Retaining New Graduate Nurses: Creating A Model Inpatient Transition To Practice Program In A Large Healthcare System

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Retaining New Graduate Nurses: Creating a Model Inpatient Transition to Practice Program in a Large Healthcare System

A Project Submitted to the Doctor of Nursing Practice Faculty of Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

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May 6, 2024
This DNP Project is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

___________________________________
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Date: 5/6/2024
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Signed:

May 6, 2024
Acknowledgements

"Dedication: Guided by Love, Supported by Family, Inspired by Faith"

To my beloved late husband,

You were my rock, my inspiration, and my unwavering source of love and encouragement. Without your boundless support and belief in me, I would never have embarked on this challenging journey of pursuing my Doctor of Nursing Practice degree. Though you’re no longer by my side, your spirit continues to guide me every step of the way. This achievement is as much yours as it is mine.

To my family, especially my daughter Emma and son George,

Your unwavering support, understanding, and sacrifices have been the fuel that kept me going through the toughest of times. Your belief in me never wavered, even when my own did. Thank you for being my constant source of strength and motivation. This accomplishment is as much a reflection of your love and dedication as it is of mine.

To my advisor,

Your guidance, patience, and expertise have been invaluable throughout this journey. Your unwavering belief in my abilities and your steadfast support have been instrumental in helping me navigate the challenges of doctoral study. I am profoundly grateful for your mentorship and encouragement.

To Jesus,

In moments of doubt and despair, it was your grace and strength that carried me through. Your presence was felt in every obstacle overcome, every milestone achieved. Thank you for granting me the perseverance and resilience to endure and the faith to believe that I could achieve this dream.
Abstract

Retaining New Graduate Nurses: Creating a Model Inpatient Education to Practice Program in a Large Healthcare System

Purpose:

The purpose of this feasibility study is to address the persistent challenge of high turnover rates among New Graduate Nurses (NGNs) by implementing and evaluating a Dedicated Education Unit (DEU) model at a large Hospital. The DEU aims to provide intensive support and training to NGNs during their transition to clinical practice, with a focus on improving retention rates and enhancing patient care quality.

Background:

New Graduate Nurse turnover rates have reached alarming levels, impacting healthcare organizations' stability and patient outcomes. Traditional postgraduate programs have failed to adequately address the emotional and psychological needs of NGNs during their transition to practice. The DEU model offers a novel approach by creating a structured learning environment with trained preceptors to support NGNs' professional growth and development.

Methods:

The implementation of the DEU involved developing a dedicated medical-surgical unit equipped with trained nurse preceptors and recruiting NGNs for four-week rotations. Preceptors received training using the Socratic teaching method to facilitate critical thinking and skill acquisition among NGNs. The Casey Fink survey was utilized to assess NGNs' perceptions and experiences before and after participating in the DEU program.
Results:

Preliminary results from the DEU pilot program showed positive outcomes, with NGNs reporting improvements in core nursing skills, confidence levels, and comfort in their roles. However, challenges such as changes in NGN hiring timing and preceptor fatigue impacted program implementation and evaluation. Despite limitations in participant size, qualitative feedback indicated the potential effectiveness of the DEU model in supporting NGNs' transition to clinical practice.

Conclusion:

The DEU model represents a promising solution to address NGN turnover and enhance patient care quality by providing targeted support and training during the transition to practice. Key findings underscore the importance of leadership commitment, clear communication, adherence to the cohort model, and preceptor engagement in the success of the DEU program. Further evaluation and refinement are needed to optimize the DEU model and scale its implementation across healthcare systems, with a focus on improving nurse retention and patient outcomes.
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Part 1: INTRODUCTION

Nurses represent half of all healthcare providers globally, equating to 28 million nurses (Reebals et al., 2021). According to the World Health Organization (WHO) (2020), there is a global shortage of six million nurses, more than 21% (Reebals et al., 2021). Therefore, the needs of nurses as they transition into practice must be addressed to support this transition into practice and aim to retain nurses in the profession.

The Education for a new graduate nurse (NGN) into clinical practice in their first bedside nursing position as a newly licensed Registered Nurse is emotionally and psychologically challenging (Chen et al., 2021). The development of evidence-based practices, such as New Graduate Nurse Residency Programs (NGNRP), aims to support the transition of new graduate nurses to practice. NGNRP s are a financial investment, but they have been shown to decrease the first-year NGN turnover by as much as 75-100%. This equates to an average ROI of 8.87% (Pine & Tart, 2007).

Although most NGNRP s focus on clinical competency, they fail to address the emotional and psychological support needed to successfully transition into practice and remain in the nursing profession (Chen et al., 2021).

Problem Statement

The "Future of Nursing: Leading Changes, Advancing Health 2010 Focus on Education" report was foundational in identifying the gaps in NGNs not being adequately prepared to assume the responsibility to care for the complexity of patients they were encountering (Dimino, 2020). The 2010 Future of Nursing report, written by the Institute of Medicine and the National Council of State Boards of Nursing (NCSBN), strongly recommended that institutions develop transition to practice programs. These programs aimed to fill the gap in skills and support needed to transition to practice (Asber, 2019; Piccinini et al., 2018).

While NGNRP s have been the common postgraduate mechanism for decreasing the theory-to-practice gap for NGNs, they have failed to reduce nursing turnover (Crismon et al.,
2021), which is currently at 27.7% in the first year of practice nationally. This turnover may be because the emotional and psychological support needed for a successful transition into nursing practice (Chen et al., 2021) is not addressed by the employer. Since the NGN transition to practice often shows signs of psychological stress, such as anxiety and depression, it is critical that attention is paid to these factors. (Chen et al., 2021).

It is also important to note that preceptors involved in NGNRPs need the training to serve as mentors. When preceptors serve as mentors and have the training to focus on NGNs’ emotional needs, turnover decreases by 6.8% in the first year of practice (Piccinini et al., 2018). If adequately managed by utilizing trained preceptors in techniques to provide care and support to the NGN, this can improve retention by 12.6% in the first year of practice.

This DNP project will develop a dedicated medical-surgical unit for New Graduate Nurses with focused preceptor training and intensive support for the new nurse.

Significance

Since the 2010 Future of Nursing report was published, the “Future of Nursing 2020-2030” has evaluated the increasing challenges to the nursing workforce which include the need to respond to an aging population with more complex medical needs, the expansion of primary care and the ability to bridge the social factors that impact people’s health and wellbeing (Mary K. Wakefield, 2021). Without successful transition to practice programs, there will be a greater challenge to meet the nursing workforce challenges of the future.

A form of transition to practice program is called the New Graduate Nurse Residency Programs (NGNRPs). These programs are seen as the industry best practice to facilitate a successful transition to practice for the NGN. They are effective tools that have increased the first-year retention rates by as much as 75% - 100% as compared to pre- NGNRPs retention of approximately 50% (Pillai et al., 2018).

Without such programs, the 2022 National Healthcare Retention and RN Staffing Report revealed the first-year turnover rate for NGN at 31% and a turnover rate within the first two
years at a staggering 50.2%. These numbers indicate that nearly half of the nurses who graduate and start as NGNs leave within the first two years (Asber, 2019). The financial implications of this turnover to our healthcare systems are significant. In 2022, at an average cost of $46,100 to replace one nurse, the annual loss to an average-sized hospital with a 27.1% turnover rate was between $5.2M - $9.0M (NSI Nursing Solutions, 2023). Hospitals report markedly increased vacancy rates, 17%, in 2022 as compared to 7.1% in 2021 (NSI Nursing Solutions, 2023). To fill this vacancy gap, health systems have been forced to utilize expensive supplemental staffing, such as agency and travel nurses. For every RN hired to replace a travel nurse, the cost saving on average is $210,000: For every 20 RNs hired to replace 20 travel nurses, savings of up to $4.2 M may be realized. (NSI Nursing Solutions, 2023).

The continuing development and support of NGRNPs may address this workforce crisis while improving NGN experience and competency of practice. (Rush et al., 2015).

Review of the Literature

Search Strategy

A literature review was conducted utilizing the Scopus database. The search terms New Graduate and Nurse and Retention, Dedicated Education Units and New Graduate Nurse, New Graduate Nurse, and emotional support were used. Inclusion criteria were: English language articles published between 2017-2021. The search was limited to these years, as the preparation of nursing students has changed over the years, and it was important to understand how the current training is impacting the transition to practice. This initial search yielded 344 documents. Duplicate removal yielded 340 articles. Following title and abstract review 48 articles remained. Full text review yielded 38 articles for the literature review with 15 articles included in the Evidence Table.
Synthesis of the Literature

Study designs comprised a randomized controlled multi-site design, quasi-experimental studies, historic/retrospective control group studies, systematic reviews, a systematic review of descriptive studies, and cross-sectional studies. Levels of evidence ranged from 1c to 4b (Briggs, 2013). Most of the literature reviewed comprised quantitative designs examining the benefits of NGNRPs on nurse retention when paired with preceptor models. The literature highlighted four major components to the successful transition from student nurse to NGN. These include the use of NGNRPs, the role of the preceptor, the role of the mentor, and the use of a Dedicated Education Unit (DEU). The literature was limited on the benefits or financial cost of the DEU in the NGN transition; the focus was on the use with nursing students currently in undergraduate nursing programs in a DEU. Positive findings included a strong correlation between NGRP and reduced NGN turnover and a strong correlation between preceptor training and NGN retention. Weaknesses of the studies included small sample size and the timing of the studies being during the COVID pandemic or during a recession which may have had an impact on NGN turnover.

Literature Findings

New graduate nurse residency programs

The introduction of NGNRPs aims to improve retention and they have been shown to increase job satisfaction and the comfort with skills needed to practice as a nurse. (Rush et al., 2015). The NGNRPs assist the NGN in the transition from the role of novice newly graduated nurse to competent nurse. They provide support to assist in understanding the new clinical environment, organizational structure, and medical center environment (Pine & Tart, 2007). There is no debate on the effectiveness of NGNRPs, but the question many hospital administrators ask is, what is the return on the investment? The cost of NGNRPs needs to be assessed to show the return on investment. (Pine & Tart, 2007). Program costs range from as low as $2,000 to $12,000 per new graduate. The expenses include facilitators, faculty, training
materials, and workshops. A 1000 bed hospital with a turnover rate of 50% implemented a NGNRP and decreased the turnover rate to 13%. They calculated the ROI using 100% of the first-year salary of the NGN, and with $2023 as the cost of the NGNRP per nurse. The ROI was 8.847, or an ROI % of 884.7% (Pine & Tart, 2007). To extrapolate this methodology to an average-sized health system with 6500 nurses, it may equate to a savings of $4.5 Million per 1 percent decrease in turnover rate. (Pine & Tart, 2007).

The COVID-19 pandemic overwhelmed the US healthcare system, the most affected group being nurses as they are the largest group of healthcare providers. During the COVID-19 pandemic nurses displayed strength and perseverance during uncertain times. As the pandemic unfolded nurses describe feelings of anxiety, stress, helplessness, and worry. The overall toll on nurses has been physically, psychologically and professionally demanding (Copel et al., 2022). The workforce shortages on the horizon post COVID-19 pandemic have been exacerbated and it is predicted that the nurse workforce shortages will become even more severe over the next decade (Halfer, 2007).

Transition to practice programs like the NGNRP have effectively supported the clinical competence needed to transition to independent practice (Chen et al., 2021). However, the programs have failed to address NGNs’ emotional and psychological needs which are even more important post-COVID-19 pandemic (Chen et al., 2021). Nursing leaders are looking for new solutions to improve their ability to retain NGNs (Halfer, 2007). The training of preceptors to focus on the psycho-emotional support needed to transition to practice effectively is an area of opportunity that could improve overall NGN retention when coupled with existing components of NGNRP curricula (Piccinini et al., 2018).

NGNRPs have been evaluated for their effectiveness, and it has been shown that not all programs are created equal. The program’s structure needs to be considered for its impact on successful transition to practice and retention (Asber, 2019). These programs aim to support the transitioning nurse by providing essential skills, including critical thinking, prioritization, delegation, communication, leadership, and conflict resolution. This is often accomplished
through didactic education, simulation, case studies, peer reflection and debriefing, and evidence-based practice projects (Eckerson, 2018). An essential part of the transition is what is known as the orientation period. This is when the NGN becomes familiar with the work environment, the clinical expectations, and the policies (Lindfors et al., 2021).

Although the structure of the NGNRP is essential, the length of the program and the formal accreditation of the program is equally important if it is to be successful. Organizationally created programs tend not to have the same retention increase as nationally accredited programs, mainly due to quality of content and length of the program (Asber, 2019). These nationally accredited programs include the American Nursing Credentialing Center – Practice Education Accreditation Program (AACN PTAP), Commission for Collegiate Nursing Education (CCNE), National Council of State Boards of Nursing's Education to Practice Model (NCSBN) Versant- New Graduate Nurse Residency, and Vizent/American Association of Colleges of Nursing Nurse Residency programs (Pillai et al., 2018). The length of programs also varies, and the accredited programs are usually six to 12 months. This allows for the clinical support needed to transition successfully (Pillai et al., 2018).

Despite the robust preparation that NGNRP programs provide NGNs, there remains a gap in the successful adaptation to professional practice. The journey of transitioning to practice is often stressful; the journey's first step is often described as "Transition Shock" (Duchscher, 2009). Transition shock occurs when the NGN moves from the known role of the student to the unfamiliar role of the professional practice nurse. The NGN finds a contrast between the relationships, roles, responsibilities, knowledge, and performance expectations expected in the academic environment to that required in the professional clinical environment (Duchscher, 2009). During the transition period, physical and emotional health impacts have been noted, eliciting emotional responses like fear and helplessness. Lack of support to deal with these emotions diminishes confidence levels (Reebals et al., 2021).
Evidence supports the need for strategies to address not only the clinical competence but also the emotional and psychological support needed during the transition. This impacts the longevity and clinical competence of the NGN (Reebals et al., 2021). The use of screening tools that measure NGNs’ physical and mental health can help identify when the NGN needs targeted support strategies to increase confidence (Chen et al., 2021).

The use of tools like the Casey-Fink Graduate Nurse Experience Survey is used to evaluate new graduate nurse stressors in the transition to practice period. A deidentified pre-test, and a test at six and 12 months, is often administered to determine whether the NGNRPs are successful in skill and procedure performance and comfort/confidence domains. This tool helps to evaluate the effectiveness of NGNRPs (Boswell & Sanchez, 2020).

**The Role of the Nurse Expert with the NGN**

**The Role of the Nurse Preceptor**

The role of the NGN preceptor in the transition to practice may have more importance beyond teaching clinical skills. The preceptor needs to fill the gap in emotional and psychological support required for the NGN to transition successfully. However, preceptors may not have received the training to serve in this role (Piccinini et al., 2018). The American Organization of Nurse Executives (AONE) has recognized the importance of preceptors and the impact training could have on the transition of NGNs to independent competent practice (Piccinini et al., 2018).

Preceptors significantly influence the initial experiences of the NGN and may be considered the most critical factor in a successful NGN orientation (Lindfors et al., 2021). The support that consistent preceptors provide NGNs goes beyond the clinical support needed and addresses emotional support. The dedicated preceptor builds a trusting relationship that helps guide the NGN through the emotions experienced during the orientation period (Lindfors et al., 2021).
The preceptor plays a significant part in the acclimation of the NGN into the nursing team. The preceptor's professional expertise, work experience, open-mindedness, and readiness for change assist in orientation. The preceptor models professional behavior and reflective practice for the NGN, and they help them move from feeling like an outsider to being part of the nursing team. The quality of time with a trained preceptor is more critical than the quantity of time with an ill-equipped preceptor (Lindfors et al., 2021).

The training and preparation of preceptors are important as they have varying backgrounds and experience. Competence is defined as having the knowledge, attitudes, and clinical skills necessary to perform the job effectively (Good, 2021). When preceptors lack training, there are inconsistent student experiences, performance, and learning outcomes (Good, 2021). Many staff nurse preceptor candidate do not have graduate-level preparation or formal training in transition, which often make them feel insufficiently prepared to train the NGN (Good, 2021). Therefore, preceptor training is essential to developing nurse preceptor competency in training NGNs.

There is no identified gold standard for preceptor training. However, training should include content related to preceptor roles, adult learning principles, teaching strategies, communication skills, and evaluation and conflict resolution. NGN and students who have a properly trained preceptor report improved communication, confidence, time management, and clinical decision-making skills (Good, 2021). The training should also include content for the emotional and psychological support needed to transition to professional practice (Chen et al., 2021). This adaptive educational approach is tailored to the different learning styles and needs of each NGN. The development of an accurate and adaptive transitional plan is important in that the preceptor prepares a plan that is individualized to the NGN, provides encouragement and support, and includes respect for diversity (Chen et al., 2021).

The Role of the Nurse Mentor

The role of the nurse mentor has been differentiated from that of the nurse preceptor. While the role of the preceptor is essential in addressing the clinical competence of the NGN,
the role of the nurse mentor has been shown to centrally support the emotional and psychological well-being of the NGN. A formal mentorship program is essential to support the NGN through their orientation period. The nurse mentor provides a listening ear, an objective voice, and valuable insights into balancing work and life as they transition into practice (Halfer, 2007).

A formal mentorship program which is often part of the NGRP has guidelines for the mentoring relationship and supplies training and real-life examples of how the mentor can assist with the support and career development of the NGN (Halfer, 2007). A mentor may be an experienced bedside nurse, advanced practice nurse, nurse educator, or nurse leader. The most successful way to choose the mentor-mentee pair is to have the mentee select a mentor, and this is the most effective way to create a positive relationship, which is essential for success (Halfer, 2007). The mentor is often a nurse who works in a different unit to the NGN. This allows the relationship to remain objective and confidential. The pair often meet outside of work for a meal or coffee to develop a trusting relationship (Halfer, 2007).

A program facilitator provides the training and oversees the development of each relationship through consultative support and education. The mentor offers support with concerns about adjusting to shift work, living on one’s own, fear of making mistakes, not feeling a sense of belonging in the new unit, or debriefing on a day that didn’t go well (Halfer, 2007).

While the mentoring role is important, that of the preceptor is paramount in the mastery of required practice skills and has been used in the development of innovative hospital-based programs for NGNs. One of these is the DEU model described below.

Dedicated Education Unit

A dedicated and coordinated approach between academic institutions and health systems is needed to prepare the NGNs to practice in today's dynamic healthcare environment. The responsibilities of the NGN have changed significantly over the last 30 years with the increase in technology and complexity of care. The clinical teaching models have not kept pace
with these changes, with the traditional models still in effect without the understanding that these methods are still effective in the current environment (Dimino, 2020).

The Dedicated Education Unit (DEU) concept is independent of the NGNRP model and is created to focus on the transition to practice in the hospital setting post-formal academic education. The DEU has been shown to improve consistency in learning, professional role development, and a sense of belonging for NGN. (Dimino, 2020). Results of DEU-based training includes NGNs feeling more confident and comfortable in the professional environment, developing critical thinking skills, and feeling more prepared for practice. They also report feeling that they have stronger leadership and delegation skills and are more comfortable communicating with patients’ families and the extended clinical care team (Dimino, 2020).

Maryniak (2017) created a DEU in a system experiencing a turnover rate of 28.9% within the first year of practice. The unit focused on preceptor training and supplemental learning experiences and was guided by a competency tool. Each NGN spent five weeks on this unit where they focused on developing confidence with assessment skills and creating the patient’s plan of care, practicing foundational intervention and psychomotor skills, establishing safe practice behaviors to reduce patient and employee harm, providing familiarity with facility policies and procedures, and applying knowledge and skill into practice (K. Maryniak et al., 2017). The one-year evaluation of the study showed significant success. During the intervention year, 39 NGNs participated in the program. Retention rate of the cohort was 88.8%. Total cost savings was estimated to be $2,600,000 (Kim Maryniak et al., 2017).

There is minimal literature expanding on the effectiveness of the DEU or a Dedicated Educational Unit (DEU) in the NGN transition to practice period. Aside from the cost savings associated with nurse retention, the financial implications of developing and operating the DEU for NGN are yet to be explored as there are limited examples in the literature. Geographical and operational differences would also have to be considered.
The goals of the DEU will be to assist in applying knowledge gained in the classroom to the clinical environment to provide care for highly complex patients. Therefore, it could be a beneficial model to support the transition to practice for NGNs (Lapinski, 2020).

In addition to the clinical competency development, the DEU provides the NGN with a welcoming, safe clinical environment that can't be underestimated during the transition period. The development of relationships with consistent preceptors supports confidence, and reduces stress and emotional strain on the NGN. A safe environment helps the NGN become competent, independent practitioners. The DEU provides a psychologically safe environment for the NGN that enhances their ability to practice according to the professional standards they learned during their academic nursing preparation (Lindfors et al., 2021).

In conjunction with NGNRP’s, DEU may be more effective in recruiting and retaining nurses. The DEU environment provides the NGN with a supportive education environment with a specialized curriculum aimed at developing the competence of the NGN (Kidd et al., 2020)

Project Model and Framework

A Logic model was used as the project model for this DNP project as it assisted in program planning, implementation, management, evaluation, and reporting. It helped define the program’s intended impact and goals, the sequence of intended effects, which activities produced which effect, and where to focus outcome and process evaluations.

The main inputs to the logic model centered around obtaining financial support, curriculum development, preceptors, and training. The strategies/activities were broken into seven groups. They consisted of unit selection, preceptor selection, DEU orientation plan for NGNs, preceptor training, budget for DEU, communication strategy, and social plans for DEU.

The identified outputs of these strategies included the selection of a patient care manager for the DEU, identifying preceptors utilizing a selection tool, and successfully training the preceptors. The orientation had been developed involving the VP of Education and Professional Development. The support of the finance team had been established for the budget needed for
the positions on this DEU. The new patient care manager had established social events to help with the Education of the NGNs.

The outcomes were divided into short-term, intermediate, and long-term. In the early phase project, the focus was on the short-term outcomes, which were centered around the successful launch of the preceptor model within the DEU. This was measured using the Casey-Fink Graduate Nurses Survey. The survey was administered at the beginning of orientation at one month and three months (Casey, 2006).

Organizational Assessment

The health system that this project will take place is one of the states most comprehensive healthcare network. At the time of this project, the care-delivery system served 185 towns and cities at more than 400 locations and included two tertiary-level teaching hospitals, one of which was recognized as an ANCC Magnet-designated hospital. The acute care beds in the health system totaled 2427. They had the state's most extensive behavioral health network, a regional home care system, and senior care services. The system had 33,000 colleagues who supported 106,537 transitions from inpatient care, 466,813 Emergency Department visits, 90,599 inpatient and outpatient surgical procedures per year, and total operating revenue of $5.2 billion.

The health system had established a division of nursing with the appointment of the inaugural EVP and Chief Nursing Officer for the health system in 2021. The appointment of this position brought together the division of nursing to become a unified voice for nursing practice, quality, and care delivery across the health system.

They had a strong, unified culture of accountability and innovation. They encouraged their colleagues to think differently and supported innovation. This support of innovation made this DNP project well aligned with the organizational culture. The health system is a comprehensive
health system that allowed this project to be studied in one location with the potential for scale throughout the health system.

SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats Analysis (SWOT) had been conducted for this project.

Major strengths of the organization were a solid commitment to nursing and the financial support to ensure the success of the nursing workforce in the future. The health system had a robust nursing professional development department that supported the education programs that surrounded the success of new graduate nurses in practice. This department was a critical element in the development of the curriculum and the completion of preceptor training for the DEU.

The health system, along with many health systems across the nation, experienced an increase in the nursing turnover rate. This turnover was an identified weakness and posed a challenge to the stability and experience level of the nursing workforce. The lack of experienced nurses negatively impacted the ability to find experienced nurses eligible to be trained as preceptors to work in the Dedicated Educational Unit.

This project provided an opportunity to further strengthen partnerships with nursing schools with large Baccalaureate Nursing Programs within the State of Connecticut and the New England area. Such partnerships had the potential to lead to more effective recruitment and retention of nurses.

A threat was the ability to attract new graduate nurses to the health system. The market rates for new graduate nurses were changing so quickly that the system needed to remain market competitive to attract the new graduate nurses coming out of school. Competition was an additional threat in the event other health systems were inclined to consider a similar DEU concept to support the NGN Education; This occurrence had the potential to lessen the health system’s ability to differentiate its NGN support model.
Project Goal and Aims

Goal Statement

This DNP project developed a dedicated medical-surgical unit for New Graduate Nurses with focused preceptor training and intensive support for the new nurses.

Aims

The aims of this DNP project were:

1. To develop a dedicated medical-surgical unit for New Graduate Nurses equipped with trained nurse preceptors to provide intensive support to the new nurses.

2. To implement and evaluate this unit-based program.

3. To make recommendations for scaling and sustainability of the program through the healthcare system and beyond.
Part 2: Methods

Overview of Methods

In the early phase program development project, a dedicated medical-surgical unit was developed for New Graduate Nurses. The unit was equipped with trained nurse preceptors to provide intensive support to the new nurses as they transitioned into practice at a large healthcare system. The preceptor selection, using the Cotter preceptor tool, ensured the unit was equipped with motivated preceptors to teach and support the NGNs as they transitioned into their first nursing job. The preceptor role in the DEU was different from the role in the NGNRP. The preceptor training focused on the Socratic teaching method, which aimed to develop the NGN’s critical thinking. This helped decrease the anxiety and stress of not knowing what to do by teaching critical thinking. The participants included five cohorts, each containing one New Graduate Nurses hired during the month of September to November, 2023.

Project Goals and Aims:

This DNP project developed a dedicated medical-surgical unit for New Graduate Nurses with focused preceptor training and intensive support for the new nurses. The aims of the project were to:

1. To develop a dedicated medical-surgical Education unit (DEU) for New Graduate Nurses equipped with trained nurse preceptors to provide intensive support to the new nurses.
2. To implement and evaluate this unit-based Education to practice program.
3. To make recommendations for scaling and sustainability of the program through the healthcare system and beyond.

Aims and Associated Methods

AIM 1: To develop a dedicated medical-surgical Education unit for New Graduate Nurses (DEU) equipped with trained nurse preceptors to provide intensive support to the new nurses.
Project Leadership Formation

- Project Leader Role: The Project Leader completed the literature search, gathered the evidence, developed the concept within the health system, generated the outline of the program, and designed the project. The Project Leader was responsible for the implementation and evaluation of the DEU, provided oversight of all components, and directed all phases of this complex project. Additionally, the Project Leader sat as a member of the Executive Steering Committee.

- Executive Steering Committee
  - The Project Leader and the EVP and CNO co-chaired the Executive Steering Committee for the health system. The EVP and CNO served as the executive sponsor. Additional committee members included the CNO of the Hospital, the VP of Nursing Education and Professional Development, the Director of Nursing Operations, and the Nursing HR representative. This committee met monthly to provide executive support for the project and help resolve any implementation issues identified by the Operations Committee and its workgroups.

- Operations Committee
  - The Operations Committee consisted of the Nursing Project Leader, CNO for the Hospital, the VP of Nursing Education and Professional Development, the Director of Med Surg at the Hospital, the Patient Care Manager for the DEU, the Educator for the DEU, and the NGN Residency Manager. They were accountable for all workstreams on the project. A schedule of regular bi-weekly meetings was set for this Committee.
  - Once support had been established, a project charter was developed...
to include the scope, success measures, and timelines.

- The committee and workgroups were developed. The workgroups were subject matter experts for each element of the program and reported into the Operations Committee. The workgroups included:
  - Preceptor training curriculum content and delivery workgroup.
    - Members included: VP Nursing Education and Professional Development, Director of Nursing Professional Practice, Manager of the New Graduate Nurse Residency Program, Educator for Med Surg, two-three Med Surg preceptors. The responsibilities of this group were to develop the training for the preceptors. This training included an overview of the DEU process, the Socratic teaching method, the orientation clinical pathway, and the check-in process for the Preceptor and NGN.
  - Orientation clinical pathway workgroup:
    - Members included the Director of Nursing Professional Practice and the Nurse Educators for Med-Surg. The responsibilities of this group were to create the orientation outline and key competencies for the first four weeks of the NGN orientation on the DEU.
  - NGN logistic planning workgroup:
    - Members included the Director of Nursing for Med Surg, Director of Nursing Practice and Education, and DEU Nursing Unit Manager. The responsibilities of this group
included planning the NGN hiring process, the cohort orientation schedule, scheduling the pre-check-in, weekly and pre-education meetings with the NGN, preceptor, and manager.

- Communications planning workgroup:
  - Members included VP Marketing and Communications, DEU Nursing Unit Manager, CNO for the Hospital, VP Nursing Education and Professional Development, and Director of Nursing Practice and Med Surg Nurse Educator. This group was responsible for creating content that would be shared with the DEU members, hospital-wide, and for system updates.

All groups met weekly and reported progress, successes, and barriers to the Operations Committee.

Development of Training Program

The work groups and Project Manager co-designed the core training materials.

Preceptor Training Curriculum

The preceptor training was developed by the Preceptor Training Development workgroup and included:

Overview of the Orientation Plan

- Clinical orientation pathway which was developed by the Orientation Clinical Pathway workgroup.
- Role of Preceptors in maximizing the emotional and psychological support given to NGNs.
• Socratic Method of Teaching/ Innovative strategies to enhance critical thinking.
• Putting it All Together: Case Studies.

Curriculum Development for NGNs

This content was developed by the Orientation Clinical Pathway workgroup.

Orientation Pathway – the pathway outlined the content that was covered each week on the DEU. The pathway consisted of:

- Basic orientation to the unit and commonly used equipment.
- Patient Experience and Environment of care
- The nursing process.
- Medication administration
- Patient Assignment goal

• Competencies were created by the Orientation Clinical Pathway workgroup which outlined what was expected for each NGN to progress to the next stage.

• The preceptor assessed these competencies after training and education had been provided to the NGN. A four-week supported experience was planned for the 15 NGN participants on the DEU as they educated into practice as Registered Nurses.

Identification of Participants

• NGNs applied for NGN positions posted on the hospital website. Five individual NGNs applied and accepted a position, and each were assigned start date in the DEU.

• Preceptors who were interested in participating in the DEU submitted an expression of interest to the DEU Nursing Unit Manager. The unit educator along with the Nursing Unit Manager used the Cotter Preceptor Selection Tool to select 10 preceptors for the five NGNs who participated in the project.
Development of a Participant Selection Plan:

- The Preceptor was selected using the Cotter preceptor selection tool. It was a 14-question tool that asked questions about the competence of the preceptor. A three-point Likert scale was used to assess their performance to each element.

- The current manager and the educator of the preceptor filled out the tool and rated the preceptor. A score of 30/42 was considered a strong preceptor and indicated selection for the DEU.

  - A total of 10 preceptors were chosen to ensure the necessary number for the five NGN cohorts. This allowed for extra preceptors if a preceptor was on vacation or out ill.

Development of a Program/Recruitment Plan:

- A recruitment plan for NGN was developed where NGNs applied to and were accepted to NGN positions at the Hospital.

Development of a Preceptor Handoff Guideline:

- At the conclusion of the NGN’s education and entry to the new home unit, the DEU preceptor was responsible for completing the DEU Handoff-Tool and handing off to the new home unit preceptor.

- The DEU Hand-off Tool assessed six key competencies using a 10-point Likert scale. The six competencies included assessment, communication, medication administration, documentation, time management, and delegation.

Development/ Identification of Pre and Post Surveys/Assessments

Casey Fink Experience Survey:

Evaluation of the success of the program for the NGNs was measured by administering the Casey Fink Experience Survey. The survey was designed to assess the new nurses' perceptions of role education issues experienced at entry into practice and through the first 12 months of professional practice. The survey consisted of 67 Likert scale questions rated
from a score of one (completely uncomfortable) to four (completely comfortable) on core competencies for an NGN. Total scores ranged from 30 to 120.

The survey was taken by NGNs upon hire and at the four-week-post program mark. The goal is that the results were to be compared and the pre and post-program results were to be reported in the aggregate.

The evaluation was administered via an electronic link that was emailed to the NGN prior to starting on the DEU. If the NGN was unable to complete the survey prior to starting, the survey was given on the first day of orientation. There was a unique identifier so that the pre and post surveys could be compared. The second survey was sent via an electronic link at the end of the four-week program on the DEU.

Program Evaluation Survey

A program evaluation survey in three versions was developed and provided to the following groups upon completion of the program:

- **NGNs** - A 13-question survey consisting of ten five-point Likert scale questions and three open-ended questions aimed at assessing their perceptions of the program.
- **Preceptors** - An eight-question survey consisting of five, five-point Likert scale questions and three open-ended questions was given to assess the preceptors’ perception of the program and the training that was given as part of the program.
- **Nurse Managers** - An eight-question survey consisting of five, five-point Likert scale questions and three open-ended questions was given to assess the communication and overall perception of the program from a leadership perspective.
• The surveys were collected using REDcap and administered on the final day of the cohort onsite in the DEU. The survey was confidential. Items were assessed for opportunities to improve the program.

Plans for Data Storage

All data was stored in the REDcap (Research Electronic Data Capture) Cloud program, a secure web application for managing online surveys and databases that enables the data to be sorted into themes and queried for data points. The data collected in REDcap was confidential and stored in a secured, encrypted platform.

AIM 2 - To implement and evaluate this unit-based program

Implementation

Meetings with Committees and teams began.

• A welcome letter was sent by the EVP and CNO to the executive steering committee and operations committee members describing the project and their role.
• EVP and CNO introduced the project to the CNO executive team, which was made up of all CNOs across the health system. This was done to inform them of the project and the future plans to spread to their regions.
• The implementation phase started with the initial kick-off meeting with the Executive Steering Committee, which met monthly; they removed barriers and provided resources for successful implementation. The second committee was the Operations Committee; this committee met every two weeks and was the creator and driver of the work.

Recruitment

• Preceptors were recruited for the DEU. The Cotter Preceptor Selection Tool was used to ensure the best individuals were selected to be preceptors in the DEU.
• Once the NGN accepted a position on the DEU, they were enrolled automatically by the DEU Nurse Manager to be part of this program. The goal was for the DEU Manager to enroll the first 15 applicants that accepted to begin the month of the pilot program. However, there were limitations on the number of NGNs who applied so the start date was aligned with new employee orientation.
  o NGNs were then informed by the DEU manager of their ability to participate in the DEU and the program’s benefits during the Education into practice as a Registered Nurse. This was done via an introductory letter from the DEU Manager.

Education/Training

A training session was held for the preceptors.

• The content of the program was reviewed, and training was given on the clinical orientation pathways, clinical competency validation tool, and training on how to use the Socratic teaching method.

• The orientation calendar for all the NGNs was also reviewed.

Training included the Cotter preceptor selection tool and the Casey Fink Experience Survey.

Orientation Plan

Schedule

• An orientation schedule for each NGN matched the assigned preceptors for continuity of learning. The orientation also involved two celebrations to make the NGN feel welcomed as they transitioned to practice. One as they started on the DEU and the other as they Education to their home unit.

Clinical Orientation Pathways

• The NGN was trained on the expectations during the four-week DEU program.
  The clinical orientation Pathways consisted of:
• basic orientation to the unit and commonly used equipment.
• Patient Experience and Environment of care
• The nursing process
• Medication administration
• Patient Assignment goal

• At the end of each week, the preceptor evaluated the progress of the NGN and reviewed their progress with them.

Communication Plans

Communication was essential to ensure that the preceptor, NGN, and nurse manager knew how well the NGN worked toward competency. As the DEU was a new unit, it was important to provide regular updates to all unit staff especially those who weren’t preceptors on the unit.

Weekly emails were sent to the staff on the DEU with highlights of the week.

Program Evaluations:

There were three independent evaluations for the NGNs, Preceptors, and Nurse Unit Manager after each cohort. These surveys were distributed at the conclusion of each four-week DEU pilot electronically via an email with a link to the REDcap survey tool. The DEU educator monitored for completion and sent a follow-up email one week from the due date, at the due date, and one week after the due date as a reminder.

Evaluation

• The goal was for descriptive and bivariate statistics to be used to evaluate outcomes, including the Casey Fink Experience Survey pre and four-week-post program results, compared using a paired T-test.

• Program evaluation results for NGNs, Preceptors, and Nurse Managers were analyzed descriptively.
AIM 3 – To make recommendations for scaling and sustainability of the program through the healthcare system and beyond.

Sustainability

- Continuing to provide updates on the results of the DEU as it spread across the health system was important to reinforce the benefits of this program. Communication occurred at the DEU, hospital, and system levels to the CNO Cabinet, CEO Cabinet, and Regional Presidents.
- Communication with the states schools of nursing on this unique opportunity and support for NGN aimed to help to ensure there was a pool of applicants that applied for the NGN positions on the DEU.
- The external nursing website was a place to communicate with external NGNs looking for their first nursing job. The website explained the benefits of the program.
- As the program scaled, ongoing support continued in each region for the program to continue to be successful.

Scalability

- Once the initial cohort completed their four weeks, the evaluations were reviewed, and adjustments to the program were performed if necessary.
- The second cohort on the same DEU was then launched.
- Once the second cohort was launched, a second unit at the primary hospital was to be identified but due to the low number of NGN applicants only one DEU was established during the project. The DEU program had the potential for scale to one med-surg unit in each hospital within the health care system, and the larger hospitals spread to two med-surg units when there are more NGN applicants.
Dissemination

Due to small participant size, it was decided that additional cohort participants will enable more robust data for dissemination by abstract to the Journal of Nursing Administration and to the AONL national conference for a poster or podium presentation.

Timeline

The steering committee meetings started in August at the same time the recruitment for the NGNs for the DEU began. During the month of August, the preceptors were selected, and training began. The NGNs then started on the Unit in September.

Statement Related to Human Subjects

This DNP project was deemed exempt by the Yale University IRB. It posed minimal risk to participants.

PART 3: SYSTEMS, POLICY AND BUSINESS IMPLICAITONS

The Business Case and Leadership Engagement

Leadership and Stakeholder Engagement

The Project Leader was the prior EVP and CNO for the health system and has since left the organization. Now as an external consultant, Project Leader, and will lead the project in collaboration with the EVP and CNO and steering committee.

The EVP and CNO for the health system served as in system sponsor and decision maker for any necessary resource allocation, including human resources, operations issues and system and external communications associated with the project. The Vice President of Patient Care Services and the Vice President of Education and Professional Development were both critical participants of the project as they were part of the core team and helped to deploy the training and the logistics of the program.

As part of the approval process the charter and project budget were presented to the health system COO and President of the Hospital. Additionally, the return on investment analysis was provided along with a summary of the cost/benefits and anticipated outcomes of the project.
Business and Financial Consideration

Project Budget

Implementing the DEU required minimal project costs. Productive time attributed to the work that will be needed to develop the course content; the DEU’s training and implementation steps involves individuals currently in roles that provide this type of service to the organization. As such, no significant incremental or opportunity costs have been identified.

There were, however, costs associated with preceptors receiving the training. Initially, 10 preceptors were required to have two hours of training each, leading to the minimal cost of $900 to train all the preceptors needed for the initial cohort.

There was the potential for substantial indirect benefits to the DEU; The assumption was that the support given on the unit and the preceptors’ approach that supports the clinical learning and psychological and emotional support for new graduate nurses would lead to a decrease in new graduate nurse turnover. The cost of each nurse that leaves the organization is $46,000.

The potential for indirect savings related to new graduate nurse retention was significant. Each year the hospital hired 208 new graduate nurses to replace nurses who had left the organization. Currently, the turnover rate of these NGN at one year was 30%. At a cost of $2,870,400. If a 10% reduction in turnover to 20% was obtained, this would yield an annual savings of $920,000.

Risk Assessment

External risks

The risks were identified utilizing the ASHRM Hagg-Rickert and Gafney Model to evaluate the risks based on probability and severity. The major external risk and limiting factor to the program’s success was the lack of new nurses graduating from local nursing schools. If this were to happen, the mitigation plan would include offering financial or other incentives for recent graduates to join the health system and participate in the program. Such incentives were subject
to the proper approvals of the system. Alternatively, a smaller cohort could be considered, including NGNs from other hospitals within the health system.

Internal risks

High nurse turnover in the DEU causing turnover of preceptors; if this were to happen, the reasons for nurses leaving could be mitigated, or the pilot could be moved to another unit within the hospital.

Available preceptors – The lack of trained preceptors would limit the ability for an NGN to orient into the DEU. If there were limited interest in the position of preceptor, there were many incentives we could offer to enhance interest, subject to the proper approvals by the system. To decrease the burnout from precepting, ensuring that the preceptors were given a break between cohorts so that they were renewed to participate in the training of the NGNs.

DEU- If finding a unit at the identified Hospital was impossible, it could be identified in another HHC hospital.

Training – If the budget to train the preceptors was not approved, they could be trained while working their regular shifts in short sessions.

Overall, the risks identified in this project had the potential to significantly impact the project's success. One major risk that did occur was the availability of NGNs to participate in the study. This was not due to lack of NGNs, but that they started before the feasibility study began. Therefore, the ability to mitigate this issue was limited.
PART 4: RESULTS

The DEU for NGNs was a feasibility test design study which established a Dedicated Education Unit in which trained preceptors supported the transition to practice for NGNs. Using the Socratic teaching method the NGNs increased their critical thinking and basic nursing skills during the four weeks on the DEU. This feasibility test was led by this DNP student. Implementation began in September, 2023 with the recruitment of participants NGNs through November, 2023. A total of five NGNs participated in the DEU pilot each for a period of four weeks. Because each nurse began the program according to a different date of hire, the participants experienced the program individually such that the fidelity to the planned cohort model was not possible. This represented a modification to the plan. Four of the NGNs remained on the DEU as their home unit, and one NGN moved to a different unit at the conclusion of the four-week program.

The Casey fink survey was administered pre-hire and again on transition to the home unit. Three of the five NGNs completed the pre and post Casey Fink survey. Total mean scores pre and post intervention were 3.12 and 3.02 respectively, of a 4-point Likert scale.

Clinical Skills and Adaptive Assessment Improvement

The Casey - Fink Survey questions assessing comfortability with skill attainment were grouped by clinical and adaptive skills. There was a trend for decrease in the post-test comfortability with adaptive skills which are more complex and may require additional support.
PART 5: DISCUSSION AND CONCLUSION

DISCUSSION

The DEU feasibility study represented a progressive approach to supporting new graduate nurses’ transition into clinical practice. The unit offered a structured learning environments where new graduates received hands-on experience under the guidance of experienced nurses.

The design was based on the evidence and included the training of the preceptors to the Socratic teaching method. Ensuring NGNs are hired as a cohort is critical. This approach promotes a sense of camaraderie and collaboration among NGNs, which can significantly enhance their learning experience. Group settings facilitate mutual support and the sharing of experiences, allowing NGNs to learn from each other as they navigate their transition into practice.

The modality changed slightly due to many NGNs who graduated in May being hired before graduation in May and June. This led to a minimal pool of NGNs available. There was not enough NGNs starting at any given time and therefore they all had different dates of hire which prohibited a cohort model. Also, four of the five NGNs stayed on the DEU as their home unit. Given these changes, results demonstrated a lack of understanding that the orientation on the DEU was different to the regular NGN orientation. Lack of group cohort feel potentially impacted the comfort and excitement as the NGN transitioned to practice.

Limitations

A barrier encountered early in the pilot affected the supply of NGNs available to orient on the DEU. Due to the increased use of agency staffing during the COVID-19 pandemic, an organizational decision was made to recruit, hire and start NGNs earlier than in prior years. This decision meant that the majority of NGNs started in May, June and July, prior to the pilot launch.

Due to this change in hiring timing, there were five participants starting employment during the implementation of this pilot in September – November. The small size of the participant group prohibited the use of bivariate statistics and the inability to draw conclusions of
statistically significant change in the Casey-Fink New Graduate Nurse Survey pre-hire and post-program at the point of transition to home unit. Results were analyzed descriptively.

Review or Modifications for Sustainability

During this time of post-COVID nursing shortages and high competition for scarce supply of nurses, system decision making for recruitment and hiring can be fluid. The decision to move hiring of NGNs to a date prior to the launch of the pilot was a critical issue. In order to ensure sufficient participant size for evaluation purposes, the DEU launch must be aligned with hiring activities, requiring increased collaboration with Human Resources and Nursing management. Additionally, this coordination with hiring is needed to ensure fidelity to the cohort program model.

Frontline nurses served as preceptors and mentors to new graduate nurses within the DEU, offering valuable guidance, support, and clinical expertise as they navigate the transition from student to practicing nurse. The engagement and commitment of frontline nurses are essential for fostering a positive learning environment and ensuring the successful integration of new graduates into the healthcare team. The success of the DEU relied heavily on frontline nurses' buy-in, particularly preceptors, who play a pivotal role in facilitating the professional growth and development of new graduate nurses.

Securing the frontline nurse preceptor buy-in proved to be a challenge the current environment. The lack of buy-in was attributed to fatigue and diminished bandwidth among preceptors who had just completed orienting many NGNs in the early hiring cycle. Preceptor fatigue reduced the availability and readiness of preceptors to invest fully in the development of new graduate nurses in future pilots, in order to ensure preceptor capacity is secured, a critical success factor of the DEU, coordination with hiring dates as well as expanding the preceptor pool is essential.

Another identified challenge was misperceptions among frontline nurses regarding the significance of their role as preceptors for new graduate nurses on the DEU. Some frontline nurses viewed preceptorship as an additional duty that was not part of their role. This
misperception led to a lack of enthusiasm and engagement among frontline nurses to precept NGNs. In order to ensure the pipeline of future preceptors, role definition, job descriptions and organizational policies should be devised to demonstrate that preceptor role is valued. A more difficult issue is the reluctance to train and mentor nurses who would spend only four weeks on the DEU and then transfer to their permanent unit. Recognition and reward, including additional compensation to incentivize nurses who receive training and precept on the DEU, should be considered. Alternatively, a modification to a decentralized DEU model, where several units can participate in the program may be an option.

Each nurse started at a different time so there was no cohort type experience for the nurses. To optimize the next cohort of NGNs in the DEU, several key adjustments can be made based on learnings and findings:

Leadership commitment from both senior leadership and unit-based leadership to support the DEU is crucial for its success. There was a change in Executive Nursing leadership after the design phase before implementation began. Having senior leadership commitment is essential for communications, organizational policy support as well as reward and recognition of those actively engaged in the endeavor. Having consistent and reliable unit-based leadership ensures that there is on-site guidance, mentorship, and oversight throughout the program. It also establishes clear channels of communication between DEU leadership, preceptors, and NGNs, enabling effective coordination and problem-solving. It is recommended that leaders are sufficiently educated about their role in supporting the success of the DEU. Additionally, a forum that allows for continual updates to leadership, feedback, or removal of barriers is recommended.

Clear communication about the role of the DEU is essential for all stakeholders involved. Although comprehensive orientation sessions were held, additional group sessions should be provided to both preceptors and NGNs, outlining the program's goals, objectives, and expectations during their time on the DEU. Reinforcing the roles and responsibilities and setting clear expectations to foster accountability among all participants.
Empowering preceptors is another critical aspect of enhancing the DEU experience. Recognizing the pivotal role preceptors play in shaping the professional development of NGNs, it's essential to provide them with ongoing training, resources, and support to enhance their Socratic method teaching skills and mentorship abilities. Continuing to celebrate their contributions fosters a culture of appreciation and recognition within the DEU.

Despite the barriers encountered, the results showing an increased comfort with many core nursing fundamentals and the critical thinking needed for nursing practice is promising for the DEU as a support mechanism to better equip and alleviate the transition shock many NGNs experience. These findings suggest further study through and an expansion of the pilot participants with the recommended modifications in order to re-test with improved fidelity to the evidence-based model and optimize the opportunity for NGN transition to practice, professional growth and development.

Recommendations for scale

Given the modifications noted above, future pilots will provide the information needed to determine the opportunity for scalability.

CONCLUSION

This early phase design/feasibility test provides some limited evidence for properly scaled support of NGNs. Challenges include system capacity, resourcing, and monitoring for such programs. Low sample size reflects this. Early phase test findings support re-design to include adjustments of duration, resource intensive monitoring, and administrative “champions” to ensure compliance and fidelity. Review of plans for future piloting to consider projected needs for above resourcing and costs.
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