

Integration Into Practice

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Home of the Indiana Action Coalition

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

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?

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?

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)

Thinking like a nurse....

...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

(Tanner, 2006)

New graduate nurse transition

According to Kramer (2011)

- New graduate transition into nurse role is complex
- Need to shift from a role of conception/deprivation to Environmental Reality Shock

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

Employ strategies and practice for managing stress

- Classroom learning-novice and expert nurses who come together (Halfner, 2007)
- Internship
- Preceptor/mentor orientation
- Confidentiality
- Culture change to:
 - Respect, alignment, continuous improvement & accountability (Kramer, 2012)
- Debriefing--for example, after a code

Evaluate personal effectiveness when communicating with co-workers, preceptors, supervisors and members of the interprofessional team

Develop cultural competence

Essential steps to develop optimal cultural competence:

1. Self-assessment
2. Active promotion
3. Systematic inquiry
4. Decisive action
5. Innovation
6. Measurement
7. Evaluation

(Jeffreys, 2010)



Develop ethical decision-making

- Practical use of the Nursing Code of Ethics: Parts I & II
(Lachman, 2010)
- Strategies for developing moral courage (Murray, 2010)
 - Open dialogue about ethical principles and systems
 - Case studies
 - Role modeling by real-life exemplars
 - Rehearsals in which learners practice what they have learned in order to build their skills related to moral decision-making

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
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- 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)

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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?

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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)

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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?

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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)

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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?

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Post-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

Post-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?

Post-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?

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

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