

ANPD 2016 Poster Winners

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Hours

The poster session at the 2016 Association for Nursing Professional Development (ANPD) convention in Pittsburgh, PA, featured examples of innovative nursing professional development (NPD) practices. There is much to learn from our colleagues via professional poster displays. In this special feature, four winning posters and their corresponding abstracts are highlighted, including the recipient of the new Participants' Choice Award. We acknowledge all who participated in this year's poster session and congratulate these winners.

First Place: Gina Kirk, MSN, RN-BC, Nurse Manager, Bryn Mawr Hospital, Bryn Mawr, PA, and Jennifer Cummins Muner, MSN, RN-BC, CEN, Lead Clinical Nurse Educator and Clinical Nurse Educator Emergency Department, Riddle Hospital, Media, PA

"Tackling Tiers to Ensure Successful New Graduate Nurse Role Transition"

Clinical orientation for new graduate nurses in an acute care hospital is a critical time. Anecdotal feedback from key stakeholders indicated that new graduate nurses may not be fully prepared to transition into the role of the professional nurse. There was no formal process to guide the preceptor in determining priority areas of focus, or when and how to proceed through orientation. Upon reviewing the literature, there is a small sample of articles related to improving retention rates through a tiered orientation approach; however, no literature was found to support that a tiered orientation program can facilitate the new graduate nurses' competence attainment, job satisfaction, or development of clinical judgment. A tiered orientation approach to clinical orientation was proposed, and this quality improvement project was approved by the organization's institutional review board. A pilot was implemented to compare the existing clinical orientation process to a tiered orientation program. The tiered program included four specific competencies that the new nurse would need to fully complete prior to moving to the next tier. The goal of the tiered orientation was not to increase the length of orientation but to allow for flexibility to move through orientation at an individual pace, a consistent approach on how to advance through orientation and to help foster clinical judgment. The Lasater Clinical Judgment Rubric was used with permission to evaluate orientees' clinical judgment. A program

evaluation was used to evaluate preceptor and new nurse satisfaction with the tiered clinical orientation. The findings included that a tiered orientation versus our traditional approach resulted in clinical judgment being fostered earlier in the orientation process; a more structured guide for orientation, allowing nurses to progress at their own individual pace; and nurse residents focusing on basic nursing competencies before advancing, allowing for more confidence in patient care management (Figure 1).

Second Place: Beth M. Kilmoyer, DNP, MS, RN-BC, Nursing Informatics Manager, and Monica A. Nelson, MSN, RN-BC, Professional Development Specialist at Mercy Medical Center, Baltimore, MD

"Exemplifying the Value of NPD Through Demonstrated Outcomes"

In today's changing healthcare environment, all products and services must provide value, including the NPD department. The department must align with strategic initiatives of the organization, nursing division, and clinical unit while keeping current with the external influences on nursing practice.

In an urban community hospital, the nursing strategic plan is based on its professional practice model, which is the foundation for all nursing practices and services within the organization. This poster features the process used by the NPD department to enhance this alignment. Completing a cross-walk and assigning tactics of the strategic plan to members of the NPD team resulted in alignment of departmental services and met the needs of the nursing division. Individual members of the NPD department were assigned tactics based on their interests, talents, and expertise. In the NPD department, a systematic and evaluative method was created, demonstrating return on investment through the meeting of strategic goals.

A Dashboard of Success was created to prioritize and evaluate strategic goals. Changes to educational initiatives showed an improvement in clinical staff satisfaction. In addition, programs were created demonstrating improvements in the healthcare experience for patients and families. The NPD department is constantly seeking new and innovative methods to inspire a positive change, influence organizational culture, and demonstrate value to the organization (Figure 2).



Tackling Tiers To Ensure Successful New Graduate Nurse Role Transition

Gina Kirk MSN, RN-BC and Jennifer Muner MSN, RN-BC, CEN
Main Line Health System, Bryn Mawr, PA



Purpose

- Compare the difference between current clinical orientation for nurse residents versus utilizing a tiered approach to assess clinical judgment and preceptor/mentor satisfaction with clinical orientation.

Background

- Clinical orientation for a new graduate nurse in an acute care hospital is a critical time.
- Traditionally, nurse residents are assigned a preceptor and given a specific orientation checklist to orient on their clinical unit utilizing a lengthy orientation checklist.
- Anecdotal feedback from key stakeholders revealed that new graduate nurses may not be fully prepared to transition into the role of the professional nurse and may not have the necessary knowledge and skills to succeed in the preceptor on areas of focus or on when/how to proceed through orientation.
- Upon reviewing the literature, there is a small sample of articles that speak to the importance of clinical judgment and the role of the preceptor in the orientation process.
- Literature exists to support that a tiered orientation program can help with new graduate nurse competence, job satisfaction and clinical judgment.

Methods

- A tiered orientation approach to clinical orientation was developed and approved by the Institutional Review Board.
- A pilot was implemented to compare current clinical orientation processes versus a tiered orientation program on a medical/surgical and telemetry unit at each of the four hospitals in our health system.
- The program includes four tiers of specific competencies that the new nurse needed to fully complete prior to moving to the next tier.

- Tier 1: Required Classroom Orientation
- Tier 2: Basic Nursing Competencies
- Tier 3: Specialty Specific Competencies
- Tier 4: Advanced Specialty Competencies

- The goal of the tiered orientation was not to increase the length of orientation, but to allow for flexibility to move through orientation at an individual pace, and to foster clinical judgment.
- The Lasater Clinical Judgment Rubric (LCJR) was used with permission of the author to evaluate clinical judgment. This tool was used on both pilot and non pilot units to assess clinical judgment as a component of the orientation process.
- Tanner's model describes four aspects of clinical judgment: noticing, interpreting, responding and reflecting. Residents are scored in each aspect as they begin, develop, accomplish or complete.
- Preceptors and clinical nurse educators were used to evaluate preceptor, clinical nurse educators and new nurse satisfaction with the tiered clinical orientation.

Results

Qualitative:
The time points reflected in the graphs below show progression through orientation as measured in approximate two week increments.

Noticing-Pilot versus Non Pilot Units

	E	1	2	3	4
Pilot					
E - Extension					
A - Accomplished	0.00%	52.00%	62.20%	68.80%	80.00%
D - Developing	100%	48.00%	37.80%	31.20%	20.00%
Non Pilot					
E - Extension					
A - Accomplished	0.00%	0.00%	5.70%	23.80%	13.00%
D - Developing	100%	100%	94.30%	76.20%	87.00%

Responding-Pilot versus Non Pilot Units

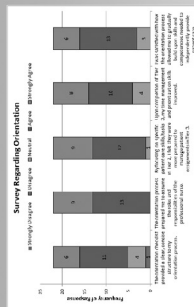
	E	1	2	3	4
Pilot					
E - Extension					
A - Accomplished	0.00%	54.50%	64.40%	68.30%	76.50%
D - Developing	100%	45.50%	35.60%	31.70%	23.50%
Non Pilot					
E - Extension					
A - Accomplished	0.00%	0.00%	9.40%	23.80%	20.00%
D - Developing	100%	100%	90.60%	76.20%	80.00%

- Interpreting results showed statistically significant difference in time point 1 in pilot group.
- Reflecting results showed statistically significant difference in time point 1 and time point 2 in pilot group.
- The main difference between the pilot and non pilot units occur at time points 1 and 2 which is when residents were completing tier 2 (basic nursing competencies).
- The data revealed statistically significant differences in all four aspects of clinical judgment between the pilot and non pilot units.
- Utilizing a tiered orientation approach, a tiered orientation can foster clinical judgment early on in the orientation process.

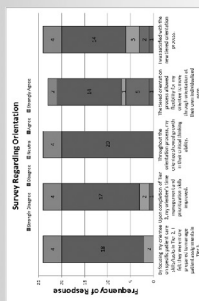
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Qualitative:
Orientation Survey results:



Preceptor Survey results:



- A focus group of clinical nurse educators responsible for the pilot units was conducted to assess their overall satisfaction of the tiered orientation process.
- Feedback received included:
 - Initially the preceptors needed support and reinforcement of the tiered process as this was a new process for them, but once they "got the hang of it," it worked really well.
 - Tier 2 allowed the residents to learn the flow of the unit and equipment use at their own pace, which was helpful for the residents.
 - Ability for the residents to set their own pace during the orientation process.
 - Residents were more confident and secure in making decisions.
 - Non pilot units were not able to implement the tiered orientation process, the increased socialization aspect was an unintended but positive outcome.
 - "The resident had their skills down pat. They were able to critically think in tier 3."

Conclusion

- Tiered orientation allowed clinical judgment to be fostered earlier in the orientation process versus our traditional approach.
- Tiered orientation allowed for a more structured guide to orientation allowing for a more consistent experience for all residents.
- Nurse Residents were able to focus on basic nursing competencies before advancing allowing for more confidence in patient care management.

Discussion

- Additional education to preceptors was identified as a need both in the preceptor survey and focus groups, specifically on utilizing the tiered checklist.
- While the LCJR was used an evaluation method of clinical judgment, it was found to be time consuming to complete.
- Development of a hand off tool for preceptors to communicate progress from preceptor to preceptor.

Nursing Implications

- This quality improvement project was conducted over a four month time frame with 27 nurse residents.
- Further research should be conducted with more nurse residents over a larger time frame to see if the tiered orientation can be utilized with experienced nurses during orientation.

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Acknowledgments

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We would also like to acknowledge and thank the Clinical Nurse Educators who assisted with the design and creation of the pilot program.

FIGURE 1 Tackling Tiers to Ensure Successful New Graduate Nurse Role Transition.

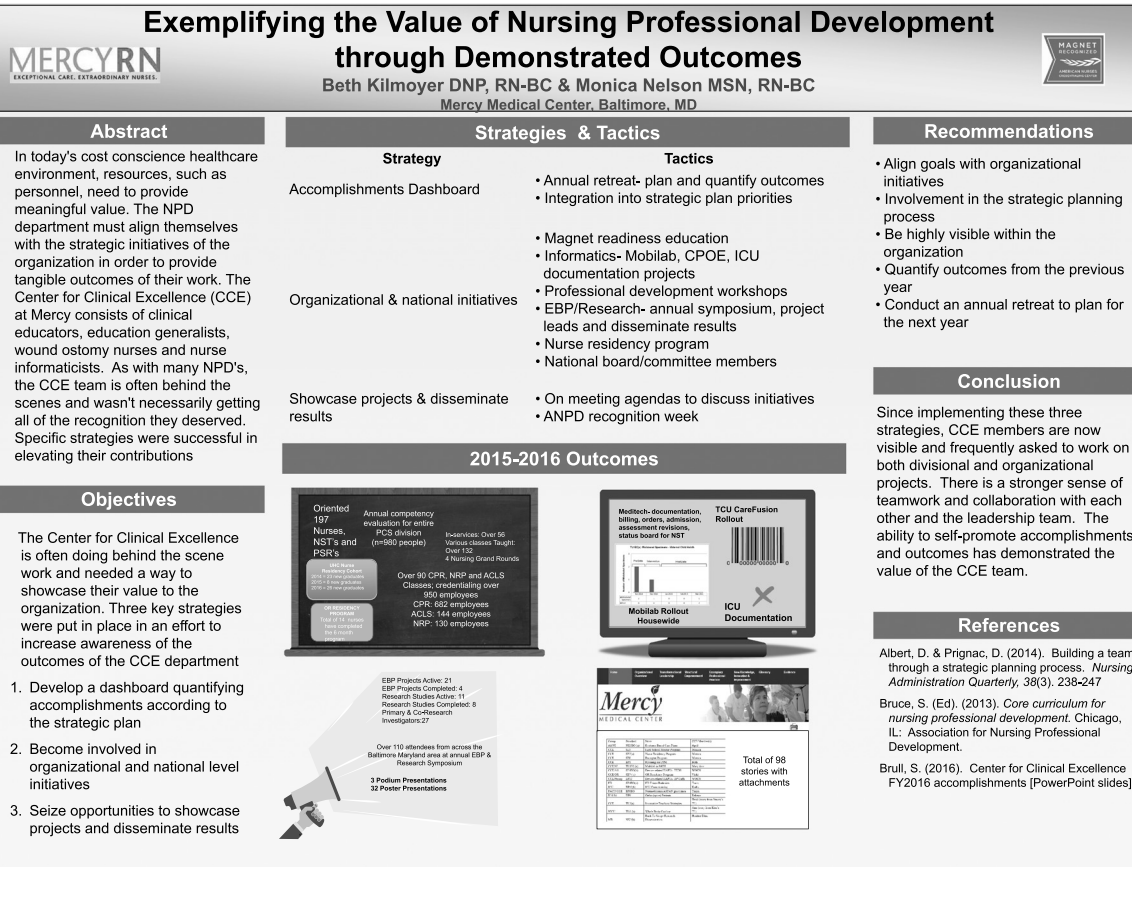


FIGURE 2 Exemplifying the Value of NPD Through Demonstrated Outcomes.

Third Place: Lisa M. Langdale, MSN, RN-BC, Director, Clinical Excellence Education, Medical University of South Carolina, Charleston, SC

“Make the Leap: From the Nursing Professional Development Scope and Standards of Practice to a Position Description”

NPD leadership is accountable to ensure that position descriptions of NPD staff accurately reflect the comprehensive role of the NPD specialist as outlined in the 2010 Nursing Staff Development and American Nurses Association's *Nursing Professional Development: Scope and Standards of Practice*. A position description written from a task-oriented perspective does not reflect the depth of knowledge, expertise, and skill required for the NPD specialist in today's dynamic healthcare environment. NPD leadership must accurately articulate the extensive scope of responsibilities that encompass the NPD specialist role in addition to the traditional “educator” scope. In addition, it is the responsibility of NPD leadership to set an expectation for the minimum education and certification requirements for an NPD specialist

role. These minimum requirements should be reflected in the position description as a starting point for recruitment. This poster featured the NPD specialist position description as a tool for NPD leadership to design succession planning within the organization. The position description outlined the full scope of the role, and specific knowledge and skill sets required of a NPD specialist. It provides the framework for nursing staff to plan to progress into a NPD specialist role (Figure 3).

Participants' Choice: Sarah Woolwine, MSN, RN-BC, PCCN, Nurse Educator, KentuckyOne Health-Jewish Hospital, Louisville, KY

“But No One Ever Told Me That! Using Gamification to Promote Learning, Retention, and Inquiry”

NPD practitioners facilitate nurses' learning of essential knowledge and skills with the goal of safe and effective care for patients. A challenge NPD practitioners face is how to make educational content memorable and meaningful. Gamification is one method to do so. Gamification

Make the Leap: From the Nursing Professional Development Scope and Standards of Practice to a Position Description

Lisa M. Langdale, MSN, RN-BC
MUSC Health Charleston, South Carolina

ABSTRACT

Nursing Professional Development (NPD) leadership must ensure that the position description (PD) of their staff accurately reflect the comprehensive role of the NPD Specialist as outlined in the Nursing Professional Development Scope and Standards of Practice. NPD leadership must be able to accurately articulate the extensive scope of responsibilities that encompass the NPD Specialist role in addition to the traditional "educator" role.

A PD written from a task oriented perspective does not reflect the depth of knowledge, expertise, and skill set that is required for the NPD Specialist in today's dynamic healthcare environment. It is the responsibility of the NPD leader to set an expectation for the minimum education and certification requirements for an NPD Specialist role. These minimum requirements should be reflected in the PD as a starting point for recruitment of talent and succession planning within an organization.

BACKGROUND

In 2013, MUSC Health changed the organization's NPD model from a blended (centralized and decentralized) model to a fully centralized structure. The decentralized Unit Educator role was changed to a NPD Specialist role. The candidate pool for the NPD Specialist role was limited to current Unit Educators. Unit Educator staff were split 60/40 between BSN and Masters preparation (Figure 1.).

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PROCESS

The NPD Specialist PD reflects changes to the minimum job requirements to align with the NPD Scope and Standards.

Unit Educator

➢ BSN, Masters degree preferred

NPD Specialist

➢ BSN, Masters degree in nursing or related field completed or in progress

➢ NPD certification when eligible

Figures 1. and 2. provide examples of the difference in job responsibilities between the Unit Educator and NPD Specialist and are summarized in Table 1.

Figure 1. Unit Educator

Unit Educator	NPD Specialist
<ul style="list-style-type: none"> • Direct and coordinate "on-site" education on opportunities • Deliver and coordinate "on-site" education on opportunities • Limited expertise in learning theory, methods, technology and evidence • Participate in unit leadership • Be the expert in specialty content • "Spray and Pray" 	<ul style="list-style-type: none"> • Directing and autonomous • Educate on concepts, evidence and critical thinking • Mentor and role model • Develop curricula and access to educational opportunities • Develop expertise as an educator using learning theory, technology and evidence • Empower leadership • Empower the bedside nurse to be the expert voice • Measure quality not quantity of what is learned

Figure 2. NPD Specialist

Unit Educator	NPD Specialist
<ul style="list-style-type: none"> • Educate on concepts, evidence and critical thinking • Mentor and role model • Develop curricula and access to educational opportunities • Develop expertise as an educator using learning theory, technology and evidence • Empower leadership • Empower the bedside nurse to be the expert voice • Measure quality not quantity of what is learned 	<ul style="list-style-type: none"> • Directing and autonomous • Educate on concepts, evidence and critical thinking • Mentor and role model • Develop curricula and access to educational opportunities • Develop expertise as an educator using learning theory, technology and evidence • Empower leadership • Empower the bedside nurse to be the expert voice • Measure quality not quantity of what is learned

Table 1.

Unit Educator	NPD Specialist
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The MUSC Health Clinical Excellence Education Department



Figure 3. Education Preparation

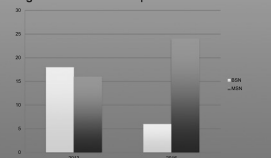
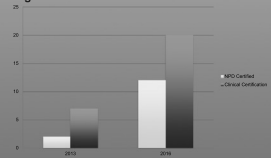


Figure 4. NPDF Certifications



CHALLENGES

Several challenges have been identified with the transition to a NPD Specialist role:

- Acceptance of the new role by the current NPD Specialist staff, clinical nurse manager partners, physicians and nurse leaders
- Ability to manage the "push/pull" dynamics between unit needs and consultative requests at a service line or organizational level
- Vacancies in certain clinical areas, especially adult and pediatric critical care and perioperative areas, were challenging to match desired education background with clinical expertise

SUMMARY

Since implementation of the role in January 2014, transition into the NPD Specialist role occurred through attrition, education, and certification support. The number of BSN prepared staff has decreased by 66% (Figure 3.). NPD and clinical specialty certifications have also increased among the NPD Specialists (Figure 4.). NPD staff not eligible for NPD certification are encouraged to obtain a clinical specialty certification.

REFERENCES

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FIGURE 3 Make the Leap: From the Nursing Professional Development Scope and Standards of Practice to a Position Description.

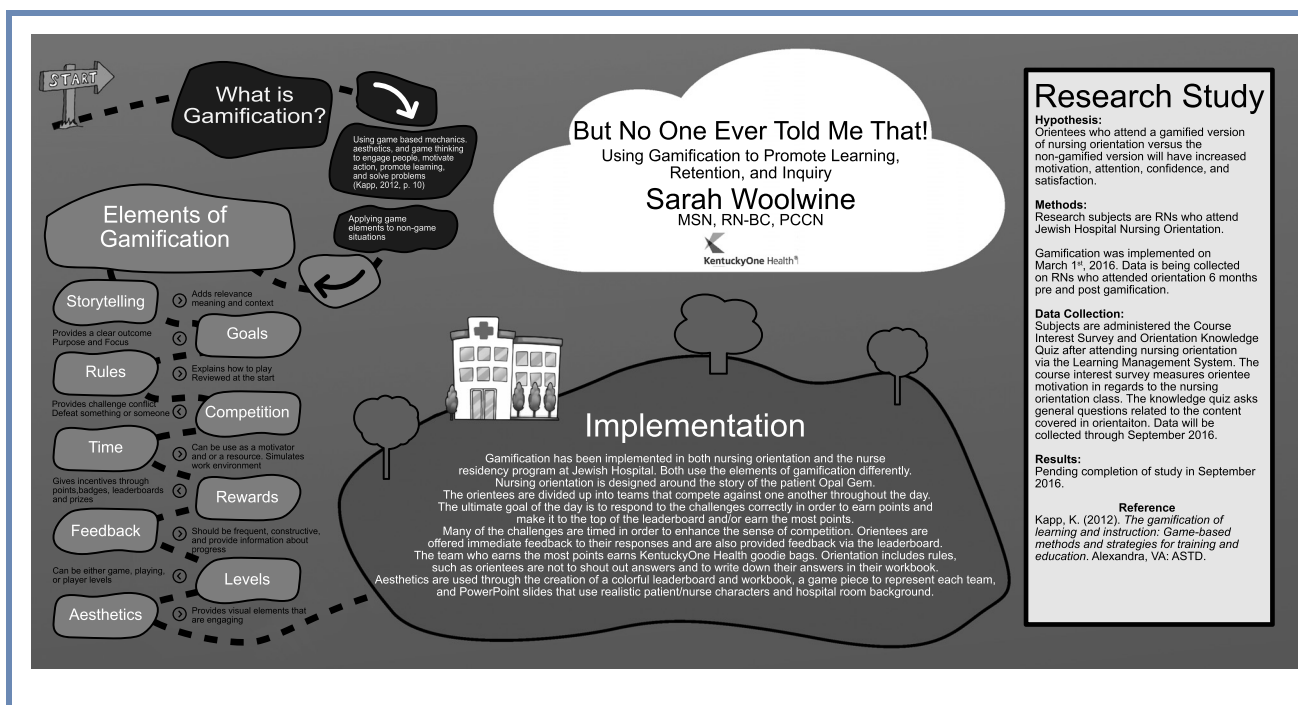


FIGURE 4 But No One Ever Told Me That! Using Gamification to Promote Learning, Retention, and Inquiry.

is not a new concept and is not appropriate for every learning situation. It is not simply adding a game to the learning experience: It is the *effective* use of game elements. This poster featured examples of game elements including rules, storytelling, feedback, aesthetics, competition, levels, and rewards (Kapp, 2012). When these elements are applied in a learning situation, the learning experience can be enhanced and students are more likely to retain and use the information. This poster provided examples of

how gamification techniques have been implemented in NPD practice (Figure 4).

References

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