Developing a Transition to Practice Program to Enhance Neonatal Nurse Expertise

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PROBLEM
Research has shown there is an identified lack of neonatal nursing knowledge of new graduates as they enter a unit caring for a specialty population. Most novice neonatal intensive care (NICU) nurses have little to no nursing school or clinical experience to prepare them for the high stakes care of critically ill neonates. The nurse manager of a 63-bed Regional Neonatal Intensive Care Unit (RNICU) in the Southeastern United States was interviewed and expressed concern over the knowledge gap of new hire nurses, specifically those who were recent graduates, and their integration as safe, competent, and effective members of the healthcare team.

This problem was intensified by the fast-paced ICU environment, short orientation timeframe, and budget constraints.

PURPOSE
The purpose of this project was to implement a transition to practice program in the RNICU to increase nurse expertise, generate best practice, improve patient care, and develop well-rounded neonatal nurses in a timely manner.

METHODOLOGY
Dr. Patricia Benner’s stages of clinical competence, adapted from the Dreyfus Model of Skill Acquisition, guided the development and implementation of the neonatal transition to practice program. The transition to practice program in the RNICU aimed to develop a cohort of new graduate nurses in the novice stage and progress them through the advanced beginner stage to the clinically competent stage.

Nurses participated in a 10-week transition to practice program embedded within their 12-week orientation. Seven in-person classes and three online modules were integrated into the orientation precepting schedule. Classes presented content from general unit and orientation information to specific neonatal pathophysiology, skills, policies and procedures. New hires completed a pre- and post-survey in addition to a pre- and post-test using the Basic Knowledge Assessment Tool for the NICU, Version 5r (NICU-BKAT5r) to gauge neonatal knowledge baseline, knowledge acquisition, and competence.

RESULTS
Pre-test results from the NICU-BKAT5r showed new hire nurses scored an average of 62.8% in comparison to post-test results with an average of 67.1%. The Thompson Tau Technique was used to determine outliers in the data set and it was determined there was one outlier which was removed prior to completing the statistical analysis. A Wilcoxon Signed Rank test was used to analyze differences in the pre-test and post-test scores. At the .05 level of significance, there was a statistically significant improvement in post-test scores (p = .004).

Pre- and post-surveys, in addition to formative and summative evaluations of the program, were positive. Surveys evaluated participant response to the statement “do you feel prepared to practice as a RN in the NICU?” A Wilcoxon Signed Rank test was used to analyze differences in the pre-survey and post-survey scores. At the .05 level of significance, there was a statistically significant improvement in post-survey scores (p = .004).

Nurse participants stated, “the program was excellent,” that it “provided a combination of learning styles and activities that allowed me to gain adequate knowledge and skills for the NICU,” and was “essential to success.” Areas for improvement include adding more hands-on experience and simulation to classes and more time on night shift.

IMPLICATIONS FOR PRACTICE
New hire nurses, nursing staff, interdisciplinary team members, and unit leadership embraced the new program, especially its budget neutral approach. Both confidence and knowledge were gained as a result of program completion. Flexibility of the program will be tested as future cohorts are hired into the RNICU. The program has been presented to hospital professional development specialists for potential dissemination across the organization. Plans for an extended program with a mentoring component will be developed.

REFERENCES
References available upon request.

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