Integration Into Practice

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Integration into practice

Description

In early transition to practice, the socialization of the professional nurse entails establishing meaningful team relationships through effective communication, stress management, cultural competence, ethical decision-making and identifying/utilizing resources. This content focuses on the early transition into nursing practice--the first months of practice.
## Objectives

- Apply theoretical concepts for guiding the transition from new nurse into the RN role
- Strategize ways to socialize new nurses for the RN role
- Analyze strategies and practice for managing stress
- Evaluate communication skills with team members
- Examine methods to enhance cultural competence
- Develop ethical decision-making skills
- Explore ways to utilize resources
Pre-test

1. According to Benner’s Novice to Expert theory, what level of expertise does the nurse demonstrate when transitioning into the new RN role?
   a) Novice
   b) Advanced beginner
   c) Competent
   d) Proficient
   e) Expert

B: Advanced beginner
Pre-test

2. List two ways to minimize the impact of reality shock when socializing new graduates in the RN role

3. List two outcomes that will likely occur when implementing a successful residency program

4. What is the first step in developing cultural competence?

2. Implement successful residency programs
   Implement Dedicated Education Units
   Bridge the gap from academic to practice settings (provide real experiences)

3. Improved nurse retention
   Improved quality of care and safety

4. Self-assessment
Pre-test

5. Adequate cultural competence greatly affects what areas of nursing care?

6. Does moral courage relate to one’s physical strength?

7. What resources are available, when one is faced with an ethical dilemma?

5. Communication and assessment

6. No. Moral courage relates to one’s ability to stand up for what is right, even when no one else does.

7. Organization specific: Discuss available resources for nurses
Theoretical underpinnings

- Novice
- Advanced beginner
- Competent
- Proficient
- Expert

...experience is not the mere passage of time or longevity; it is the refinement of pre-conceived notions...

(Benner, 1982)
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<th>Thinking like a nurse....</th>
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<td>...the beginning nurse must reason things through analytically; he or she must learn how to recognize a situation in which a particular aspect of theoretical knowledge applies and begin to develop a practical knowledge that allows refinement, extensions and adjustment of textbook knowledge</td>
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Like Halfner, Kramer (2011) claimed that academic settings need to prepare students for the reality of the new nurse work environment. Students need to learn from the natural work environment.

Demand of nurses: Students’ lack opportunity to learning the reality of practice in their nursing programs. Learning occurs best when students share tasks and interact in the natural environment. (Residency programs and Dedicated Education Units help!).

New nurse role transition improves when new nurse learns to examine misaligned perceptions of professional-practice environment; thereby, learn to teamwork in improving nurse work environments.

Healthy work environments affect environmental reality shock and positive perceptions of quality of care.

Nursing students have high expectations of their clinical work environment in supporting them to provide quality patient care.

New graduate nurses working on units with experienced nurses in a known positive environment reported less environmental reality shock and perceptions of providing higher quality of care (Kramer, Brewer, & Maguire, 2011). Excellent clinical units should be a top priority: Patient comes first, administrative support, support for education and improving skills, sufficient staff who are competent.
Utilize strategies for socializing the role of the RN

Halfer’s assertion—transition sessions build
- Competency development and role transition
- Bridge the gap from academic to organization settings

Promote
- Success in the organization
- Confidence
- Retention

“A Magnetic Strategy for New Graduate Nurses”: The goal of Children’s Memorial Hospital in Chicago was to minimize “disruptive turnover” and promote health care team satisfaction, high morale, and greater productivity (p. 11).

The curriculum was 80 hours of class content including a Professional Transitioning Session that provided content about: A safe confidential environment where new nurses could share concerns and talk about mistakes, share their feelings with other new interns. The interns developed close relationships. These were 90 minutes sessions that included topics of one’s own feelings and beliefs and keeping them out of the patient/family decision-making process, reducing anxiety such as using art therapy to encourage expression of feelings.
Instead of creating nurse orientation that focuses on learning specific skills, an internship is designed to transition and bridge the gap from academic to service settings and prepare new nurses to use critical thinking skills based on Benner’s Novice to Expert, Kramer’s Reality Shock, and Knowles Adult Learning Theories.

Code debriefing: Used post event when a new nurse may experience strong emotional or physical reactions (specifically after a Code Blue situation). The experienced nurses encouraged the new nurses to vent their feelings and discuss their experiences. Stress-management strategies were used to assist the new nurses.
Evaluate personal effectiveness when communicating with co-workers, preceptors, supervisors and members of the interprofessional team.

Skillful communication promotes effective coaching, coordinating, evaluation, counseling, and supervision that leads to a positive and supportive work environment.
Each individual must accurately assess their thoughts, beliefs, and interactions with other cultures. An accurate self-assessment will promote safer, more effective care for each transcultural patient.

The AACN has described culturally competent baccalaureates as having the following characteristics:

- awareness of personal culture, values, beliefs, attitudes, and behaviors
- skill in assessing and communicating with individuals from other cultures
- assessment of cross-cultural variations

Cultural development does not occur immediately, rather it is a gradual process.
Better Understanding of the Essence of the Code Provisions by examining and reviewing each provision.

"Stand up for what is right even if you stand alone." Anonymous

Courage to be moral requires:

- Obligations to honor (What is the right thing to do?)
- Danger management (What do I need to handle my fear?)
- Expression and action (What action do I need to take to maintain my integrity?)
Explore ways to utilize resources—analyze

- Fiscal goals
- Productivity
- Necessary resources providing best practice

Enhance RN role for improving patient safety and quality of care
Moral courage--CODE

Courage to be moral requires
Obligations to honor--what is the right thing to do?
Danger management--what do I need to handle my fear?
Expression and action--what action do I need to take to maintain my integrity?

(Lachman, 2010)
Moral courage case studies

- Author Vicki D. Lachman, PhD, APRN, MBE


- Case studies, with responses to questions, posted in full at http://www.ic4n.org/residency-content/
Moral Courage with a Dying Patient

Mr. T. is an 82-year-old widower who has been a patient on your unit several times over the past 5 years. His CHF, COPD, and diabetes have taken a toll on his body. He now needs oxygen 24 hours a day and still has dyspnea and tachycardia at rest. On admission, his ejection fraction is less than 20%, EKG shows a QRS interval of greater than 0.13 seconds, and his functional class is IV on NYHA assessment. He has remained symptomatic despite maximum medical management with a vasodilator and diuretics. He tells you, “This is my last trip; I am glad I have made peace with my family and God. Nurse, I am ready to die.” (continued on next slide)

You ask about an advance directive and he tells you his son knows that he wants no heroics, but they just have never gotten around to filling out the form.

When the son arrives, you suggest that he speak with the social worker to complete the advance directive and he agrees reluctantly. You page the physician to discuss DNR status with the son. Unfortunately, Mr. T. experiences cardiac arrest before the discussion occurs and you watch helplessly as members of the Code Blue Team perform resuscitation. Mr. T. is now on a ventilator and the son has dissolved into tears with cries of, “Do not let him die!”

What is the action the nurse needs to take?

Moral Courage with a Family Disruption

Tom has been a clinical nurse on the unit for 3 years and tonight is charge nurse for a fully occupied 30-bed unit. Even though two staff members called in sick, the supervisor was able to pull a RN and a nurse’s aide from another unit. In shift report, Tom had heard again in detail about the Host family. This family has been problematic for the last week and the staff has complained constantly about their continuous, frequent requests, rudeness and unwillingness to leave the room when the patient in the other bed requests privacy.

The 79-year-old patient in the Host family has COPD and mild dementia, and currently is hospitalized because of diagnosis of cerebrovascular accident (CVA). (continued on next slide)

The CVA has left her with partial paralysis of the left side and inability to speak.

The family expects the nurses to do everything for the patient, even though the patient is able and willing to do a number of basic care functions.

The crisis occurs when the son comes to the nurses’ station, screaming at the unit secretary about the staff’s incompetence and demanding to see the nursing supervisor. The charge nurse is in the nurses station and is able to address the hostile situation.

What actions should the charge nurse take?

Moral Courage to Confront Bullying

Melissa started on the unit as a new graduate 5 weeks ago. She is still in orientation and has a good relationship with her preceptor. The preceptor has been assigned consistently to Melissa for most of the last 4 weeks, but due to family emergency has not been available in the last week.

Melissa has been told that she will be precepted by a different nurse for the remainder of her orientation. The new preceptor has not been welcoming, supportive or focused on the educational goals of the orientation. In fact, this new preceptor has voiced to all who will listen her feelings about the incompetence of new BSN graduates. (continued on next slide)

The crisis occurs when Melissa fails to recognize a patient’s confusion as a result of an adverse medication effect. The preceptor berates Melissa in the nurses’ station, makes sarcastic comments in shift report about “inability of university-educated nurses to recognize the basics,” and informs the nurse manager “that new graduates are a danger to patients.”

Melissa tells you that she thinks she should resign and that maybe her previous preceptor was too easy on her. You know her preceptor is an excellent clinician and experienced teacher.

What is your advice to Melissa?

Post-test

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3) Improved nurse retention
   Improved quality of care and safety

4) Self-assessment
5. Communication and assessment

6. No. Moral courage relates to one’s ability to stand up for what is right, even when no one else does.

7. Organization specific: Discuss available resources for nurses
Integration into Practice pre & post-test answers

1. Advanced Beginner
2. Implement successful residency programs, implement Dedicated Education Units, bridge the gap from academic to practice settings (provide real experiences)
3. Improved nurse retention, improved quality of care and safety
4. Self-assessment
5. Communication and assessment
6. No, it relates to the ability to stand up for what is right, even when no one else does
7. Organization specific: discuss available resources for nurses
References


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