

---

# Transition to Practice

Susan Gross Forneris PhD, RN, CNE, CHSE-A  
Deputy Director, Center for Innovation in Simulation and Technology  
Molly Kellgren, MSN, RN, CNE, CHSE  
Manager, Accelerating to Practice

National League for Nursing  
Washington, DC



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

---

# Conflict of Interest Disclosure

*Conflicts of Interest and Disclosures: This study/project was supported in part by a grant to the National League for Nursing (NLN) from Laerdal Medical and Wolters-Kluwer Health*

*The authors/presenters are employees of the NLN Washington, DC*



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

---

# Objectives

1. Identify issues specific to transition to practice.
2. Define measurable objectives for success.
3. Discuss simulation pedagogy strategies to address novice nurse competencies.



# Background: Errors



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



**National League  
for Nursing**

# Preceptor perspective



- New grads struggle with
- Interpretation of assessment data
  - Decision making based on the nursing process
  - Recognition of changes in patient status
  - Conducting appropriate follow up
  - Taking initiative
  - Medication administration



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

# Novice nurse perspective



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

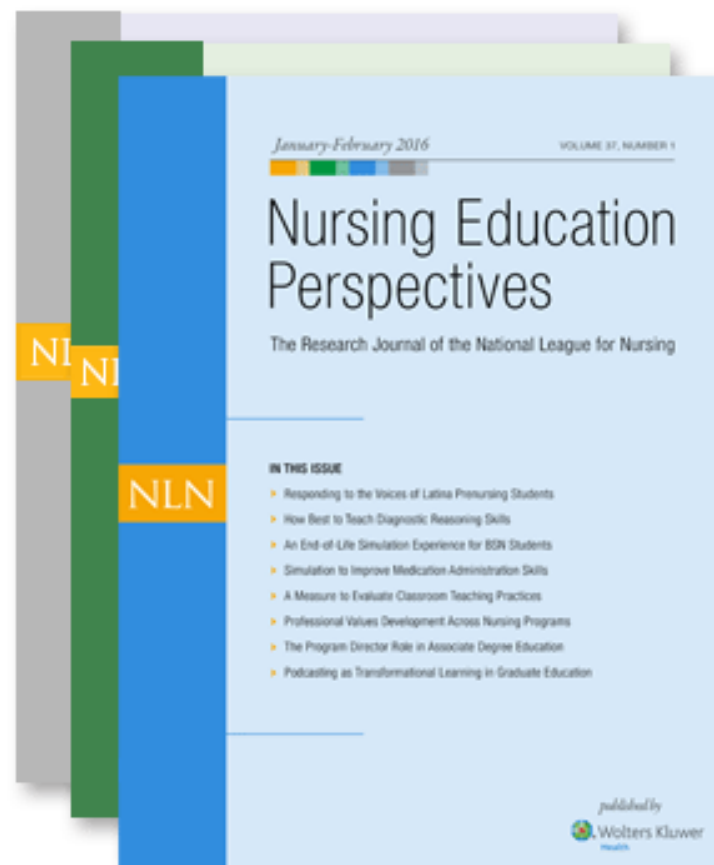
NLN

National League  
for Nursing

Creating Healthy Work Environments - March 2017

# Perspective from Literature

- Clinical Knowledge
- Clinical Reasoning
- Communication
- Management of Responsibilities
- Professionalism



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

# Role Transition



- Reality Shock
- Transition Shock



---

# Transition to Practice

## Novice Nurse Development



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

---

# Accelerating to Practice

Competencies and Measures further refined:

1. Clinical Knowledge
2. Clinical Reasoning
3. Communication
4. Professionalism
5. Management of Responsibility



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

---

# Accelerating to Practice

How would you measure them?



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

---

# Accelerating to Practice

## Clinical Reasoning:

- ❑ Recognition of Need for Assistance
- ❑ Recognizing and Responding to Changes in Patient Status
- ❑ Patient Safety
- ❑ Decision Making Based on Interpretation of Patient Data
- ❑ Ability to Anticipate Risk

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



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

---

# Creating Simulation Experiences for New Graduate Transition

- **Brief Summary – Vernon Watkins**

Mr. Watkins is a 69-year-old male who presented to the Emergency Department 4 days ago with complaints of nausea, vomiting, and severe abdominal pain. He was admitted for a bowel perforation and underwent a left hemicolectomy. He is reluctant to use the incentive spirometer, and does not like to ambulate. Abdominal pain has been controlled with morphine. He has refused to ambulate this morning because of fatigue and a sore left leg.

NLN

National League  
for Nursing

Creating Healthy Work Environments - March 2017

---

# Creating Simulation Experiences for New Graduate Transition: Clinical Reasoning

Competency	Demonstration
<b>Decision making based on Interpretation of patient data</b>	<ul style="list-style-type: none"><li>• Restrict ambulation due to leg pain possibly being the result of a DVT</li><li>• Evaluating shortness of breath thoroughly</li></ul>
<b>Recognition of when to ask for assistance</b>	<ul style="list-style-type: none"><li>• Contact the provider when leg pain and shortness of breath were reported by patient</li></ul>
<b>Patient Safety</b>	<ul style="list-style-type: none"><li>• Intervenes to stop PT from ambulating with Mr. Watkins.</li><li>• Ensures patient identification prior to medication administration</li><li>• Ensures medication is administered per facility standards</li></ul>

---

# Accelerating to Practice

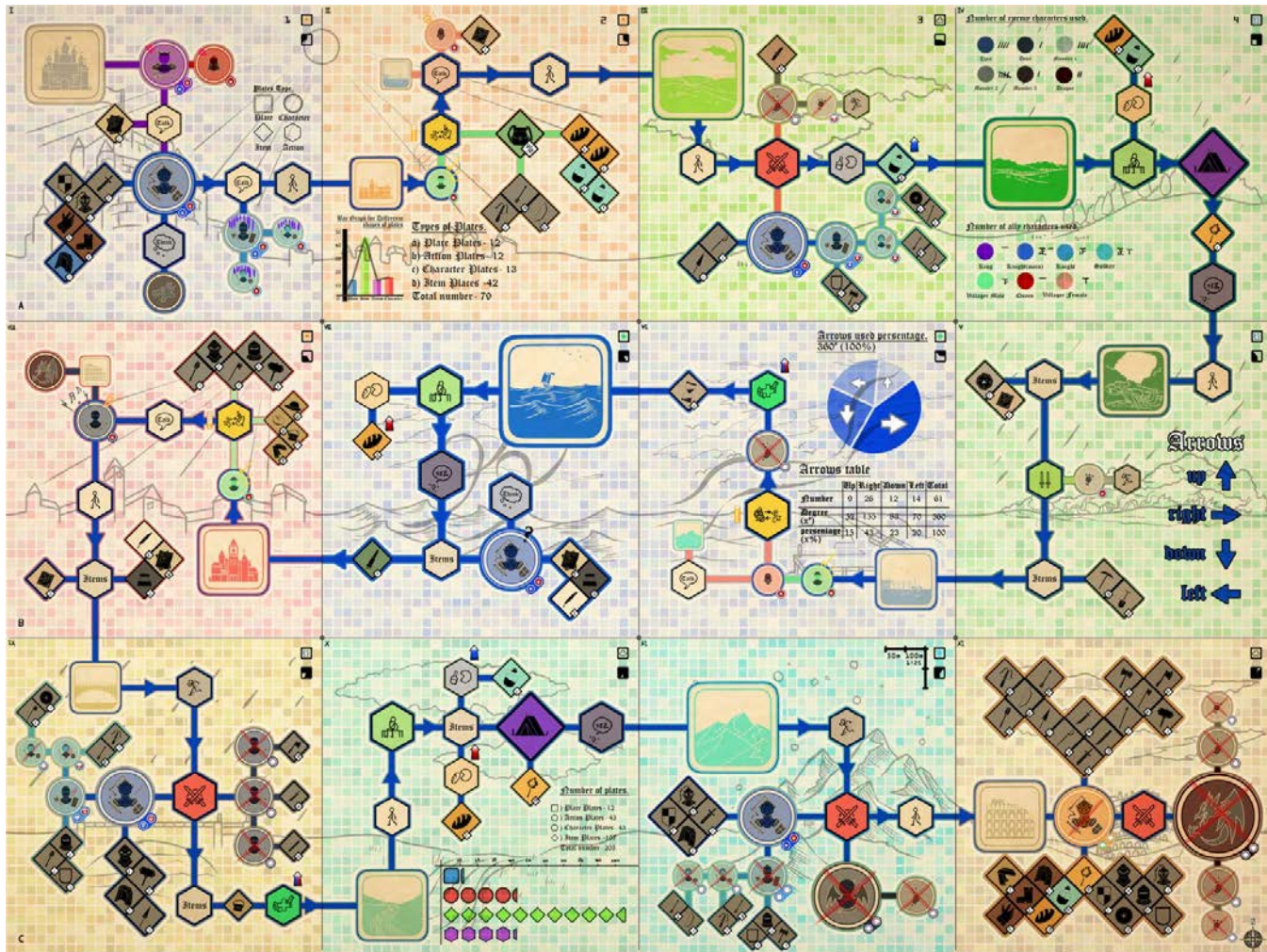
## Preceptor Development



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

# Thinking like a nurse



Sihyung Seong-  
telling a story in  
a unique way



National League  
for Nursing

<http://cargocollective.com/sihyung>

Creating Healthy Work Environments - March 2017







**National League  
for Nursing**

<https://gabriellapasserelloj.wordpress.com/2014/01/30/sihyung-seong-telling-a-story-in-a-stylised-way/>

Creating Healthy Work Environments - March 2017

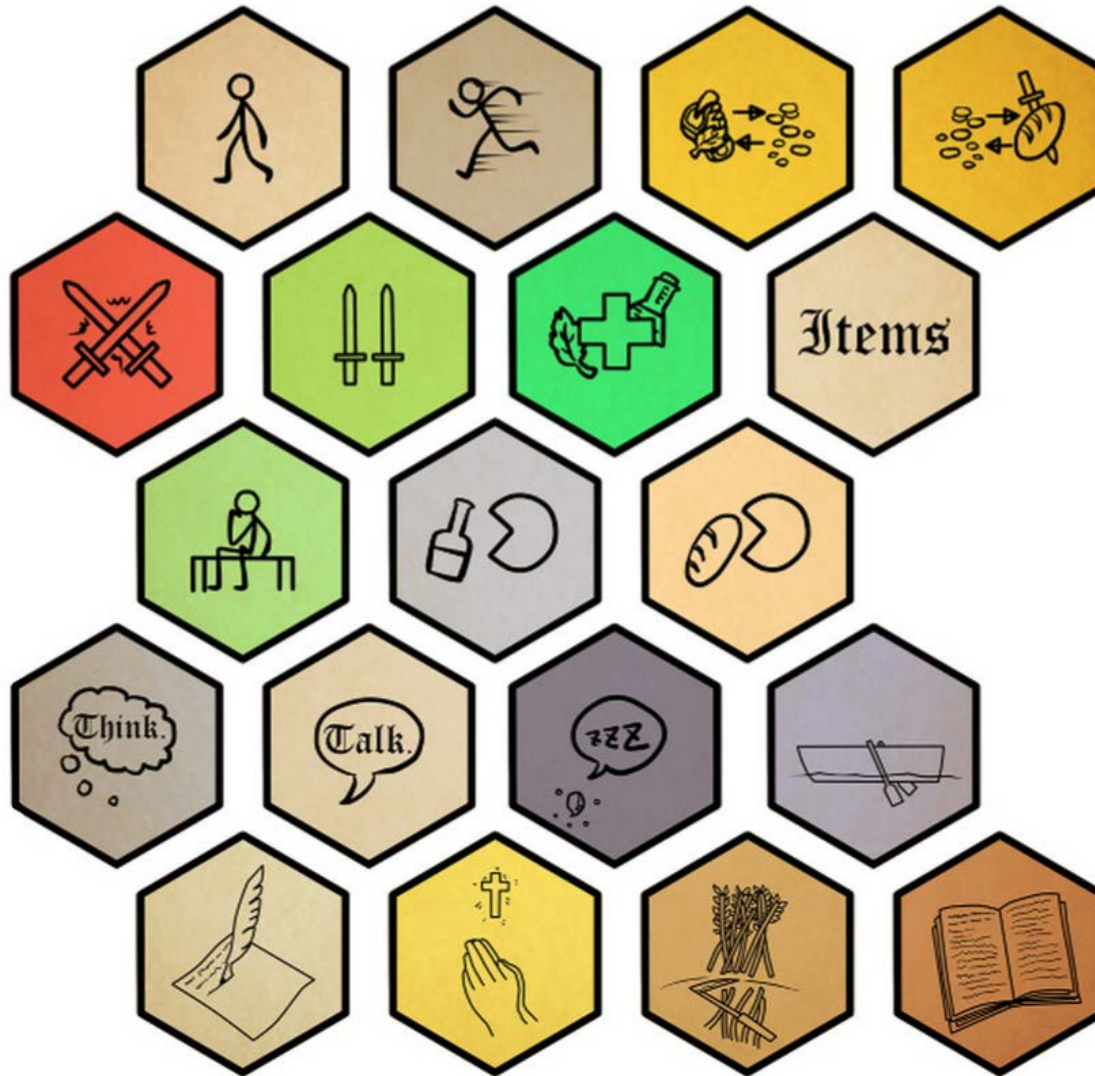


<https://gabriellapasserelloj.wordpress.com/2014/01/30/sihyung-seong-telling-a-story-in-a-stylised-way/>



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017



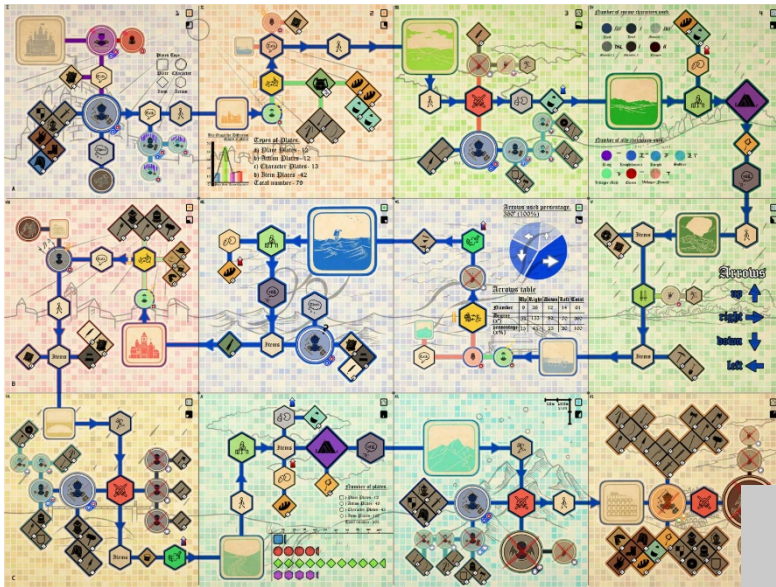
<https://gabriellapasserelloj.wordpress.com/2014/01/30/sihyung-seong-telling-a-story-in-a-stylised-way/>



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017





*“The narrative is clear and simple here: a knight’s quest to slay fiends and return to his home.”* [Sihyng Seong](#)



<https://gabriellapasserellocj.wordpress.com/2014/01/30/sihyung-seong-telling-a-story-in-a-stylised-way/>



**National League  
for Nursing**

Creating Healthy Work Environments - March 2017

...a structure for conversation

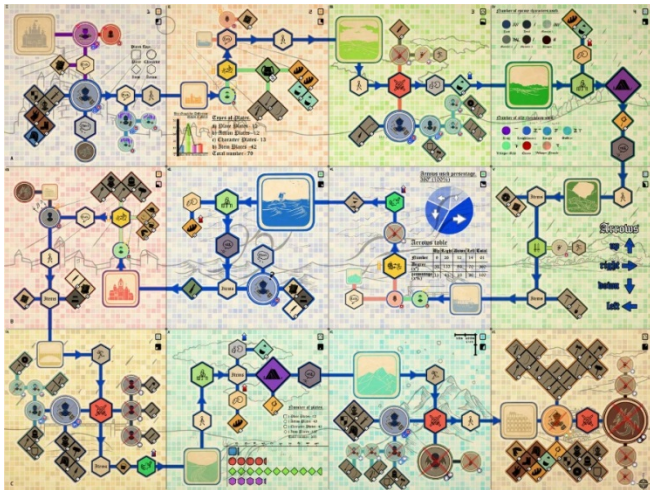
## CRITICAL CONVERSATIONS: THE NLN GUIDE FOR TEACHING THINKING

Guided Questions for the Learner	Directions for the Guide
<p><b>Context</b></p> <ul style="list-style-type: none"> <li>› How did caring for this patient/family make you feel?</li> <li>› Who is this patient?</li> <li>› What are your main concerns?</li> </ul>	<p><b>Identify Patient's Story</b></p> <ul style="list-style-type: none"> <li>› Uncover the thinking and emotions.</li> <li>› Describe the patient care story.</li> <li>› Determine if all important aspects of the situation have been identified.</li> </ul>
<p><b>Content</b></p> <ul style="list-style-type: none"> <li>› I saw...</li> <li>› I think...</li> <li>› I wonder...</li> <li>› Describe what you were thinking about during your experience.</li> <li>› What sources of knowledge influenced/should have influenced your thinking?</li> <li>› How have past experiences helped you to make sense out of the current situation?</li> </ul>	<p><b>Understand and Guide Thinking</b></p> <ul style="list-style-type: none"> <li>› Use concrete objective data to clarify perspective.</li> <li>› Discuss your impressions of their thinking.</li> <li>› Provide your perspective based on past experience.</li> <li>› Relay strategies that have worked in the past.</li> <li>› Understand the knowledge guiding their thinking.</li> </ul>
<p><b>Course</b></p> <ul style="list-style-type: none"> <li>› Set immediate course: So based on...what are your next steps going forward?</li> <li>› Set long term course: How would the care differ if you... (compare and contrast care situations (e.g. patient age change, setting change, etc.)</li> </ul> <p>What will you do differently moving forward?</p>	<p><b>Integrate into Practice</b></p> <ul style="list-style-type: none"> <li>› Discuss how this experience might influence thinking and practice going forward.</li> <li>› Discuss the aspects of this situation that affected learning and will help them to remember this experience.</li> </ul>



**National League  
for Nursing**

# Transition to Practice



**National League  
for Nursing**

Transition to Practice – SUN, Atlantic City, May 2016



# References

- Cheng, A., Eppich, W., Grant, V., Sherbino, J., Zendejas, B., & Cook, D.A. (2014). Debriefing for technology-enhanced simulation: a systematic review and meta-analysis. *Medical Education*, 48: 657-666.
- Darling, Parry, & Moore (2005). Learning in the Thick of It. *Harvard Business Review*. July.
- Dreifuerst, K. T. (2009). The essentials of debriefing in simulation learning: A concept analysis. *Nursing Education Perspectives*, 30(2), 109-114.
- Dreifuerst, K. T. (2012). Using debriefing for meaningful learning to foster development of clinical reasoning in simulation. *Journal of Nursing Education*, 51(6), 326-333.
- Edmundson, A. (2002). Managing the risk of learning: Psychological safety in work teams. *International Handbook of Organizational Teamwork*. London: Blackwell.
- Fanning, R. M., & Gaba, D. M. (2007). The role of debriefing in simulation-based learning. *Simulation in Healthcare: The Journal of the Society for Medical Simulation*, 2(2), 115-125.
- Forneris, S.G. and Fey, M. (2016). Critical conversations: The NLN guide to teaching thinking. *Nursing Education Perspectives*, 37(5), 248-249
- Forneris, S. G., & Peden-McAlpine C. (2006) Contextual learning: A reflective learning intervention for nursing education. *International Journal of Nursing Education Scholarship* 3(1, article 17), 1–18.
- Forneris, S. (2004). Exploring the attributes of critical thinking: A conceptual basis. *International Journal of Nursing Education Scholarship*, 1(1), Article 9.
- Kolb, D. (1984). *Experiential learning: Experience as the source of learning and development* (1st ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Rudolph, JW, Simon, R. Rivard, P., Dufresne, R. & Raemer, D. (2007). Debriefing with Good Judgment: Combining Rigorous Feedback with Genuine Inquiry. *Anesthesiology Clinics*, 25, 361-376.
- Senge, P.M., Kleiner, A., Roberts, C., Ross, R.B., and Smith B.J. (1994). The ladder of Inference. From *The Fifth Discipline*.

NLN

National League  
for Nursing