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Clinical Focus Program: Enhancing the Transition of Senior Nursing Students to Independent Practice

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Abstract

The Clinical Focus Program was designed to prepare senior nursing students for the transition to practice in the hospital setting. Through a series of 1:1 precepted clinical experiences, the students developed a broad base of clinical competencies and self-confidence in their nursing skills. Hospitals experienced reduced costs related to

orientation and recruitment of new graduate nurses. The program also was valuable in building a network of collegiality and scholarship between education and practice environments.

According to the National Center for Health Workforce Analysis, the supply of nurses will be 29% less than what is needed by the year 2020, based on a projected increase in demand of 40% and only a 6% increase in supply.¹ One of many factors contributing to this shortage is nurses leaving nursing. Between 1996 and 2000, the number of nurses leaving the profession grew to almost 500,000.¹ Although little is known about this population as a whole, 30% to 54% of new graduate nurses change jobs or leave nursing during their first year of practice for reasons that include feeling inadequately prepared for the fast-paced acute care setting, caring for high-acuity patients, and lacking a supportive work environment.²⁻⁴ Improving the transition from student to professional nurse might reduce these stressors and increase satisfaction, ultimately resulting in fewer nurses leaving the profession.⁵ This is supported by a recent report on the American nursing shortage published by the Robert Wood Johnson Foundation, in which one of the chief areas identified as needing improvement was in preparing students adequately for the reality of work as a professional nurse.⁶

One way to facilitate the transition from student to practicing nurse may be to provide additional clinical experiences for senior nursing students. Clinical experiences are rich learning opportunities for working with patients with clinical entities about which students may have only read or studied theoretically.⁷ Specifically, mentored clinical experiences before graduation are extremely valuable.^{8,9} Such programs bridge the gap between the idealism of nursing education and the reality of the workplace. Students begin to identify with the professional role and to think and perform like nurses. Providing mentored clinical experiences requires academic and service leaders to share the responsibility of creating these opportunities.¹⁰

This article describes the development, implementation, and first-year outcomes of the Clinical Focus Program (CFP), a partnership between the University of Wisconsin-Oshkosh College of Nursing (UWO) and 2 tertiary care institutions, ThedaCare (TC) and Children's Hospital of Wisconsin-Fox Valley (CHW-FV). The driving force behind the program was the Wisconsin Nursing Redesign Consortium, a collaborative partnership of academic and service organizations formed to address the nursing shortage within the state of Wisconsin. At a conference sponsored by this consortium in 2002, nursing professionals across the state were invited to form service and academic partnerships and submit proposals for projects that would address the growing demand for professional nurses. The CFP was one of these pilot projects.

Program Conceptualization and Design

The CFP planning committee included the chief nursing officers for TC and CHW-FV, the UWO baccalaureate program director, the Wisconsin Nursing Redesign Consortium Project Director, 2 nurse managers, 3 nurse educators, and a human resources consultant. The committee discussed various methods of enriching the university's nursing curriculum to create realistic expectations and preparation of nursing students for the practice environment. Beginning level nursing practice issues were uncovered, and a collective vision for the program was developed.

The collaborative planning process, engaging education and practice partners, optimized understanding of the clinical knowledge and skills needed to meet the demands of professional nursing practice in an acute care setting. This common understanding was critical in assisting the planning committee in establishing the structure, program elements, and evaluation plan. Through the planning process, the committee created the expectations for admission into the program, the orientation needs of participants, the communication plan to provide opportunities for both formative and summative program evaluation processes, and continuous communication with participants as the program unfolded.

Desired outcomes for the program were identified as enhancing self-confidence and skills of new graduates and increasing commitment to the organizations so as to retain them after graduation. This supported the organizational goals of developing a program that would improve recruitment and retention of nurses as well as reducing costs associated with new hires. Based on these goals, the CFP comprised 4 program elements: clinical practice supervised by staff nurse preceptors, rotation to clinical specialty areas, online courses to enhance the clinical experience, and intentional communication of value to the organization.

Precepted Clinical Practice

Many schools of nursing have incorporated clinical experiences precepted by staff nurses in the senior year of nursing programs. Preceptorship programs have been shown to reduce new graduate orientation times and improve retention^{3,11} as well as to ease the new graduate's transition to professional nurse by increasing self-confidence, improving the development of competence in performing nursing skills, and enhancing role socialization.^{3,8,11,12} Operating from the framework of an existing internship program during the final 4 weeks of the senior year for nursing students at UWO, 2 additional rotations of precepted clinicals for CFP students were planned. These were to be completed before the required student nurse internship so as not to interfere with graduation. For students in the CFP, this resulted in a total of 360 hours of precepted clinicals during a 9-month period as compared with 126 hours required in the undergraduate curriculum.

Rotation to Clinical Specialty Areas

Traditional clinical experiences in a baccalaureate program occur primarily on general medical surgical floors with shorter rotations to areas such as pediatrics, obstetrics, and mental health. Students often express interest in working in other specialty areas, such as intensive care units and emergency departments. Hospitals have begun to hire new graduates in these areas, but student clinical experiences in these specialty areas are rare. Without exposure to these specialty areas, students may have misconceptions of what it means to actually work in these areas, leading to discrepancies between the expectations of the new graduate and the requirements of the clinical unit.

The committee decided to develop 3 rotations in areas chosen by the student to provide them with the opportunity to experience clinical areas of interest. These rotations provided hospital and staff the opportunity to assess the student's "fit" for their unit and broadened the student's learning experiences related to a systems perspective of healthcare delivery, for example, understanding patient flow between units and relationships between departments. Unit managers and nurse educators were consulted, and the following areas were chosen for these specialty rotations: neonatal intensive care, pediatrics, emergency department, adult intensive care, cardiovascular unit, birth center, behavioral health, outpatient surgery, neurology, and rehabilitation.

Online Coursework

To enhance the clinical experience, online courses were provided with content specific to each area of clinical focus. Nursing programs providing online courses concurrently with clinical experience for students have been successful in "providing a foundation for pursuing a specific field of practice," "integrat(ing) classroom knowledge and clinical skills," and "enhancing organizational and integrative skills."¹³ Furthermore, online coursework serves to transfer the responsibility of learning to the students, enhancing both independent and cooperative learning as well as accountability.^{14,15} The development of online coursework provided an opportunity to enhance collaboration between the college of nursing and the hospitals' nursing educators. The college of nursing worked with these educators to create 10 learning modules consisting of learning objectives, minilectures using PowerPoint, case studies, reading assignments, Internet assignments, and testing tools to support CFP content area.

Communicating Value

One of the goals of the CFP was to recruit and retain high-quality nurses within the 2 tertiary care organizations. To meet this goal, a conscious effort was made to communicate the importance of the student to the institutions, which would contribute to the student's positive image of the healthcare organizations. A key component to demonstrating the importance of the student was the commitment of the healthcare organizations to provide nurse preceptors able to guide the development of critical thinking and technical skills of the CFP students. This was accomplished by selecting preceptors who had formal training and prior experience with precepting students, as well as soliciting recommendations from the unit manager and educator. Information on the CFP was communicated to unit managers and educators to share program goals and obtain their commitment to allow time for preceptors to effectively engage students in optimum learning experiences. An advanced preceptor workshop was created and an online support module for preceptors was planned.

The importance of the student was also communicated by clearly describing expectations and by compensating students for the CFP clinical experiences. Descriptions of what the organization expected of the student as well as what the student could expect of the organization were articulated in the program literature. The students were compensated financially at a student nurse technician level for the 360 hours of clinical learning in this program. This enabled all students to apply for the program, including those needing part-time employment in order to attend school. Given that the organization expected to recruit many of these students, compensation for the clinical time also made good business sense. Many schools of nursing have reduced the number of clinical hours required per credit hour because of the costs associated with providing clinical education for student nurses. As a result, current new graduates have had less clinical experience and require longer orientations than comparable graduates from previous years. By supporting additional clinical time before, instead of after, graduation, the organizations paid less than half the hourly rate of a graduate nurse for that time. Most importantly, compensating the CFP students was a message from both healthcare organizations that they were committed to and valued experiential clinical learning as critical to developing the competencies required to perform as a professional nurse in an acute care setting.

Finally, the importance of the student to the institution was communicated through providing program facilitators from both academia and practice for ongoing planning, implementation, and evaluation strategies. These facilitators worked with individual students and preceptors to ensure quality clinical experiences, enhance communication, and share evaluative feedback. The practice facilitator also acted as the liaison between the unit manager, preceptor, student, and nurse recruiter to determine the best clinical fit for the student to transition to graduate nurse. In this way, individual orientation planning and ongoing professional development could be initiated before the student finished the academic semester.

Implementation of the CFP

Near the completion of their junior year, UWO nursing students were invited to apply for 10 CFP positions. Interviews were held by members of the planning committee. Faculty members from UWO participated by providing personal knowledge of the student's performance, attitude, and likelihood of success in the program. Final decisions were made by the CFP planning committee. Criteria included faculty recommendations, attitude, interest in clinical rotations offered, and an informal assessment of organizational fit. Preceptors were recruited from each of the 10 clinical focus areas. Nurse managers and nurse educators from each unit made recommendations for preceptors based on clinical expertise, interest in working with students, and availability. The 10 clinical areas were ranked by the CFP students in order of preference and were assigned accordingly. Students and preceptors attended an orientation session before the start of clinical experiences. Background information on the program was given along with discussion of evaluation tools, role of the CFP student, and

training for the online component. Students worked directly with preceptors to schedule their clinical hours. At the end of each rotation, students presented case studies of a patient care experience to representatives of the CFP planning committee.

Evaluation

Institutional Review Board approval was obtained. However, given that the CFP was undertaken to create best practice strategies to support recruitment and retention of baccalaureate graduate nurses, data were collected for evaluation purposes only. The evaluation plan was developed to monitor the implementation of the program, describe how well the program worked, identify changes that needed to be made, and determine if the benefits outweighed the program costs.

To monitor the effectiveness of program implementation, a formative process was used, which began with the invitation for applications and continued throughout the duration of the program. Three components of program quality were addressed: (a) coverage, referring to how the target audience gained access to the program and to what extent the marketing activities reached the intended audience; (b) fidelity, referring to the degree of faithfulness in implementation to the original intent of the program; and (c) delivery, referring to the availability of services to the intended audience.¹⁶ To describe how well the program worked and identify changes that needed to be made, qualitative data were obtained from preceptors, unit managers, and CFP students at the end of each of the 3 rotations. To assess benefits and costs, the length of orientation time for the CFP students hired by the institutions was tracked and compared with traditional graduate nurse hires, and a cost-benefit analysis was conducted, which considered program costs, orientation costs, and retention rates.

Effectiveness of Implementation

Coverage

In terms of coverage for the CFP, the intended audience of senior nursing students was successfully reached. However, only 10 out of 70 senior level students could be admitted to the program due to limited financial and staff resources needed to support the program. The effectiveness of communication with the key audiences of unit managers, educators, and staff was disappointing. Because the 2 acute care organizations currently support many student programs for both nursing and allied health professionals, it was not always clear to these individuals which program the student was from and how this program was different from other programs for nursing students.

Fidelity

With one exception, the aspects of the CFP were implemented as planned. The one aspect that was not implemented was the online support module for the preceptors. Because of the complexity of developing 10 online modules for the students, the preceptor module was not completed during the first year of the program. Instead, face-to-face discussion groups were offered to preceptors at the end of each of the 3 clinical rotations. However, these were poorly attended due to varying work schedules and difficulty in finding patient care coverage.

Delivery

The greatest learning from the delivery aspect of program monitoring came from scheduling. The CFP rotations were planned with student needs in mind in terms of their academic schedule. At times there were challenges in coordinating the preceptor schedule with the student schedule. Difficulties in anticipating vacations, illnesses, and military responsibilities were obstacles in maintaining one consistent preceptor for each clinical rotation.

Effectiveness of Overall Program

The mean age of the sample of 10 UWO nursing students was 23 years, with a range of 21 to 43 years. Most students were local residents likely to stay in the community. Only 15% had had previous experience as a nursing assistant. All students received 3 of their top 5 clinical placement choices. All 10 students successfully completed the program, and 8 were hired by TC in oncology, intensive care, obstetrics, neurology, emergency department, and general medical surgical units. Children's Hospital of Wisconsin-Fox Valley was unable to hire because no positions were available. Of the 2 students not hired after graduating, 1 took a position in another hospital's neonatal intensive care unit as a direct result of her neonatal intensive care unit experience at CHW-FV, and the other chose to take a position in her hometown. Seven of these 8 students remained at TC at 1 year; 1 relocated out of the state after 11 months of service, resulting in a retention rate of 85.7%. In comparison, non-CFP graduate nurse retention rates for 1 year post-hire at TC was 70%. The students that participated in the CFP, on average, required less than half of the orientation time of the traditional graduate nurse hires.

Student, Preceptor, and Manager Responses to the CFP

At the completion of the program, student participants reported that, overall, they felt more confident and ready for the role of professional nurse in the acute care setting. In written responses to open-ended questions, students identified program strengths as the ability to (a) experience 3 different specialty units; (b) function in a more independent role; (c) receive compensation for learning; (d) perform realistic roles on the unit; (e) work with preceptors that made them feel welcome, provided great opportunities and experiences, and were motivated to help them learn; and (f) help them to determine desired area of clinical practice. Key areas for program improvement identified included the need to (a) enhance communication between professors and preceptors, (b) modify the online modules to make them more structurally similar, (c) find solutions to scheduling difficulties related to part-time schedules and weekend rotations, and (d) ensure that every preceptor was truly interested in precepting.

Preceptor and unit manager responses were overwhelmingly positive. In one preceptor's words, the CFP was "awesome-it prepares the student for the real world." Strengths identified were that the program (a) allowed significant time to work with students, (b) provided the opportunity for students to learn organization and unit processes, (c) served as a useful screening program in making hiring decisions for their unit, (d) promoted staff learning through challenging questions from the students, (e) involved the entire staff in thinking about and offering the students new experiences, and (f) demonstrated to the staff the importance of keeping knowledge current. Two recommendations were made for program improvement: (a) more clearly explain differences in CFP and other nursing clinical education programs and (b) work on scheduling difficulties.

Cost/Benefit Analysis

The program cost, based on student compensation for the clinical experiences, totaled approximately \$30,400. However, program costs were recovered, and a net savings was achieved in the following ways: (1) the usual 12-week orientation time was reduced to an average of 6 weeks, reducing expenses from \$12,000 to \$6,000 for each CFP graduate nurse hire; (2) CFP replaced the need for additional costs of recruitment efforts or sign-on bonuses; and (3) the hiring process required fewer employment center resources because the students transferred directly from the CFP to a registered nurse role in the unit of hire. This resulted in a total net savings of approximately \$21,500. This savings in orientation costs, as well as the improvement in retention rates, have allowed reductions in budgeted orientation time and in amounts budgeted for recruitment and orientation of replacement nurses.

Discussion

Increasing senior nursing student clinical hours through 1:1 precepted clinical experiences reduced costs related to orientation and recruitment of new graduate nurses, improved retention rates, and increased the confidence of new nursing graduates in their ability to function as professional nurses. Experience with the CFP challenged the perceptions and hiring practices of nurse managers who typically would not consider a new graduate nurse for hire in a specialty setting. With additional clinical hours and 1:1 precepting, both staff nurses and unit managers felt the CFP participants were well prepared to practice in specialty areas.

The CFP outcomes raised questions in the healthcare organizations and the academic institution about the rationale associated with existing processes used for nursing orientation, assessing new hire clinical competencies, clinical learning, and preceptor development. How can we best enhance the professional development process of moving from a novice to an expert nurse clinician? Does the traditional clinical orientation process for new graduate nurses acknowledge the knowledge, skills, and attitudes of the individual new graduate? How can substantive changes in approach be supported economically? These questions created opportunities for exploration and innovation as academia and practice worked and learned together, each informing the other.

When planning for individual orientation needs of the CFP students who transitioned into a formal professional nurse role in the organization, it was critical to take into consideration the skills and knowledge already present. The competencies and experiences of these individuals were compared with traditional graduate nurse hires in subsequently creating a continuous development process supporting novice-to-expert learning experiences for all newly hired graduate nurses. Through this process, a better understanding was gained regarding the needs of traditional graduate nurses who are typically uncertain and apprehensive in their role as graduate nurse. This awareness of the connection between the amount of practice experience and levels of self-confidence aided us in individualizing our orientation process for all graduate nurse hires to more closely meet their development needs.

An unintended outcome was the positive impact of unit educator involvement in online education. Because of the experience of developing an online learning module for this project, educators in the TC system have begun to explore the options of e-learning for organizational initiatives and educational programs.

For the second and subsequent years of the project, we were able to refine and improve our processes and address deficiencies in the effectiveness of implementation of the program. More specific information was provided to potential CFP participants about the project goals, realistic time requirements, and personal characteristics that we were seeking (leadership, positive attitude, enthusiasm, organization skills, flexibility, and creativity). We created an objective rating using a Likert scale to evaluate applicants, required a written essay with the application, reviewed academic standing, obtained reference letters, and limited the number of interviewers by using a Human Resources employment specialist and program facilitator team for the process.

After the CFP participants were selected, we included them in the general hospital system orientation and began the new hire nursing competency assessment process with the first rotation. This enabled the CFP students to be hired as new graduate nurses with many of the expected competencies already mastered.

To enhance the coverage aspect of program implementation, we created a grid outlining the student programs we support and now review this with new managers, supervisors, educators, and preceptors so they clearly understand their role in each of the programs. To address fidelity to our original project goal of an online support module for preceptors, resources were placed online, including program guidelines, preceptor/student guidelines, a roster of student participants and their clinical rotation schedules, learning modules for departmental competencies, and program evaluation summaries. Issues with the delivery aspect of program

implementation were addressed by anticipating scheduling conflicts proactively. At the beginning of each rotation, preceptors and students plan the 120 hours of clinical time and prepare for anticipated and unanticipated scheduling problems. This allows student input in planning for learning experiences with another staff member in the absence of the primary preceptor.

Finally, we created a process to collect, evaluate, and store data for easy retrieval and developed a system to capture graduate nurse retention data to assist us in understanding the impact of the program interventions we implemented.

Conclusion

The success of this program continues. The 1-year retention rate of the 7 students hired in the second cohort was 100%. An eighth student in this cohort completed a 1-year graduate nurse internship at another hospital, then returned and was hired. Two graduates of the first 2 cohorts are already functioning in clinical leadership roles on their unit. The CFP has provided an opportunity for students to gain proficiency and knowledge while providing employers with a means to assess students for possible recruitment. Through the structuring of a series of varied clinical experiences, the students developed a broad base of clinical competencies and a sense of self-confidence in both their problem solving and hands-on nursing skills. This program also was extremely valuable in building a relationship of collegiality and scholarship between education and practice environments that has continued to grow.

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