

**Sigma Theta Tau  
Convention  
November 2019  
Washington DC**

**Session Title:  
Workforce Planning and Development**

# **Nursing Senior Clinical Experiences and Practice Readiness**

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# Acknowledgements

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- ▶ Stanford Health Care –
  - Center for Education and Professional Development
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- ▶ Stanford Graduate School of Education
  - Annabel Wong and Mitchell Stevens
  - FLOW – Futures of Learning, Opportunities and Work
- ▶ **Stanford Nursing Alumnae/Friends of Nursing**
- ▶ San Jose State University School of Nursing
- ▶ Monica Mihailovic, BSN, MS, Research Assistant

# Objectives

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- ▶ **Describe history of the SHC/SJSU collaboration**
- ▶ **Clarify the ‘new grad’ journey using Benner’s Novice to Expert theory**
- ▶ **Identify three elements for effective Transition to Practice for senior nursing students**
- ▶ **Recognize appropriate methodology for examining practice readiness issues**
- ▶ **Determine areas for further study**

# Let's Begin!!

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- ▶ **Do you recall your experience, roadblocks and successes as a new grad?**
- ▶ **Do you have concerns about transition of new graduates into the practice setting?**
- ▶ **Are you interested in facilitating transition for new graduates?**

# Introduction and Project Development

## ▶ August 2017

- Collaborative effort **CEPD/SHC/SJSU/FLOW**
- **TVFSON at SJSU**
- **Hospital without a SON → SON without a hospital**



# Problem and/or Problem Statement

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- ▶ We are interested in how nursing students' senior clinical placements differ and the influence those placements have on their subsequent careers.
  - *Are clinical sites different in measurable ways?*
  - *How do placements influence practice readiness?*
  - *Does the FACC program result in higher clinical reasoning scores on selected measures?*
  - How do placements compare related to career outcomes 1 year after graduation?

# Research Question

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In a population of **senior nursing students** from a specific SON, does the **variation in preceptee reported experiences and learning influence confidence\* and practice readiness\*?**





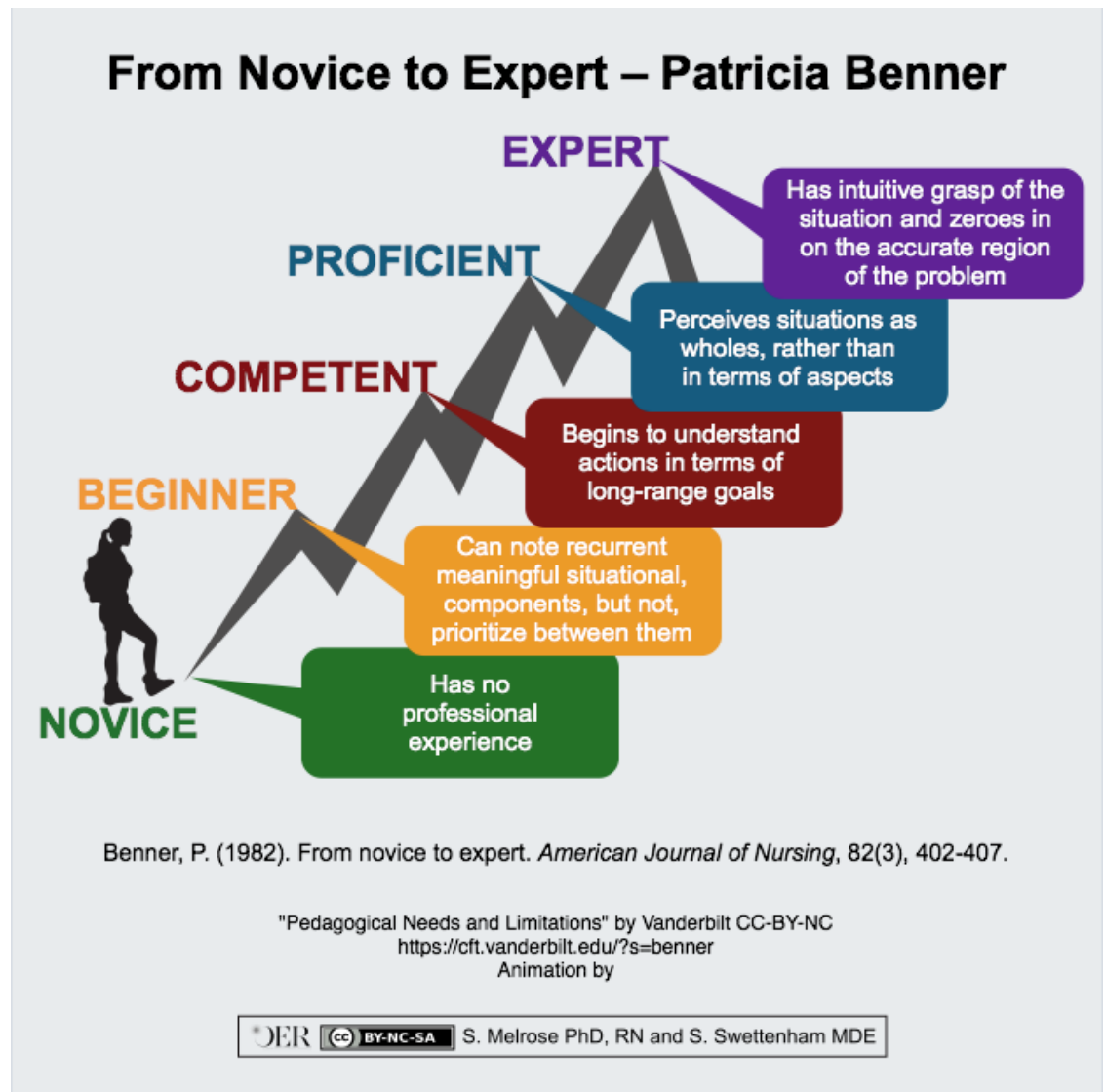
# Project Purpose

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- **To determine variation in student reported experiences and learning during their required 160-hour senior nursing preceptorship, and whether this influences confidence<sup>1</sup> and practice readiness<sup>2</sup> in a cohort of SJSU senior nursing students.**
  - **<sup>1</sup> As self reported and assessed by the pre- and post-confidence test and the Casey-Fink tool.**
  - **<sup>2</sup> Practice readiness = late advanced beginner/early competent acquisition skill stage (Benner).**

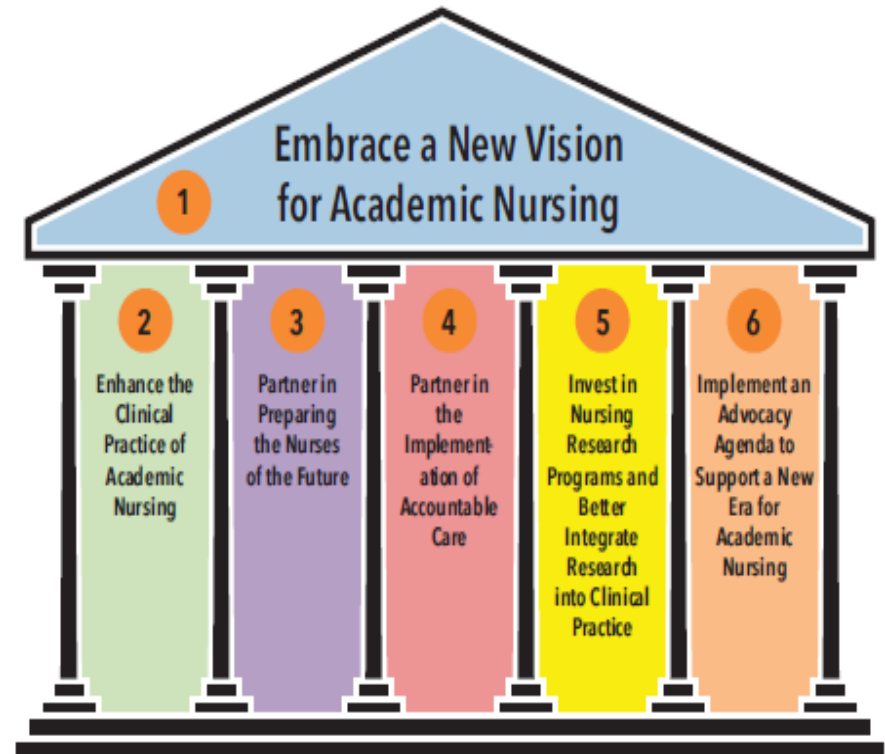
# Theoretical Framework: Benner's Novice to Expert

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert



# Review of the Literature

- ▶ **Manatt Report 2016**
- ▶ **Massachusetts Nurse of the Future 2016**
- ▶ **Nurse Educator 2017**
- ▶ **A Crisis in Competency 2017**
- ▶ **Stanford Flow 2017**



American Association of Colleges of Nursing, March 2016

# Group Selection

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- ▶ Considered 3 participating groups (n=10 for each group)
  - Group 1: Clinical at SHC; attended portion of onboarding educational series, FACC, at SHC (didactic and case studies)
  - Group 2: Clinical not at SHC; participated in case study review (portion of FACC)
  - Group 3: Clinical not at SHC; no didactic or case study review

# Study Design

- ▶ **Mixed Methods → Qualitative design with Quantitative measurement components via independent and paired sample t-tests**
- ▶ **IRB approval received**
- ▶ **Groups 1, 2, 3 selected based on predetermined criteria**

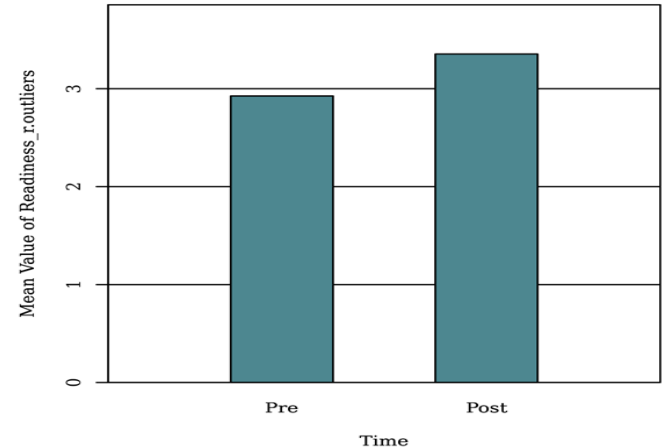
		Group 1	Group 2	Group 3	Group 4
1					
2	<b>Definition</b>	Stanford	Non-Stanford FACC	Non-Stanford non-FACC	"Control"
3	<b># Students</b>	10	10	10	30
4	<b>FACC Case Studies</b>	Yes	Yes	No	
5	<b>FACC NPLET assessment</b>	Yes			
6	<b>ECG Class</b>	Yes			
7	<b>Casey Fink Pre- Confidence Test (January)</b>	Yes	Yes	Yes	Yes
8	<b>Casey-Fink Post-Confidence Test (May)</b>	Yes	Yes	Yes	Yes
9	<b>HESI 1 and 2</b>	Yes	Yes	Yes	Yes
10	<b>Interview</b>	Yes	Yes	Yes	
11	<b>Focus Group</b>	Yes	Yes	Yes	

# Study Design - continued

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2	<b>Definition</b>	Stanford	Non-Stanford FACC	Non-Stanford non-FACC	"Control"
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# Results

- **NO significant statistical difference between the groups.**
- Small sample size
- Narrative information very valuable
- Evolutionary improvement in confidence over the semester
- Clinical significance suggests larger change



Combination	M	SD	n
Group 1 : Pre	2.77	0.19	9
Group 2 : Pre	2.90	0.25	12
Group 3 : Pre	2.80	0.18	5
Group 4 : Pre	3.00	0.32	31
Group 1 : Post	3.33	0.33	6
Group 2 : Post	3.47	0.34	8
Group 3 : Post	3.20	0.32	5
Group 4 : Post	3.35	0.37	11

# Results

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- ▶ **What could your school have done to help you feel more prepared to enter the nursing profession?**
- ▶ More simulations and case studies during class time.
- ▶ I think finding nurses that truly want to teach and aren't annoyed by students.
- ▶ I think the best learning activities I was a part of was case studies through Stanford using the clinical reasoning cycle. We came up with differential dx and then used our nursing judgement and assessment to "call the Dr" and give an SBAR.
- ▶ I participated in taking a full assignment of 3 high-acuity infants in the intermediate care nursery at LPCHS. I think the best learning activity for me was giving report to MDs and NPs during rounds.
- ▶ CPR during a medical alert. It really helped me work under pressure, in a team environment/ unit, cope with death, and taught me how to focus on one task at a time.
- ▶ Having individual sit-downs with clinical instructors in which they told me what I needed to do in order to grow.



# Results

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- ▶ **What could your school have done to help you feel more prepared to enter the nursing profession?**
- ▶ Being able to take the care of up to 4 patients was my goal this semester and I felt ready to do it and on one occasion did do that. Those patients were all relatively stable and so it was easy for me to be the primary nurse for them all. Had they been unstable or needed more it would have been a different story. But that is how it will be some days will be ok and others will be hell, one of the joys I get to look forward to.
- ▶ Maybe incorporate the critical thinking process rather than the concept maps (those did not help at all because they were so disorganized and had no flow or structure).
- ▶ I found open skills very helpful in building confidence before arriving at my clinical preceptorship. I also felt my preceptor facilitated the best learning style by building up patient load. Going into it like this made me feel very prepared.
- ▶ My senior preceptorship. Being 1 on 1 with a nurse for 20 shifts was incredibly helpful.
- ▶ No opportunity to do specific skills on specific unit; Not within student nurse scope of practice at clinical site.
- ▶ Clinical simulation was the best learning experience beside true hands on clinical experience.

# Effective Transition to Practice

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## ▶ What we found...Preliminary Results

- Educational and emotional support is **CRUCIAL** in preparing students for their first professional nursing position.
- Confidence (in skills and knowledge) and practice readiness is enhanced by built-in supports during the precepting experience.
- A **VITAL** piece of the experience is the preceptee's relationship with their preceptor, and to some extent, being 'accepted' on the Unit.

# Future Study Considerations

– Integrate Caring Science



Watson Caring  
Science Institute

– Incorporate Clinical Reasoning Cycle



– Examine Organizational Culture



# What's Next?

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- Continued assessments to obtain greater numbers
  - In process each semester
- Use of alternate methods of preparation for preceptorship – VR, Simulation, etc.
- Apprentice model for preceptorship placements
- Enhanced agreements with agencies to prescreen and orient students to preceptorship with goal to hire – ‘win-win’ for academic and practice sites

# Discussion and Conclusion

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- ▶ Schools of Nursing need to adopt various practices to enhance practice readiness
  - More Unfolding Case Studies in class and in simulation.
- ▶ Agency/Hospital need to socialize the student and welcome them to the team
  - Provide constructive feedback throughout student time at agency/hospital.
  - Role model professional behavior.

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