the Organization of Nurse Leaders website (www.oonl.org).

Appendix F

Preceptor Development Module 3: How to Give Constructive Feedback

Module components:

- [Didactic module on YouTube](#)
- Articles

2 Articles on Constructive Feedback

- Altmiller, G., et al. (2018). Constructive Feedback Teaching Strategy: A Multisite Study of Its Effectiveness. *Nursing Education Perspectives*, 39(5), 291–296.
<https://doi.org/10.1097/01.NEP.0000000000000385>
- Clark, C. M., & Fey, M. K. (2019). Fostering Civility in Learning Conversations: Introducing the PAAIL Communication Strategy. *Nurse Educator*, 45(3), 139–143.
<https://doi.org/10.1097/NNE.0000000000000731>

Practice using the Preview, Advocacy 1, Advocacy 2, Inquiry, Listen (PAAIL) strategies and language presented in the Clark & Fay (2019) article

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** Click [here](#) to access the preceptor module from the Organization of Nurse Leaders website (www.oonl.org).

Appendix G

Reflective Journaling Guide

Directions: Think about a clinical situation you encountered this past week and your nursing care/response to the situation. The situation can be a specific physiological patient problem, such as an elevation in temperature, respiratory difficulty, or electrolyte imbalance, an encounter with a patient's family, an ethical issue, or an interaction who had in your role as a team member. Use the guide for reflection as a way to tell the story of the situation you encountered. The guide provides you with a way of thinking about care that supports the development of your clinical judgment.

Introduction

- Describe a nursing situation you encountered this week

Background

- Describe your relationship to the patient at the time you noticed the situation.
- Consider experiences you have had that helped you provide nursing care in this situation. Describe your formal knowledge (e.g. physiology, psychology, communication skills,...), previous nursing experience with a similar problem, and/or personal experiences that helped guide you as you worked with the patient.
- Describe your beliefs about your role as the nurse in working on the situation.
- Describe any emotions you had about the situation.

Noticing

- What did you notice about the situation initially?
- Describe what you noticed as you spent more time with the patient and/or family.

Interpreting

- Describe what you thought about the situation (e.g. its cause, potential resolutions, patterns you noticed). Describe any similar situations you have encountered in practice before. Describe any similarities and differences you observed when compared with the current situation.
- What other information (e.g. assessment data, evidence) did you decide you needed as you considered the situation? How did you obtain this information? What help with problem solving did you get from your instructor, nurse, or other?
- Your conclusion: What did your observations and data interpretation lead you to believe? How did they support your response to the situation? Include pertinent pathophysiology and/or psychopathology.

Appendix G - Continued

Reflective Journaling Guide

Responding and Reflection-In-Action

- After considering the situation, what was your goal for the patient, family and/or staff? What was your nursing response, or what interventions did you do? List all actions that you took.
- Describe stresses you experienced as you responded to the patient or others involved in the situation.
- What happened? How did the patient, family, and/or staff respond? What did you do next?

Reflection-on-Action and Clinical Learning

- Describe three ways your nursing care skills expanded during this experience
- Name three things you might do differently if you encounter this kind of situation again. What additional knowledge, information, and skills do you need when encountering this kind of situation or a similar situation in the future?
- Describe any changes in your values or feelings as a result of this experience.

Exercise updated and based on: Nielsen, Stragnell, & Jester (2007).

Appendix H

Resources to Support Professional Role Development Among New Nurses

The following resources are provided to enable nurse educators swift access to credible information that will support the professional role development of new nurses. The resources provided are not intended to be exhaustive. In many cases websites are provided, and in other instances, article citations are listed to indicate papers that may be informative for nurse educators interested in supporting the transition of new nurses into practice.

- Benner's Role Development Stages (Novice, Advanced Beginner, Competent, Proficient, Expert, and Master) with Dr. Patricia Benner:
<https://www.educatingnurses.com/>
- Nursing Theory: Patricia Benner: <https://www.youtube.com/watch?v=keLXuGLdli4>
- Novice to Expert (fun): <https://www.youtube.com/watch?v=efuoDniRhOg&t=168s>
- The National Council of State Boards of Nursing's Transition to Practice Study Results <https://www.ncsbn.org/6889.htm>
- The National Council of State Boards of Nursing's Transition to Practice Study: Implications for Educators (two-page editorial)
https://www.ncsbn.org/Spector_JNE.pdf
- A Multisite Study on a New Graduate Registered Nurse Transition to Practice Program: Return on Investment <https://www.ncsbn.org/ROI.pdf>
- Transition to Practice Study: Hospital Setting Results
https://www.ncsbn.org/Spector_Transition_to_Practice_Study_in_Hospital_Settings.pdf
- Transition to Practice Study: Non-hospital Setting Results
https://www.ncsbn.org/TTP_Phase_II_Final.pdf
- Retention Characteristics https://www.ncsbn.org/Retention_Characteristics.pdf
- Preceptorship Benefits https://www.ncsbn.org/Blegan_JONA.pdf
- Transition to Practice- NCSBN Five Modules (NCBSN fee)
<https://www.ncsbn.org/transition-to-practice.htm>

Appendix H - Continued

Resources to Support Professional Role Development Among New Nurses

- Stephenson, J., & Cosme, S. (2018). Instruments to evaluate nurse residency programs: A review of the literature. *Journal for Nurses in Professional Development*, 34 (13), 123-132. (includes Casey Fink survey: Confidence, Competence, Employment Satisfaction)
- Toolkit for Implementing the Massachusetts Nurse of the Future Core Competencies in Academic and Practice Settings. Massachusetts Department of Higher Education (2016). <https://www.mass.edu/nahi/documents/Toolkit-First%20Edition-May%202014-r1.pdf>
- Agency for Healthcare Research and Quality (2020). TeamSTEPPS. <https://www.ahrq.gov/teamstepps/about-teamstepps/index.html>
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- Agency for Healthcare Research and Quality (2020). TeamSTEPPS Instructor pocket guide. <https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html>
- Clark, C. (2014). Conversations to inspire and promote a more civil work place. *American Nurse Today*, 10 (11), 18-23.
- Longo, J. (2017). Cognitive rehearsal. *American Nurse Today*, 12(8), 1-8.
- ANA Healthy Work Environment. (2020). Includes Violence, Incivility, Bullying, and Nurse Abuse <https://www.nursingworld.org/practice-policy/work-environment/>
- Interprofession Education Collaborative (IPEC). (2020). IPEC Core Competencies. <https://www.ipecollaborative.org/core-competencies.html>
- The Joint Commission. (2020). National Patient Safety Goals 2020 <https://www.jointcommission.org/standards/national-patient-safety-goals/hospital-2020-national-patient-safety-goals/>
- Chappell, K. & Richards, K. (2015). New graduate nurses, new graduate nurse transition programs, and clinical leadership skill: A systematic review. *Journal for Nurses in Professional Development*, 31 (3), 128-137

Appendix I

Resources to Clinical Skills Development Among New Nurses

Assessment Skills

- Head to Toe Physical Assessment <https://nurseslabs.com/ultimate-guide-to-head-to-toe-physical-assessment/>
- Breath Sounds <https://www.nursingcenter.com/ncblog/october-2016/breath-sounds-test-your-knowledge->
- Normal Lab Values Reference guide <https://nurseslabs.com/normal-lab-values-nclex-nursing/>
- Clinical Nursing Skills Learned in Nursing school with videos and Step-by-Step instructions <https://www.registerednurses.com/nursing-skills-clinical-nursing-skills-learned-in-nursing-school/>

Medications and Calculations

- 7 Medication Safety Tips New Nurses Must Know <https://nurseslabs.com/here-are-7-medication-safety-tips-new-nurses-must-know/>
- Basic Nursing Dosage Calculations #1 <https://www.bing.com/videos/search?q=Dosage+Calculations+for+Beginners&&view=detail&mid=C03EBCBF8A2433E9AEA9C03EBCBF8A2433E9AEA9&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3DDosage%2BCalculations%2Bfor%2BBeginners%26FORM%3DRESTAB>
- How to: Basic Medication Dosage Calculations <https://www.bing.com/videos/search?q=Dosage+Calculations+for+Beginners&ru=%2Fvideos%2Fsearch%3Fq%3dDosage%2bCalculations%2bfor%2bBeginners%26FORM%3dRESTAB&view=detail&mid=4D6416B90B1F49570E8F4D6416B90B1F49570E8F&rvsmid=C03EBCBF8A2433E9AEA9C03EBCBF8A2433E9AEA9&FORM=VDRVRV>

IV Therapy and Phlebotomy

- Prevention of Intravascular Catheter-Related infection <https://www.cdc.gov/infectioncontrol/guidelines/bsi/index.html>
- IV Insertion video https://www.youtube.com/watch?v=PtiHk_ljCUg&feature=emb_logo
- Best veins for IV insertion, Drawing Blood (Venipuncture Tips) in Nursing, Phlebotomy <https://www.youtube.com/watch?v=i53sj2r1hj0>

Appendix I - Continued

Resources to Clinical Skills Development Among New Nurses

Foley Catheter Insertion

- Catheter Associated Urinary Tract Infection <https://www.nursingworld.org/~4aede8/globalassets/practiceandpolicy/innovation--evidence/clinical-practice-material/cauti-prevention-tool/anacautipreventiontool-final-19dec2014.pdf>
- Female Catheter Insertion <https://www.youtube.com/watch?v=I10iJUNnq7k>
- Male Catheter Insertion <https://www.youtube.com/watch?v=A493yBJtiQ0>

Infection Control

- Infection Prevention & Control <https://www.nursingworld.org/practice-policy/work-environment/health-safety/infection-prevention/>
- CDC Hand Hygiene in Healthcare Settings <https://www.cdc.gov/handhygiene/>
- Understanding the chain of infection <https://www.nursingworld.org/~4af4cd/globalassets/practiceandpolicy/work-environment/health--safety/infectionpreventioncontrol-infographic.pdf>

Codes and Rapid Response

- 3 code-blue-tips-for-new-nurses-survive-first-code <https://nursing.com/blog/3-code-blue-tips-for-new-nurses-survive-first-code1/>
- What to do During a Code Show Notes (podcast) <https://www.freshrn.com/episode-003-code-show-notes/>
- Rapid Response Teams in Hospitals Increase Patient Safety <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2873718/>
- Mock Code simulation COVID-19 positive patient www.bing.com/videos/search?q=you+tube+mock+code+2020&docid=608045108327091373&mid=C99E1566B01CBDF04AF2C99E1566B01CBDF04AF2&view=detail&FORM=VIRE
- [Mock Code](https://www.youtube.com/watch?v=H26wEHMGHJY) <https://www.youtube.com/watch?v=H26wEHMGHJY>

Wound Care

- Wound Assessment https://journals.lww.com/nursing/Fulltext/2019/08000/Wound_assessment__A_step_by_step_process.16.aspx
- Wound Care 101 https://journals.lww.com/nursing/Fulltext/2019/10000/Wound_Care_101.10.aspx

Patient Safety

- Hospital: 2020 National Patient Safety Goals <https://www.jointcommission.org/standards/national-patient-safety-goals/hospital-2020-national-patient-safety-goals/>

Appendix J

COVID-19 Resources

COVID-19 Resources

- American Nurses Association (ANA) has a series of free webinars for all nurses. Each 60-minute webinar covers a different aspect of this crisis and provides up-to-date information that can be applied immediately caring for COVID-19 patients.
<https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/education/ana-covid-19-webinar-series/>
- CDC Coronavirus (COVID-19) <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- ANA, in consortium with other nursing professional organizations, also provides an excellent set of resources to support nurse mental health support and resilience during this pandemic- the *Well-Being Initiative* at <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/>

Appendix K

Cues for Addressing Disruptive Behavior

Often we need assistance addressing aggressive behavior. Using scripted responses, or cues can help. Addressing disruptive behavior by using cues can improve our communication and build healthier work environments. Below is a list of 10 disruptive behaviors and cues to guide responses.

Verbal Affronts (covert or overt snide remarks or lack of openness)

Cue: *The individuals I learn the most from are clear in their directions and feedback.*

Non-verbal Innuendo (raising of eyebrows, making faces)

Cues:

- *I see from your facial expression that you might want to speak with me one to one.*
- *Direct communication is better for patient safety. What else do you need to know?*

Withholding Information (related to one's practice or a client)

Cues:

- *It is my understanding there is more I need to know to practice safely.*
- *Is this everything I need to know?*

Sabotage (setting up a negative situation)

Cue: *There is more to this situation. Could we meet in private to explore what happened?*

Infighting (bickering between peers- Always avoid, walk away, and move to a neutral area)

Cue: *This is not the time or place. Please stop. We need to work as a team.*

Undermining Activities (turning away, not available to help)

Cue: *Help me understand how this may have happened? – It seems different than what I understood.*

Backstabbing (complaining about someone and not speaking directly to them)

Cue: *I feel uncomfortable talking about this situation without the person involved here to explain the facts. Have you spoken to ...?*

Broken Confidences (failure to maintain trust)

Cue: *That sounds like information that should remain confidential.*

Scapegoating (attributing all that goes wrong to one individual)

Cue: *I don't think we can blame just one person. Let's look at the system for problems.*

Failure to Respect Privacy/Gossiping (rumors)

Cue: *I am not comfortable discussing this without permission. Please do not repeat it. This conversation is not appropriate.*

(adapted from GWU School of Nursing, 2019, What to Say- Reflect and Use the Cue Card; originally developed by Griffin (2004).

Appendix L

Certificate Modules

New nurses are eligible to earn certificates through on-line educational modules. Two examples of such modules are listed below.

End of Life: ELNEC Undergraduate/New Graduate Curriculum

Online Curriculum Designed Specifically for Nursing Students. Meets competencies and recommendations of the AACN CARES Document (2016). Taught online; 6 one-hour modules
Cost: \$29.00 per student for 12 months of online access. Teaching Resources are available to faculty using the curriculum by contacting elnecc@coh.org. One faculty member from your school needs to be identified as the designated administrator who is responsible for the integrity of the curriculum.

ELNEC Undergraduate/New Graduate Module Titles and Objectives can be found here:

<https://elnecc.academy.reliaslearning.com/Data/Default/Images/ELNEC-Undergraduate-Module-Titles-and-Objectives.pdf>

[Learn about ELNEC- trailer: https://vimeo.com/189353629](https://vimeo.com/189353629)

Institute of Healthcare Improvement (IHI) Open School: Safety and Quality

The Open School's Basic Certificate in Quality and Safety comprises 13 essential courses (free), indicated with an asterisk(*). Track your progress toward this milestone using the "Certificates" tab.

At the end of every lesson, you complete a post-lesson assessment and 'pass' by scoring 75 percent or higher. Don't worry: You may continue to retake the lesson until you are satisfied with your score. Once you have completed all the lessons in a course, you will receive credit for the course upon submission of a short survey. More information can be found here:

[http://app.ihl.org/lmsspa/#/certificates/6cb1c614-884b-43ef-9abd-d90849f183d4?](http://app.ihl.org/lmsspa/#/certificates/6cb1c614-884b-43ef-9abd-d90849f183d4?utm_referrer=http:%2F%2Fwww.ihl.org%2Feducation%2FIHIOpenSchool%2FCourses%2FPages%2FOpenSchoolCertificates.aspx)

[utm_referrer=http:%2F%2Fwww.ihl.org%2Feducation%2FIHIOpenSchool%2FCourses%2FPages%2FOpenSchoolCertificates.aspx](http://app.ihl.org/lmsspa/#/certificates/6cb1c614-884b-43ef-9abd-d90849f183d4?utm_referrer=http:%2F%2Fwww.ihl.org%2Feducation%2FIHIOpenSchool%2FCourses%2FPages%2FOpenSchoolCertificates.aspx)

ONL | **Organization of Nurse Leaders**

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The Organization of Nurse Leaders - MA, RI, NH, CT, VT (ONL) is a not-for-profit, professional membership organization for current and aspiring nurse leaders. Its membership is comprised of more than 1,100 nurses from across five New England states. ONL's mission is to advance a culture of health through excellence in nursing and it works in full collaboration with all other local and national professional healthcare organizations to promote and optimize the nursing profession. More information on ONL can be found [here](#).



For more than 100 years the National League for Nursing (NLN) has been the premier organization for nurse faculty, schools of nursing, and leaders in nursing education. NLN advances the field of nursing education through professional development, research, student exam services, nurse educator certification, public policy, and networking. The Massachusetts/Rhode Island League for Nursing (MARILN) is the statewide affiliate of the NLN affiliate of the national NLS. More information can be found [here](#).

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