

## **45th Biennial Convention (16-20 November 2019)**

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

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The demand for nurses is poised to grow significantly in the coming decade, due in part to the anticipated care requirements of an aging population and the retirement of large cohorts of working nurses. Nursing schools hoping to address the need are squeezed by supply and demand pressures: they face critical rates of faculty vacancy and reject many capable applicants as a result (AACN, 2017). Although entrance into nursing school is competitive, recent survey data from HealthImpact (2018) suggests that 40% of new registered nurses leave the profession within the first two years for a variety of reasons including career steps, graduate school, incivility, lack of meaning in work. The nature of their next engagement, whether nurses leave the field entirely or leave one nursing job for another, is yet to be explored. Nursing educators and hiring officials need to determine why this is happening and what can be done to stem the problem and improve retention and stability of nursing staff, with the ultimate goal of improved patient outcomes. The Institute of Medicine Future of Nursing report (2010) and HealthImpact's Nursing Education Plan White Paper (2008) have recommended transition-to-practice programs to support the development of new nurses. Fink and Krugman (2008) identify five elements of transition to practice difficulties, and offer suggestions for ameliorating these difficulties. The five elements are: role changes, lack of confidence, workload, fears, and orientation issues.

Senior nursing student clinical rotations (preceptorships) involve a one-to-one relationships between a nursing student and a practicing RN. This is a prominent part of the professional development of nursing students as they prepare to transition to practice. These placements allow students to practice in settings similar to where they may ultimately work; one intent of these experiences is to improve practice readiness. To date however there has been limited research on variation in student experiences across different clinical experiences and in knowledge or practice outcomes from time spent in different settings.

In a review of 16 studies related to senior nursing student clinical experiences, Udulis (2008) found that while preceptorships support adaptive learning competencies in nursing students and prepare students for professional nursing in some ways, improved professional development or critical care skills was not found. Myrick (2002) found that preceptorships can enable the development of critical thinking in students, provided staff acceptance of the student and strong modelling of behaviors by the preceptor is present. Benner (2009) found in the Carnegie Study, a lack of practice readiness because graduates are not being taught how to use knowledge in actual classroom and practice situations. They note that one school (University of Pennsylvania) situates the teaching of science in actual clinical practice situations. Further, Benner states that "effective use of knowledge in clinical situations is essential for practice-readiness of nursing graduates." Casey, Fink et al (2011) examined factors influencing senior nursing students'

perceptions of readiness for practice and determine level of comfort independently performing various skills, and developed the Casey-Fink Readiness for Practice Survey. Management of care presented the biggest area of confidence needs, this includes elements like delegation of tasks, handling a multiple patient assignment, calling the physician, responding to a change in patient condition, and treating a dying patient. Finally, these authors hypothesize a mismatch in perceptions of readiness for practice and what newly graduated nurses actually state.

Our senior nursing students complete a 160 hour clinical preceptorship as the final clinical rotation in the BSN program. Students are placed in a variety of hospitals and agencies in the community. A local tertiary, university teaching hospital accepts 10 students each semester for their preceptorship. Since fall 2017, our students have been invited to participate in the FACC (Foundations of Acute & Critical Care) curriculum (as students), alongside nurse resident new graduates. The FACC curriculum was designed by the staff of the Center for Education and Professional Development (CEPD) to help minimize the gap for new graduate nursing practice readiness. The curriculum includes four 8-hour didactic sessions and four 8-hour case study days. During case study days there are 2-4 'Lab and Learn' sessions designed to enhance student knowledge in various clinical areas using the Clinical Reasoning Cycle. We hypothesize that students attending FACC (Intervention) are equipped with enhanced critical thinking abilities and are better prepared for practice upon graduation. Any systematic study must recognize individual variation in students and attempt to control for that variation in the assessment of program outcomes. Our own investigation is designed with this priority in mind.

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**Title:**

Nursing Senior Clinical Experiences and Practice Readiness

**Keywords:**

Confidence, Practice Readiness and Senior preceptorship

**References:**

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### **Abstract Summary:**

Students were invited to participate alongside nurse resident new graduates in a specific curriculum, designed to help minimize the gap for new graduate practice readiness. Variations in reported experiences and learning during this course and their 160-hour senior preceptorship were examined, including whether these experiences influence confidence and practice readiness.

### **Content Outline:**

#### I. Introduction

A. Senior nursing student clinical rotations (preceptorships)

B. Academic-Practice knowledge gap

1. Select students participate in FACC (Foundations of Acute & Critical Care) curriculum (as students), alongside nurse resident new graduates. FACC curriculum was designed by the staff of the Center for Education and Professional Development (CEPD) to help minimize the gap for new graduate nursing practice readiness. Curriculum includes four 8-hour didactic sessions and four 8-hour case study days. During case study days there are 2-4 'Lab and Learn' sessions designed to enhance student knowledge in various clinical areas using the Clinical Reasoning Cycle.

2. Hypothesis: Students attending FACC (Intervention) are equipped with enhanced critical thinking abilities and are better prepared for practice upon graduation.

C. Practice Readiness

1. Benner's Carnegie Study (2009) found lack of practice readiness because graduates are not being taught how to use knowledge in actual classroom and practice situations.

2. Casey, Fink et al (2011) examined factors influencing senior nursing students' perceptions of readiness for practice and determine level of comfort independently performing various skills.

The authors developed an instrument, the Casey-Fink Readiness for Practice Survey.

3. Fink and Krugman (2008) identify five elements of transition to practice difficulties, and offer suggestions for ameliorating these difficulties.

4. Other background including

a. Literature identifying practice readiness gap, influence of clinical experience

b. Lack of study regarding influential aspects of clinical experience (i.e. how do experiences differ and how does that affect practice readiness)

c. Student perception of structured programs within clinical experience

II. Methods

A. Research Question:

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

***\* As self-reported and as assessed by the pre- and post- confidence test and Casey-Fink tool***

***\* Practice readiness = late advanced beginner/early competent acquisition skill stage***

B. Population

1. Entire cohort of 60 students undergo HESI as part of the standard curriculum, pre- and post-confidence tests, Casey-Fink survey.
2. Subset of 30 students:
  - a. Group 1 10 students at SHC receiving FACC didactic and FACC case studies and 4 hour ECG (Electrocardiogram) class
  - b. Group 2 10 elsewhere receiving FACC case studies (matched GPA etc., adult med-surg settings)
  - c. Group 3 10 elsewhere with no FACC components (matched GPA etc., any in-patient setting)
3. ALL students in Groups 1, 2, 3 will participate in Intake and Concluding interviews, and a Focus Group Interview at the end of the semester. Students will be asked to participate in these activities via Consent, as they are not part of the standard curriculum.

4. IRB submitted and consents obtained prior to data collection

C. Data collection methods

1. Intake Interview
2. Concluding Interview
3. Focus Group
4. Confidence Test (Casey-Fink)
5. HESI Part 1 (Exit Exam), done as part of curriculum/requirement
6. HESI Part 2 (CAT simulated NCLEX)
7. The NPLET (Nursing Process Learning Evaluation Tool) will be used for Groups 1 and 2 (FACC group and Case Study only group) for evaluation of students' clinical reasoning abilities.

D. Data analysis methods (describe the specific quantitative or qualitative analyses to be performed, if applicable).

1. All interview and focus group data will be transcribed and analyzed for common themes. Quantitative analysis methods will include independent and paired sample t-tests for HESI, pre and post self-assessment surveys, and Casey-Fink assessment.

E. Limitations

1. Geographic limitations
2. Small, localized sample

F. Conclusion

1. Post-graduation- students will complete the National Council Licensure Examination (NCLEX). For students who agree to opt-in to the post-graduation portion of the study, self-reported NCLEX scores will be monitored as part of the practice-readiness outcome along with a survey one year post-graduation to investigate job satisfaction, attrition levels, and other career-related metrics.

2. Broader implications for practice readiness and confidence

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