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# I'm a Big Kid Now: Enhancing Transition RN Residents' Confidence During Pediatric Patient Care

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Prospectus Elements 1 - 10

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## Prospectus Elements 1 - 10

**Clinical Leadership Theme**

The title of the clinical nurse leader project is “I’m a Big Kid Now: Enhancing Transition RN Residents’ Confidence During Pediatric Patient Care”. The project aims to improve the support components for Transition RN residents during their Transition RN Residency at Children’s Hospital Los Angeles. The clinical leadership theme that correlates to this project is communication. The clinical nurse leader’s role is to act as an educator and a facilitator throughout this project. In examining the clinical nurse leader competencies, competencies “use performance measures to assess and improve the delivery of evidence-based practices and promote outcomes that demonstrate delivery of higher-value care” and “promote a culture of continuous quality improvement within a system” closely mirror the foundation of this clinical nurse leader project (American Association of Colleges of Nursing, 2013).

The process begins with (1) diligent assessment of the past Transition RN residents’ feedback regarding support components, and (2) a review of past mentors and debriefers’ meeting agendas with the aim of transforming these into two consolidated professional development coaching meetings. The process ends with enhanced support components for integration with the Transition RN Residency curriculum to facilitate Transition RN residents’ confidence/ competency in delivering pediatric patients’ care, and thus, enhance overall patients’ outcomes.

By working on the process, leadership team expects (1) better learning experience, (2) increased Transition RN residents’ satisfaction with the program, and (3) enhanced Transition RN residents’ confidence/ competency in treating pediatric patients. It is important to work on this in a timely manner because the leadership team has identified the need to improve (1)

Transition RN residents' satisfaction with the support components, and (2) Transition RN residents' self report confidence/ competency in treating pediatric patients. Ultimately, this project will contribute a significant impact on enhancing pediatric patients' outcomes. This project is undertaken as an evidence-based change of practice project at Children's Hospital Los Angeles and as such was not formally supervised by the Institutional Review Board.

### **Statement of the Problem**

The foremost purpose of the Pediatric RN Residency in the facility for both new graduate nurses and experienced nurses from different fields is to fundamentally improve the quality of patient care through series of classes, support components, clinical experiences with preceptors, and building networks with all multidisciplinary team members within the facility. Effective support components are imperative. The leadership team found ineffectiveness of the support components in the Transition RN Residency, which led to Transition RN residents felt the lack of confidence and competencies in taking care of pediatric patients. It is vital to take action in a prompt manner because such performance gap has a great potential to hinder Transition RN residents from maximizing their learning experience and delivering safe, competent pediatric patient care.

The Transition RN Residency Program is a relatively new program in the facility. Due to nurses that are hired into the Transition RN Residency are experienced nurses, there are grey areas on how to approach, precept, communicate, and support these RN residents due to their broad range of experiences and specialties. With congruent communication plan and effective support components, leadership team hopes to deliver a better learning experience for our incoming residents, and thus, "enhance their clinical competency and confidence" (Kim, Young, Eudey, Lounsbury, & Wede, 2015).

### **Project Overview**

This clinical nurse leader project aims to improve the support components for Transition RN residents during their Transition RN residency. The primary goal of this project is to transform previously three mentor meetings and three debriefer meetings into two consolidated professional development coaching meetings for integration with the Transition RN Residency curriculum. Such implementation can facilitate Transition RN residents' confidence/ competency in delivering pediatric patients' care, and thus, enhance overall pediatric patients' outcomes. Patient advocacy begins with the level of confidence and competencies of nurses. With effective support components provided during Transition RN Residency, it will empower new hires to become confident, competent pediatric nurses; which will enhance their ability to be proactive patient advocates, and thus, enhance overall pediatric patients' outcomes. Three objectives that leadership team expects from the clinical nurse leader project are (1) better learning experience, (2) increased Transition RN residents' satisfaction with the program, and (3) enhanced Transition RN residents' confidence/ competency in treating pediatric patients.

To accomplish patient safety and enhanced patients' outcomes, the project "I'm a Big Kid Now: Enhancing Transition RN Residents' Confidence During Pediatric Patient Care" aims to improve Transition RN residents' self-report confidence/ competency in treating pediatric patients at CHLA by 95%, through two consolidated professional development coaching meetings by April 28<sup>th</sup>, 2017. The specific aim statement closely mirrors the global aim statement because it states the objective, intervention, percentage of improvement, and time clearly, for readers will understand the purpose of the project in a prompt manner.

### **Rationale**

To identify the needs and factors of the project, needs assessments were performed. Through root cause analysis, focus groups result, and SWOT analysis from the past three Transition RN residency cohorts, the leadership team found Transition RN residents did not find mentor meetings and debriefer meetings beneficial (see Appendices A, B, and C for root cause analysis, focus groups result, and SWOT analysis). The primary purpose of above meetings were to provide a source of emotional and physical support throughout their transition from experienced nurses in other field to novice nurses in the field of pediatric. Moreover, due to ineffectiveness of the support components in the residency, Transition RN residents felt the lack of confidence and competencies in taking care of pediatric patients. It is vital to create an action plan in a timely manner because such performance gap has a great potential to hinder Transition RN residents from maximizing their learning experience and delivering safe, competent pediatric patient care.

The lack of confidence and incompetency from Transition RN residents can most definitely put pediatric patients' illness trajectory in jeopardy. With two consolidated professional development coaching meetings from previously three mentor meetings and three debriefer meetings, leadership team hopes to improve Transition RN residents' learning experience, their satisfaction of the support components during their RN residency, and ultimately, enhance their confidence and competency in delivering safe pediatric patient care. Patient safety and enhanced patients' outcomes are priorities. In accordance to Klingheil et al. (2016), it states both new graduate nurses and experienced nurses in the residency reveal similar transition experiences, and that they both need support and resources throughout their orientation period. Moreover, the article presents the importance of professional development education

meetings, which they were highly rated on program evaluations (Klingheil et al., 2016). Lastly, Klingheil et al. (2016) emphasizes with effective support components for Transition RN residents, they significantly have higher perception of communication, leadership, and competency in the pediatric hospital.

To examine the cost-effective measure of the project, nurse retention rate and projecting cost are analyzed. In accordance to Gohery and Meaney (2013), this study found that experienced nurses transitioning to a different specialty need a good support system. Without effective support system, experienced nurses felt ill prepared and inexperienced to work, thus, put patients' outcomes at risk (Gohery & Meaney, 2013). In addition, it is evidenced that with adequate support system during orientation, newly hired experienced nurses feel a sense of belonging and purpose, and thus, enhance nurse retention (Creakbaum, 2011). Of note, Creakbaum (2011) presented a significant down trending of turnover rate from 14% to 9.6% the following year, and 9% respectively the year after the implementation of diligent support system during orientation. The cost to train new nurses is remarkable. According to Creakbaum (2011), nursing turnover cost in the United States ranging from about \$22,000 to more than \$64,000. Identifying issues and intervening in a timely manner are keys. By providing adequate physical and emotional support during experienced nurses' orientation, it can facilitate healthy, safe working environment; and thus, empower nurses to reach their full potential to be confident, competent nurses. Once they feel confident within themselves and with the organization, it enhances job satisfaction; and thus, improve overall nurse retention rate. In conclusion, this project has a great potential to maximize nurse retention rate and minimize future cost to train new nurses.

## Methodology

The PDSA model is an effective change model that often uses to help teams improve the quality of care (Peter & Paul, 2015). Improving quality in the healthcare arena is about making healthcare safer, more efficient, patient-centered, timely, effective, and equitable (Peter & Paul, 2015). To facilitate this project, Kurt Lewin's Change Theory was used as guidance. In accordance to Schriener et al. (2010), Lewin's three-stage model of change is frequently utilized as the framework for organizational change. The first stage of Lewin's Change Theory is unfreezing, which the norm needs to be unfrozen before old behavior can be discarded and successfully adopt new behavior (Schriener et al., 2010). The second stage is change/ movement, which team members acknowledge the plan for change and ready for implementation (Schriener et al., 2010). This stage often presents chaos and resistance to change; hence, it is important for change agent to stay focus, meet project deadlines, and develop strategies to overcome resistance (Schriener et al., 2010). The last stage of Lewin's Change Theory is refreezing, which changes are implemented, integrated, and evaluated (Schriener et al., 2010). The simplicity of this change theory closely mirrors the process of the clinical nurse leader project. During the unfreezing stage, through data analysis from past three Transition RN residency cohorts, leadership team presents the need for change to Transition RN residents and the idea of integrating new support components in the residency curriculum. Next, during the change/ movement stage, leadership team implements two professional development coaching meetings with Transition RN residents. During the last stage, depending of the evaluation of the result, this project can be the established change or norm within the Transition RN Residency Program.

This clinical nurse leader project strives to improve Transition RN residents' self report confidence/ competency in treating pediatric patients by 95%, through two consolidated



professional development coaching meetings by the end of April 2017. The two consolidated professional development coaching meetings are scheduled to happen during the first week of April and last week of April. The first meeting's topic is "Reality Shock: From Expert to Novice" (see Appendix D for professional development coaching #1 agenda). During this meeting, facilitators will go over the nuances of transitioning to a new work environment, the reality shock associated with going back in the Patricia Benner Novice to Expert Model, and the uncertain feelings Transition RN residents faced when they were novices. The second meeting's topic is "Professional Development at CHLA" (see Appendix E for professional development coaching #2 agenda). During this meeting, facilitators will focus on professional development opportunities within the facility and the exploration of possible education advancement. Professional ladder, assistance programs, unit based committees, and house wide councils are introduced at this time. Coping mechanism and self-care techniques are provided during both meetings.

Prior to the first meeting, a baseline survey will be distributed to assess Transition RN residents' confidence and competency in working with pediatric patients. Moreover, to gather diligent baseline data, the survey includes both Likert scale questions and open-ended questions (see Appendix F for Transition RN residents survey questions). During the second week of April, the survey will be distributed again to evaluate the effectiveness of the first professional developmental coaching meeting; then again, after the second meeting, to evaluate the effectiveness of the overall professional developmental coaching meetings. Moreover, when the project is implemented, as the project leader and change agent, it is vital to act as a resource and a mentor if Transition RN residents need additional support. Through data analysis and survey

results, leadership team will be able to find out if desired outcome is reached, which is to improve the self report confidence/ competency by 95% among the Transition RN residents.

### **Data Source/ Literature Review**

The site for this project is a 495 bed, Magnet recognized pediatric facility located in the Greater Los Angeles area. The mission of this facility is “We create hope and build healthier futures” and the chief purpose is to “treat kids better” (CHLA, 2017). This facility is also known as the only freestanding Level 1 Pediatric Trauma Center in Los Angeles County (CHLA, 2017). In addition to Magnet recognition and numerous outstanding achievements, this facility is one of the country’s premier teaching hospitals, affiliated with the Keck School of Medicine of the University of Southern California (CHLA, 2017).

The Versant RN Residency Program was established in July 1999 with the drive to promote successful transition from nursing students or experienced nurses from other fields to become confident and competent pediatric nurses (CHLA, 2017). One full time program manager, two full time curriculum coordinators, and one full time administration secretary manage the Versant RN Residency Program. There are two New Graduate Nurse RN Residencies, start every March and September, and two Transition RN Residencies, start every February and August respectively each year. Of note, the Transition RN Residency Program is a relatively new program in the facility. Due to nurses that are hired into the Transition RN Residency are experienced nurses, there are various grey areas on how to approach, precept, communicate, and support these RN residents due to their broad range of experiences and specialties. Through past cohort assessments and survey, this clinical nurse leader project primarily focuses on the creation of two consolidated professional development coaching

meetings and how they may contribute a significant impact on Transition RN residents' self perception on their confidence and competency as pediatric nurses.

In examining the PICO search statement, the research question RN Residency Program leaders considered is as following, "With the incoming Transition RN residents, what is the effect of two professional development coaching meetings, in comparison to three mentor meetings and three debriefer meetings, on their level of confidence and competency in caring for pediatric patients?". The PICO strategy used to review literature was, (1) P: Transition RN residents, (2) I: Professional development coaching meetings, (3) C: Mentor meetings/ debriefer meetings, and (4) O: Enhance confidence and competency in caring for pediatric patients. When applying the PICO key elements, approximately 150 articles were received. Most articles were relevant to the topic of the project. For specific literature reviews and supports for the project, alternative keywords such as "experienced nurses", "fellowship", "nurse", and "mentor" were inserted and used. With mentioned keywords, approximately 40 - 50 articles were received. With diligent review, more articles were found and supported the need for this clinical nurse leader project. As of March 2017, there is definitely a gap in literature review for this topic, which it further justifies more research on this matter is necessary.

There are numerous literatures that support and confirm the need for this project. Diligent orientation ensures patient safety and enhances patients' outcomes. In accordance to Banister, Bowen-Brady, and Winfrey (2014), the authors conducted a study to evaluate if the mentoring component in the program has a significant impact on minority new nurses. The mentoring component was evaluated through surveys (Banister, Bowen-Brady, & Winfrey, 2014). Result showed mentees presented courteous manner, professionalism, ability to communicate effectively with multidisciplinary team members, and desire to reach their full potentials

(Banister, Bowen-Brady, & Winfrey, 2014). Moreover, mentees who participated mentorship presented low job turnover rate (Banister, Bowen-Brady, & Winfrey, 2014). This study highlights the necessity of mentorship during orientation and how effective support system can contribute a great impact on mentees' nursing career trajectory.

Moreover, Ferguson (2011) conducted a Grounded Theory study to explore nurses' perspective on effective mentoring and their relationships with their informal mentors. Through this study, they found characteristics of effective mentors (Ferguson, 2011). Of notes, mentoring and support components from the study facilitated new nurses' engagement in the work of the nursing unit, supported their learning process, and interaction with other healthcare professionals within the facility (Ferguson, 2011). This study validates the purpose of the project because it confirmed effective integration of support component during orientation could enhance their professional development in their nursing career, and thus, deliver safe patient care.

In addition, Dellasega, Gabbay, Durdock, and Martinez-King (2009) conducted a study to examine whether the orientation needs for experienced nurses and seasoned nurses are similar to or unique from those of novice nurses. Through their examination, they noted both experienced nurses and seasoned nurses need orientation that tailor to their needs, more specifically, emotional needs (Dellasega, Gabbay, Durdock, & Martinez-King, 2009). Moreover, nurses who are transitioning to a more advanced specialty require more support, for effective support system can facilitate a successful transition for experienced nurses (Dellasega, Gabbay, Durdock, & Martinez-King, 2009). This study highlights the importance of effective support system during orientation and how it can enhance experienced nurses' transition to various specialties; and thus, enhance the overall delivery of patient care.

Likewise, Gohery and Meaney (2013) conducted a study using the Heideggerian phenomenology research approach to examine the experiences of nurses moving from the ward environment to the critical care environment. Through this study, they found that experienced nurses transitioning to a different specialty need a good support system (Gohery & Meaney, 2013). Without effective support system, experienced nurses felt ill prepared and inexperienced to work, thus, put patients' outcomes at risk (Gohery & Meaney, 2013). This study confirms the need for the project to explore further if support component in a form of professional development meetings can enhance Transition RN residents' confidence and competency in caring for pediatric patients.

Nursing fellowship can play a significant impact on nurses' confidence and competency. In accordance to Bell, Bossier-Bearden, Henry, and Kirksey (2015), the authors conducted a nursing fellowship for experienced nurses from other fields to transition into the specialty area of obstetrics. The program provided didactic, support system, and preceptor-facilitated clinical experiences for all fellows (Bell, Bossier-Bearden, Henry, & Kirksey, 2015). In conclusion, all fellows expressed confidence and competency in caring for obstetrics patients as the fellowship progressed (Bell, Bossier-Bearden, Henry, & Kirksey, 2015). This study confirms the relevance of the clinical nurse leader project; with sound support system, experienced nurses from other fields can transform into confident, competent pediatric nurses.

Likewise, Henderson (2011) conducted a study to examine the effectiveness of a nurse residency program that they implemented at their facility. Through focus groups, they noted that most novice nurses need nurturing and supportive work environment in order to empower them to reach their full potentials and deliver safe patient care (Henderson, 2011). In relations to the clinical nurse leader project, despite Transition RN residents are experienced nurses, they are

novice nurses in the field of pediatrics. This study validates the necessity of nurturing and support, which in this case, the project's two consolidated professional development meetings. With those meetings, Transition RN residents will have a smooth transition to become competent nurses in the field of pediatrics.

In addition, in accordance to Klingbeil et al. (2016), the authors conducted a study to examine the difference between new graduate nurse program and transition program for experienced nurses at a pediatric hospital. Through their examination, it was noted that both experienced nurses and new graduate nurses showed improved organization, prioritization, communication, and leadership skills over the course of the program, which these skills were vital to competent patient care (Klingbeil et al., 2016). Moreover, all participants highly rated professional development education days, which they expressed appreciation of debriefing and sharing experiences with others (Klingbeil et al., 2016). This study highlights the importance of professional development education days and how they have a great impact on Transition RN residents' confidence in delivering patient care.

Safe learning environment can lead to productive and transformational changes in the healthcare arena. In accordance to Kramer, Maguire, and Brewer (2011), the authors examined experienced nurses' experience when working in Magnet hospitals. According to the study, experienced nurses confirm healthy work environments and leaders within organizations focus highly on changes that may improve nurse and patient outcomes (Kramer, Maguire, & Brewer, 2011). The project site is a Magnet recognized hospital; this study supports the need for change in the Transition RN Residency, for this innovative change can facilitate better support for RN residents during their residency, and thus, enhance their confidence in becoming competent pediatric nurses.

Moreover, Kramer et al. (2012) conducted a qualitative study to examine the effectiveness of nurse residency programs and how they contribute to the organization. It was noted that nurse residency programs and support component led to transformative changes in organizations; that these transformative changes can lead to improved patient outcomes (Kramer et al., 2012). This study confirms the need for the project, for Transition RN residents can make an impact on the organization and improve patients' outcomes.

Sound education and orientation for newly hired experienced nurses can enhance nurse retention, and thus, it is a cost effective intervention. As stated by Creakbaum (2011), the author started an implementation of a new nurse role called, "education specialist" in hope of enhancing orientation experiences for newly hired experienced nurses, and thus, improving nurse retention. This role provided orientation needs and support for both new hires and preceptors (Creakbaum, 2011). Through evaluation, it was noted that the turnover rate went from 14% to 9.6% the following year, and 9% respectively the year after (Creakbaum, 2011). This study supports this project by validating the importance of effective supportive system during the orientation period, for newly hired experienced nurses feel a sense of belonging and purpose, and thus, able to deliver safe patient care.

Moreover, Windey (2016) supported the necessity to implement an experienced nurse fellowship in the healthcare arena in order to enhance retention rate and patients' outcomes. One aspect that was highlighted in the article was the importance of having resident development specialist to provide support, consultation, and mentoring to transitioning nurses as needed (Windey, 2016). This article confirms that with adequate support, consultation, and mentoring, transition nurses would have the confidence to become competent nurses, and thus, enhance patients' outcomes.

### **Timeline**

The project, “I’m a Big Kid Now: Enhancing Transition RN Residents’ Confidence During Pediatric Patient Care” began early January 2017 and will conclude in the end of April 2017 (see Appendix G for Gantt Chart). The project began with assessments on past Transition RN residents from January 9<sup>th</sup> to January 13<sup>th</sup>. Development of initial surveys started January 16<sup>th</sup> to January 20<sup>th</sup>. Once the survey was available, leadership team sent out survey to past Transition RN Residents and collected data from January 23<sup>rd</sup> to February 3<sup>rd</sup>. After data collection, leadership team began creation of professional development coaching meeting agendas from February 6<sup>th</sup> to February 24<sup>th</sup>. New cohort of Transition RN residents started during the time of professional development coaching meeting agendas creation; meet and greet was facilitated from February 13<sup>th</sup> to February 28<sup>th</sup>.

For the month of March to early April, new Transition RN residents were assigned with preceptors and had clinical experiences on their home unit. Initial survey will be distributed to new Transition RN residents on April 4<sup>th</sup> to April 5<sup>th</sup> upon their return for class time. The professional development coaching meeting #1 is scheduled to take place on April 5<sup>th</sup>. After the first meeting, leadership team will collect post-PDC meeting #1 data from April 6<sup>th</sup> to April 7<sup>th</sup>. The professional development coaching meeting #2 is scheduled on April 26<sup>th</sup>, and final data collection is scheduled from April 27<sup>th</sup> to April 28<sup>th</sup>. Further data analysis and summary of the project are scheduled to finalize by April 29<sup>th</sup>.

### **Expected Results**

With the diligent implementation of two professional development coaching meetings with Transition RN residents in the February 2017 cohort, leadership team expects high percentage of Transition RN residents self-verbalizing their confidence and competency in being



pediatric nurses in the facility. Moreover, leadership team expects an enhanced satisfaction with the Transition RN Residency Program from the February 2017 cohort. Through post intervention surveys, leadership team will as well be able to acknowledge whether the February 2017 cohort enjoys the learning experience and feels supported throughout the program and transition of career. In conclusion, it is highly likely that with the revision of support components and the creation of professional development coaching meetings in the Transition RN Residency, Transition RN residents will feel fully supported, empowered to reach their full potentials, and become confident, competent pediatric nurses in the facility.

### **Nursing Relevance**

A concrete nursing foundation is necessary for all nurses in order to succeed in their nursing career. Pediatric nursing is a specialized field. It is essential for pediatric facilities to provide vital education and support components in order to facilitate the growth and development of new pediatric nurses. Likewise, with congruent support components, this clinical nurse leader project can deliver a better learning experience for incoming Transition RN residents, and thus, “enhance their clinical competency and confidence” in caring for pediatric patients (Ferguson, 2011).

The integration of two professional development coaching meetings during Transition RN Residency can make a significant impact on new Transition RN residents’ nursing career trajectory. In accordance to Klingheil et al. (2016), authors emphasize with effective support, they significantly have higher perception of communication, leadership, and competency in the pediatric hospital. Moreover, effective support components during residencies confirmed healthy work environment, have a great impact on retention, job and practice satisfaction, improved

performance, and reduction in environmental reality shock, which these transformative changes lead to improved patient outcomes (Kramer et al., 2012).

The implementation of this project has a great potential to empower new pediatric nurses to reach their full potentials, be leaders within their microsystems, and make innovative changes in the future healthcare arena. Likewise, in accordance to Creakbaum (2011), effective support components during the orientation period for newly hired experienced nurses can facilitate a sense of belonging and purpose, which empower them to deliver safe patient care, and ultimately, enhance job satisfaction and decrease turn over rate. Of note, the average cost to train new nurses is remarkable. Nursing turnover cost in the United States is ranging from about \$22,000 to more than \$64,000 (Creakbaum, 2011). With such high cost value thus far, this innovative project has an excellent cost effective trajectory in the healthcare arena.

### **Summary Report**

The project “I’m a Big Kid Now: Enhancing Transition RN Residents’ Confidence During Pediatric Patient Care” aims to improve Transition RN residents’ self-report confidence/competency in treating pediatric patients at CHLA by 95%, through two consolidated professional development coaching meetings by April 28<sup>th</sup>, 2017. The primary goal of this project is to transform previously three mentor meetings and three debriefer meetings into two consolidated professional development coaching meetings for integration with the Transition RN Residency curriculum. Such implementation can facilitate Transition RN residents’ confidence/competency in delivering pediatric patients’ care, and thus, enhance overall pediatric patients’ outcomes. Three objectives that leadership team expects from the clinical nurse leader project are (1) better learning experience, (2) increased Transition RN residents’ satisfaction with the

program, and (3) enhanced Transition RN residents' confidence/ competency in treating pediatric patients.

The site for the clinical nurse leader project is a 495 bed, Magnet recognized pediatric facility located in the Greater Los Angeles area. The actual population for the project is the February 2017 Transition RN Residency cohort. This cohort started with 14 residents. By the first month into the residency, 2 residents quit; hence, the cohort ended with the total of 12 residents. Of notes, Transition RN residents are experienced nurses from various fields who have the desire to pursue their nursing career in the field of pediatrics.

To facilitate this project, Kurt Lewin's Change Theory was used as guidance. In accordance to Schriener et al. (2010), Lewin's three-stage model of change is frequently utilized as the framework for organizational change. The simplicity of this change theory closely mirrors the process of the clinical nurse leader project. During the unfreezing stage, through data analysis from past three Transition RN residency cohorts, leadership team presents the need for change to Transition RN residents and the idea of integrating new support components in the residency curriculum. Next, during the change/ movement stage, leadership team implements two professional development coaching meetings with Transition RN residents. During the last stage, depending of the evaluation of the result, this project can be the established change or norm within the Transition RN Residency Program.

Method and teaching aids used to implement the project were two consolidated professional development coaching meetings, which they were scheduled during the first week of April and last week of April (see Appendices D and E for professional development coaching #1 agenda and professional development coaching #2 agenda). There were no changes made from the prospectus. The baseline data collected presented a significant lack of confidence and

competency in treating pediatric patients within the Transition RN residents population. It is vital to create an action plan in a timely manner because such performance gap has a great potential to hinder Transition RN residents from maximizing their learning experience and delivering safe, competent pediatric patient care. In addition, the lack of confidence and competency from Transition RN residents can most definitely put pediatric patients' illness trajectory in jeopardy.

Evaluations happened after each professional development coaching meetings. During the second week of April, the survey was distributed to evaluate the effectiveness of the first professional developmental coaching meeting; then again, after the second meeting, to evaluate the effectiveness of the overall professional developmental coaching meetings (see Appendix F for Transition RN Residents Survey Questions). Through data analysis and review of project results, after the first professional development coaching meeting, 75% of Transition RN residents agreed they felt confident/ competent in taking care of pediatric patients at Children's Hospital Los Angeles and 25% felt neutral (see Appendix H, page 1 for project result). After the second professional development coaching meeting, 25% strongly agreed they felt confident/ competent in taking care of pediatric patients at Children's Hospital Los Angeles, 67% agreed, and 8% felt neutral (see Appendix I, page 1 for project result).

In evaluating Transition RN residents' confident in caring for pediatric patients in case of emergency or a code blue, after the first professional development coaching meeting, 33% agreed, 42% felt neutral, 17% disagreed, and 8% strongly disagreed (see Appendix H, page 2 for project result). In examining results after the second professional development coaching meeting, 9% of Transition RN residents strongly agreed, 75% agreed, 8% felt neutral, and 8% disagreed (see Appendix I, page 2 for project result). Lastly, to evaluate Transition RN residents' comfort level in verbalizing their needs with RN residency staff, preceptors, and coaches, after both first

and second professional development coaching meetings, 75% strongly agreed and 25% agreed (see Appendices H, page 3 and I, page 3 for project result).

Through stated project results above, new support components of two professional development coaching meetings had made a significant impact on Transition RN residents' confidence and competency in taking care of pediatric patients. As projected by leadership team, such integration into the residency curriculum can most definitely motivates Transition RN residents to reach their full potentials, empower new hires to become confident, competent pediatric nurses; which enhance their ability to be proactive patient advocates, and thus, enhance overall pediatric patients' outcomes. Despite the project's results were not as significant as projected, positive outcomes were noted; which this project most definitely has the potential to create more in depth impact with sound revisions.

Five factors that influence the sustainability of a project are (1) modification of the program, (2) having a champion, (3) fit with the organization's mission/ procedures, (4) perceived benefits of the staff/ clients, and lastly, (5) support from stakeholders. The modification of the existing Transition RN Residency Program is minimal, for all stakeholders can follow along and support this change. Electing champions to sustain this action plan is vital. Upon practicum completion, elected champions will be working with leadership team to continue assessing, implementing, and evaluating the effectiveness of this project. Each cohort of Transition RN residents are different; it is important for leadership team to evaluate each cohort's progress and revise support components for the Transition RN Residency Program if necessary. Next, this CNL project closely mirrors the facility's mission; that "*We create hope and build healthier futures*" by advancing knowledge and preparing future generations (CHLA, 2017). New nurses are healthcare facility's future. With sound nursing foundation and nurturing,

new nurses can become competent, confident healthcare leaders within the healthcare arena. In addition, explanation on how this CNL project can benefit staff, pediatric patients, and the facility's future financial trajectory is significant; for clear explanation can enhance support from stakeholders and the organization as a whole.

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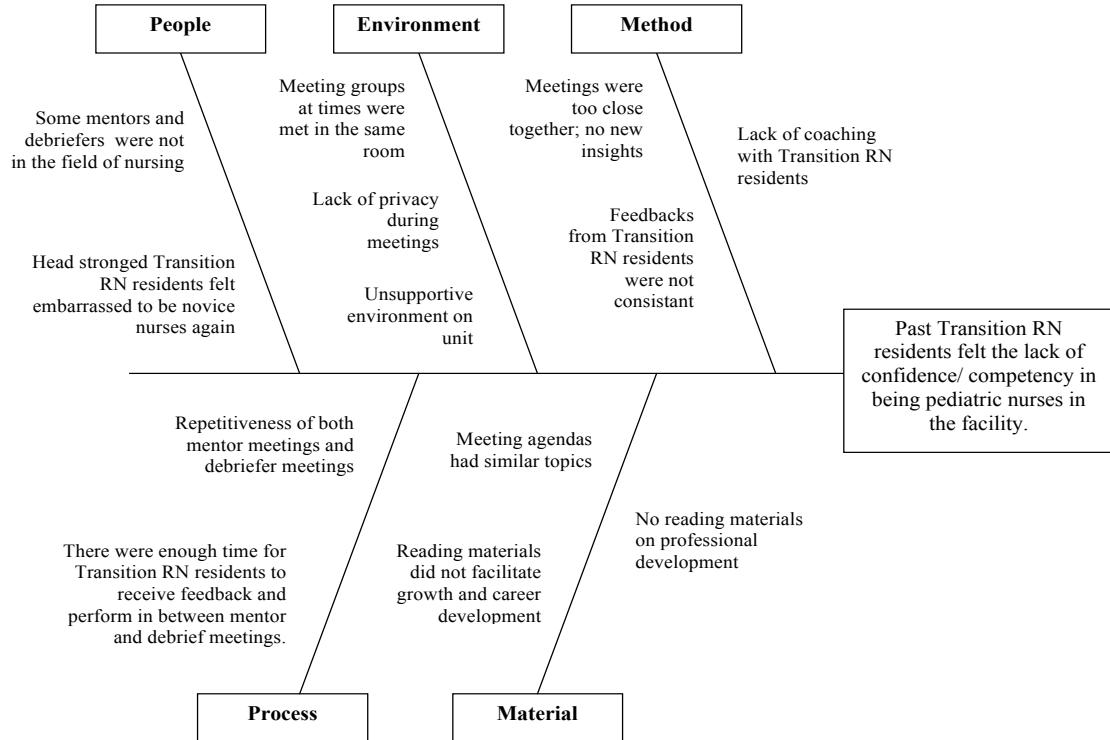
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Appendix A

**ROOT CAUSE ANALYSIS  
FISHBONE DIAGRAM**



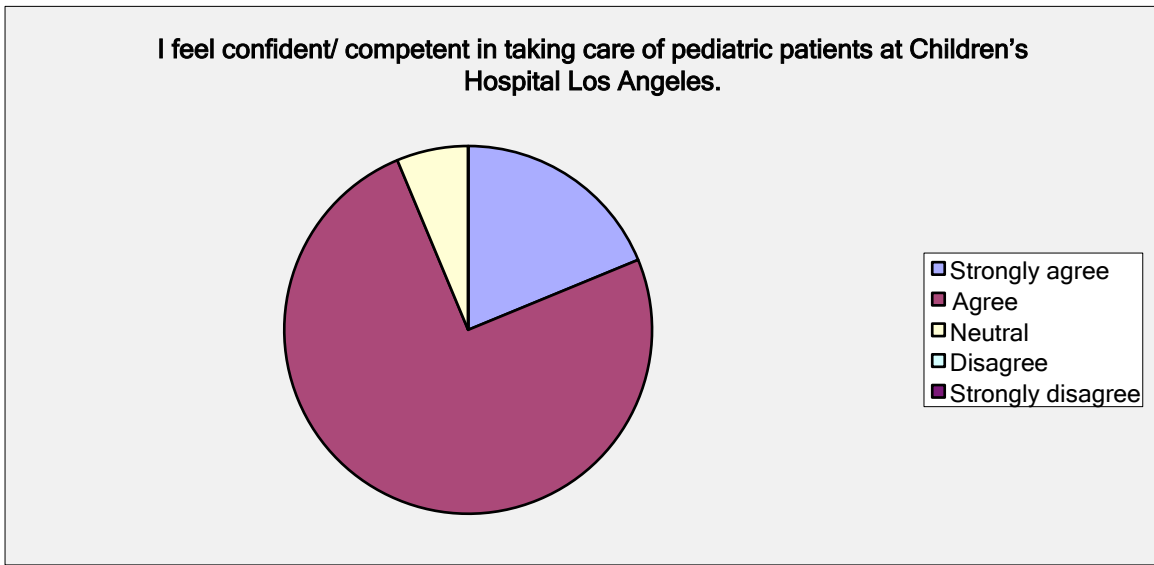
Appendix B

**FOCUS GROUPS RESULT**

**Page 1**

**I feel confident/ competent in taking care of pediatric patients at Children’s Hospital Los Angeles.**

| Answer Options    | Response Percent |
|-------------------|------------------|
| Strongly agree    | 18.8%            |
| Agree             | 75.0%            |
| Neutral           | 6.3%             |
| Disagree          | 0.0%             |
| Strongly disagree | 0.0%             |



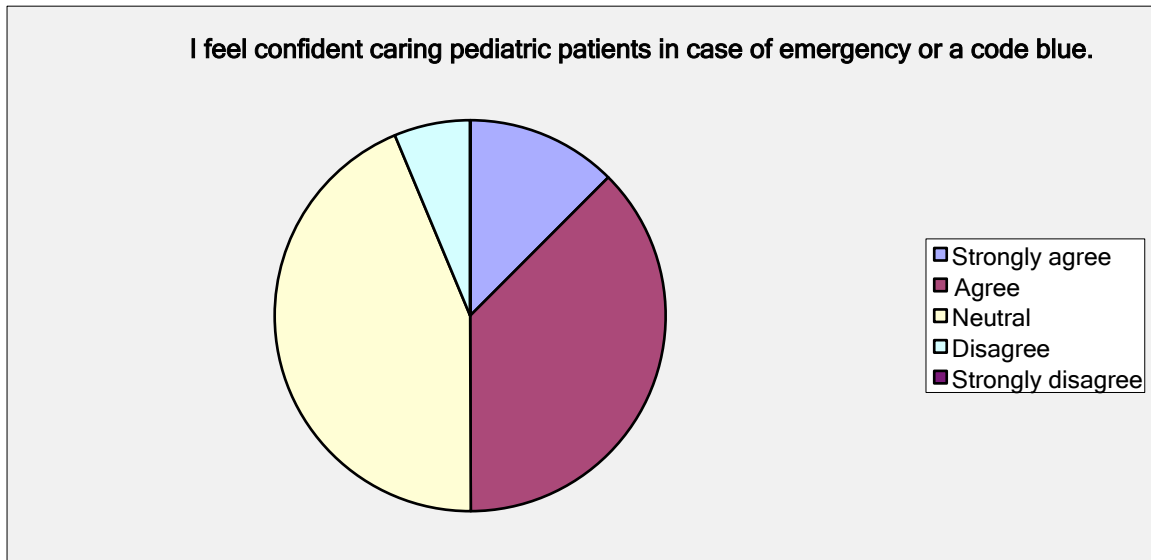
Appendix B

**FOCUS GROUPS RESULT**

**Page 2**

**I feel confident caring pediatric patients in case of emergency or a code blue.**

| Answer Options    | Response Percent |
|-------------------|------------------|
| Strongly agree    | 12.5%            |
| Agree             | 37.5%            |
| Neutral           | 43.8%            |
| Disagree          | 6.3%             |
| Strongly disagree | 0.0%             |

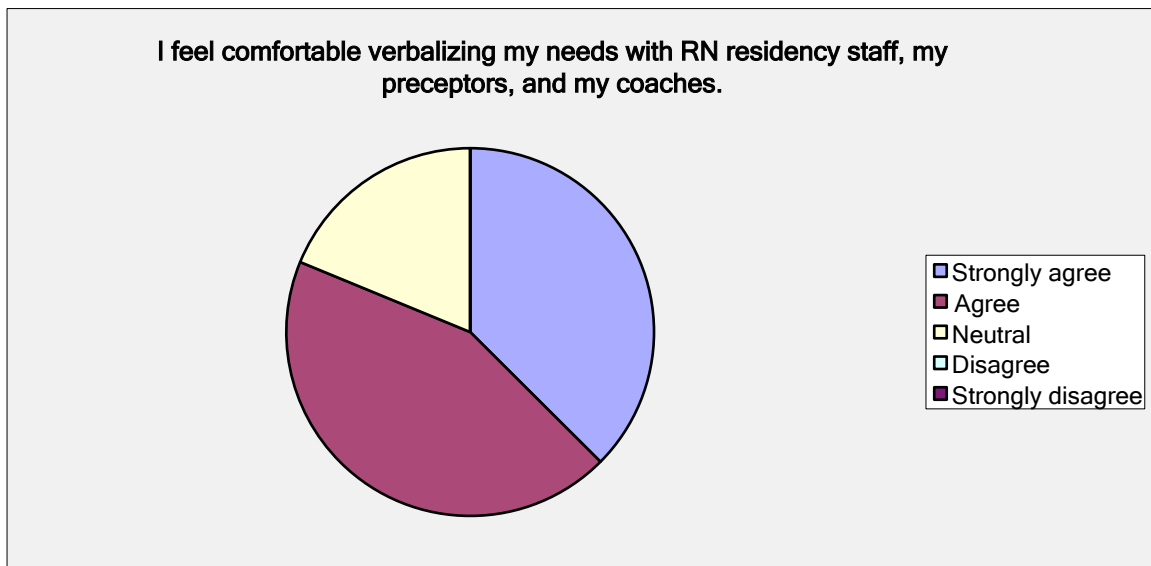


Appendix B

**FOCUS GROUPS RESULT**

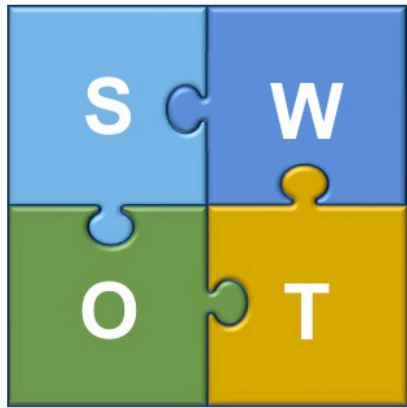
**Page 3**

| <b>I feel comfortable verbalizing my needs with RN residency staff, my preceptors, and my coaches.</b> |                         |                       |
|--|-------------------------|-----------------------|
| <b>Answer Options</b>  | <b>Response Percent</b> | <b>Response Count</b> |
| Strongly agree   | 37.5%                   |                       |
| Agree  | 43.8%                   |                       |
| Neutral  | 18.8%                   |                       |
| Disagree   | 0.0%                    |                       |
| Strongly disagree  | 0.0%                    |                       |



Appendix C

**SWOT ANALYSIS**



**STRENGTHS (+)**

- Excellent leadership team
- Enhance communication
- Safe learning environment
- Cohesiveness between Transition RN residents

**WEAKNESSES (-)**

- Self criticism between Transition RN residents
- Possible lack of participants
- Insufficient literature reviews in this topic

**OPPORTUNITIES (+)**

- Cost saving in the long run
- Enhance nurses' retention rate
- Career advancement
- Enhance confidence/ competency in being a pediatric nurse

**THREATS (-)**

- Work/ family balance within Transition RN residents
- Unable to focus or pay attention during meetings
- Caregiver fatigue
- Stress

**SWOT PUZZLE**

## Appendix D

**PROFESSIONAL DEVELOPMENT COACHING #1****Page 1**

**VERSANT TRANSITION RN RESIDENCY IN PEDIATRICS**  
**(February 2017 – May 2017)**  
**PROFESSIONAL DEVELOPMENT COACHING #1:**  
**REALITY SHOCK: FROM EXPERT TO NOVICE**

**Purpose**

This session is designed to promote the discussion about the nuances of transitioning to a new work environment and the reality shock associated with going back in the Patricia Benner Novice to Expert Model before moving forward. Very similar to the uncertain feelings they faced when they were a novice.

**Session Outline**

For the 60-minute session, the session may be outlined as follows:

- Introductions (if applicable), checking-in, reinforce existing confidentiality agreements and ground rules, review of agenda items, and facilitation of a discussion starter or icebreaker. (10 minutes)
- Discussion of debriefing session topic including: review of purpose, utilization of a facilitation technique/method and coping mechanism or self-care technique as applicable. (40 minutes)
- Wrap up, answer any questions, and finalize plans for the next debriefing session. (10 minutes)

**Background**

When changing work environments, the reality shock of being the novice may be overwhelming to the Transition Residency RN (TR RN). The change in work environment along with the need to master new skills, acquire knowledge and use of unfamiliar technology, may be shocking and stressful. It may have the TR RN question themselves as to whether or not they made the right choice to change areas of practice. Having a supportive environment on the unit and within the Residency will assist in alleviating some of the TR RNs' concerns. Sharing personal experiences and strategies, from former transition residents or nurses, is beneficial for the TR RN to hear that they are not alone in their thoughts and feelings and provides them with the support and guidance to assist them in a successful transition to the new work environment.

## Appendix D

**PROFESSIONAL DEVELOPMENT COACHING #1****Page 2****Definition**

The term “reality shock” is coined from the shock-like realization that the world of nursing practiced in the workplace does not always operate under the same principles that were presented in nursing school (Halfer & Graf, 2006). For the experienced nurse transitioning to a new area of practice, reality shock results from increased anxiety and stress due to their changing role.

**Stages of Reality Shock****Honeymoon Phase**

This phase is characterized by a feeling of excitement to be in a new environment. The perception of transition nurses is that everything is wonderful and they are fascinated by the newness of the experience. They are focused on the mastery of new skills and need close mentoring. This phase has a short duration.

**Shock and Rejection**

This phase is characterized by a feeling of being overwhelmed. The work environment may not live up to expectations. The transition nurse questions the change in role and whether or not they made the right decision to change environments. Having been more experienced in their previous role, feelings of inadequacy and incompetence are very common leading to an increase in desire to return to their previous unit.

**Recovery**

This phase is characterized by the return of a sense of humor. The transition nurse becomes accustomed to the new role. Confidence and ability increases, and their capacity to accommodate to change is more acceptable.

**Resolution**

The transition nurse attains confidence and clinical expertise. This is the final phase (Kramer, 1974).

Common feelings when transitioning in career:

- Excited with opportunities
- Anxiety
- Uncertainty/ Uncomfortable
- What one does not know overshadows what one does know
- Self doubt: Am I making the right move? Is this the right decision?
- Brings back old memories of “reality shock” when a new nurse
- Identity “crisis”
- Focus is on mastery of new skills



## Appendix D

**PROFESSIONAL DEVELOPMENT COACHING #1****Page 3****Discussion**

After reviewing the stages of reality shock, ask the TR RN if they agree with the descriptions. Have they experienced reality shock during the Residency? Have the TR RN share their experiences.

**Strategies for Success**

- Close precepting to guide through the transition.
- Acknowledge difficulties in transitioning.
- Develop short term and long term goals (feeling of accomplishment and success when goals are met).
- Having patience will help feelings of inadequacy diminish. Don't expect too much too soon.
- Seek reassurance from friends and family. Talk about it.
- Self-care - stress management techniques.
- Seek opportunities to refine skills.
- Seek knowledge, educational opportunities.
- Build relationships; socialization to unit and unit culture

Encourage current Transition Residents to seek out past Transition Residents on their unit to discuss their experiences. Questions to ask past Transition Residents include:

- A personal story about how it felt being in a new role after having been the experienced nurse.
- A time they felt disillusioned about the change they made versus what it was like prior to transitioning.
- What were some of the differences that stood out?
- When did they begin to feel more confident and accustomed to the new role and environment?
- What specific things helped during their transition (e.g., a mentor, peer support, etc.)?
- Share a piece of advice with the residents during their transitional time.

**Desired Outcome**

At the end of the session, the residents should be able see that transition nurses share very similar pathways as they move to a new area of practice. Through the discussion and guest speakers sharing the reality of their nursing experiences, the session provides validation and role development for the TR RNs.

## Appendix E

**PROFESSIONAL DEVELOPMENT COACHING #2****Page 1**

**VERSANT TRANSITION RN RESIDENCY IN PEDIATRICS**  
**(February 2017 – May 2017)**  
**PROFESSIONAL DEVELOPMENT COACHING #2:**  
**PROFESSIONAL DEVELOPMENT AT CHLA**

**I. General Professional Development Information**

- a. Overview of Specialty Organizations
  - i. Review other specialty organizations that would be appropriate based on their area of work.
  - ii. Use of education money to support professional organization involvement and other professional development needs.
  - iii. Overview of SPN- Good general Pediatric organization and membership details
- c. Professional Certification
  - i. Discuss common certifications CHLA nurses obtain
  - ii. Importance in relation to Magnet Status
- d. Special Pay Practices Policy
  - i. Bachelors degree differential: \$.50/hr
  - ii. Masters degree differential: \$1.00/hr
  - iii. Certification/credentialing differential: \$.50/hr
  - iv. Charge nurse differential: \$3/hr for all hours worked as a CN
  - v. Clinical Preceptor differential: \$2.50/hr
  - vi. ECMO Nurse Differential: \$5.00/hr for all hours worked while caring for a patient on ECMO
  - vii. Float Team differential: \$3.00/hr for RN who floats to Med-Surg or ICU. \$4.50 for RN competent to float to all areas.
- e. HR Tuition Reimbursement
- f. Clinical Services Tuition Assistance program
- g. Discuss the Terry Varatta Memorial Scholarship available for nurses enrolled in a MSN program and John E. Anderson Scholarship available for nurses enrolled in an MSN or doctoral program
- h. CHLA Nursing Professional Ladder
  - i. What is the Nursing Ladder
    - 1. After Transition RN Residency promote to RN II (as long as meeting job requirements)
    - 2. Application process to become an RN III or RN IV (usually at least 4-5 years)

## Appendix E

**PROFESSIONAL DEVELOPMENT COACHING #2****Page 2****II. Collaborative Governance and Unit-Based Committees**

- a. **PCS Council structure and process-** see what they know about councils (heard from unit)
  - i. Each unit/area has a representative
  - ii. Multidisciplinary
  - iii. Reps are voted on to a council by unit
  - iv. Term is 2 years
  - v. 5 councils
  - vi. Collaborative Governance forum
- b. **Overview of CHLA PCS Councils-** share PowerPoint
  - i. **Clinical Practice Council**
  - ii. **Education and Professional Development Council**
  - iii. **Quality Council**
  - iv. **Recruitment and Retention Council**
  - v. **Collaborative Governance Forum**
- c. **Unit based Committees/Councils/WALT group**
  - i. See handout of examples of different committees/workgroups on each unit
  - ii. Discuss what they have seen in their unit regards to committees and unit based councils.
  - iii. Do they know who their council reps are?

## Appendix F

**TRANSITION RN RESIDENTS SURVEY QUESTIONS****Likert Scale**

1. The Transition RN Residency gives me the support system that I need to be a competent pediatric nurse at Children's Hospital Los Angeles.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

2. I feel comfortable verbalizing my needs with RN residency staff, my preceptors, and my coaches.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

3. I feel confident in identifying abnormal vital signs and other abnormal pediatric parameters.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

4. I feel confident performing age appropriate assessments during my patient care.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

5. I feel confident caring pediatric patients in case of emergency or a code blue.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

6. I feel confident/ competent in taking care of pediatric patients at Children's Hospital Los Angeles.

Strongly agree      Agree      Neutral      Disagree      Strongly disagree

**Open-ended Questions**

1. What do you like *most* about the Transition RN Residency Program?

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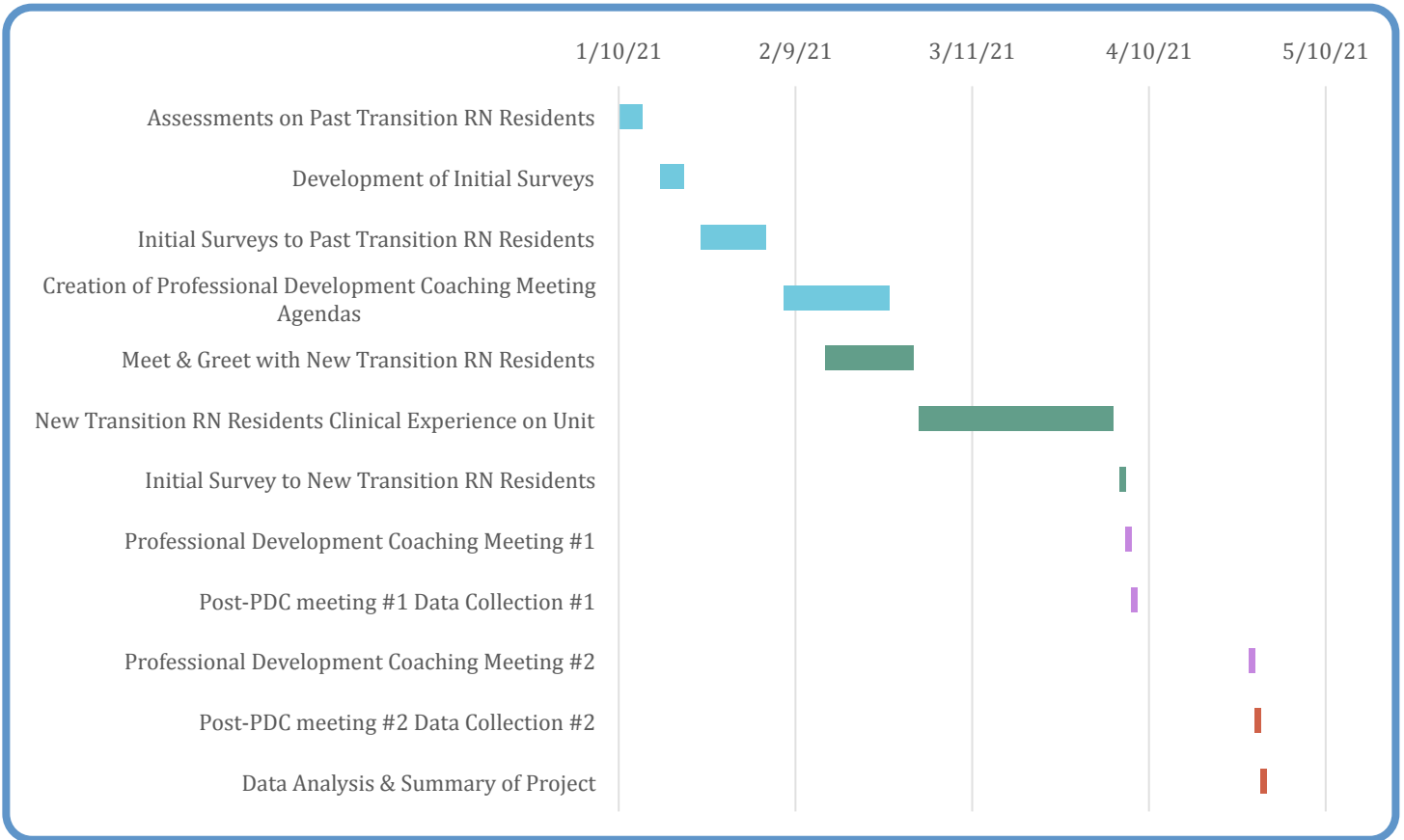
2. What do you like *least* about the Transition RN Residency Program?

---

3. Please share one aspect in the Transition RN Residency that we can improve on for our next cohort.

---

Appendix G  
**GANTT CHART**

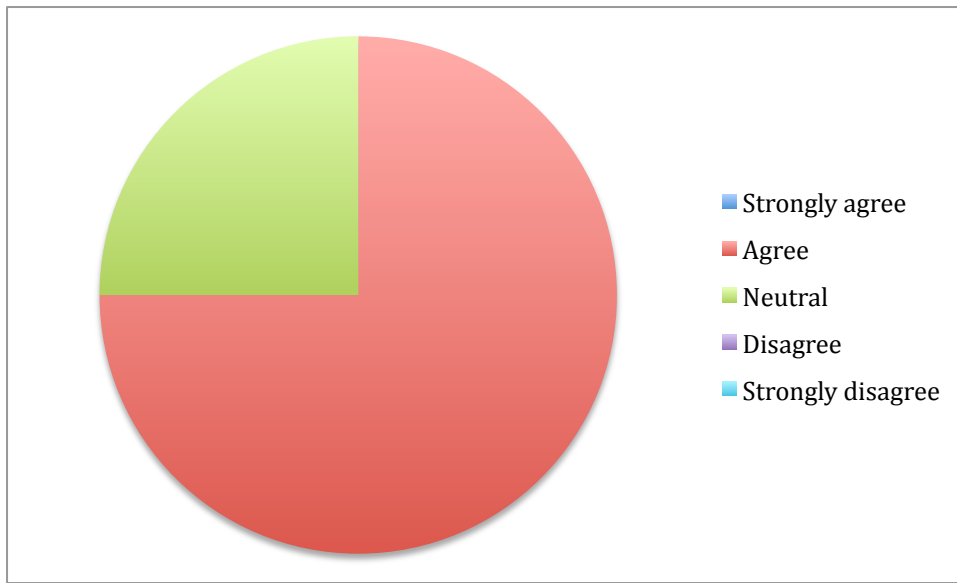


Appendix H

**PROJECT RESULT**  
**PROFESSIONAL DEVELOPMENT COACHING MEETING #1**  
**Page 1**

I feel confident/ competent in taking care of pediatric patients at Children's Hospital Los Angeles.

|                   |     |
|-------------------|-----|
| Strongly agree    | 0%  |
| Agree             | 75% |
| Neutral           | 25% |
| Disagree          | 0%  |
| Strongly disagree | 0%  |

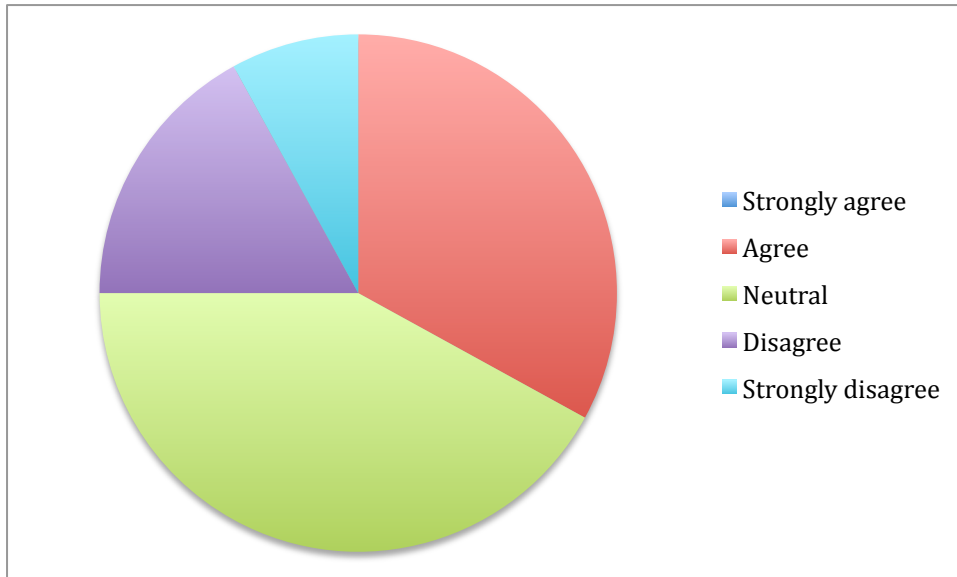


Appendix H

**PROJECT RESULT**  
**PROFESSIONAL DEVELOPMENT COACHING MEETING #1**  
**Page 2**

I feel confident caring for pediatric patients in case of emergency or a code blue.

|                   |     |
|-------------------|-----|
| Strongly agree    | 0%  |
| Agree             | 33% |
| Neutral           | 42% |
| Disagree          | 17% |
| Strongly disagree | 8%  |

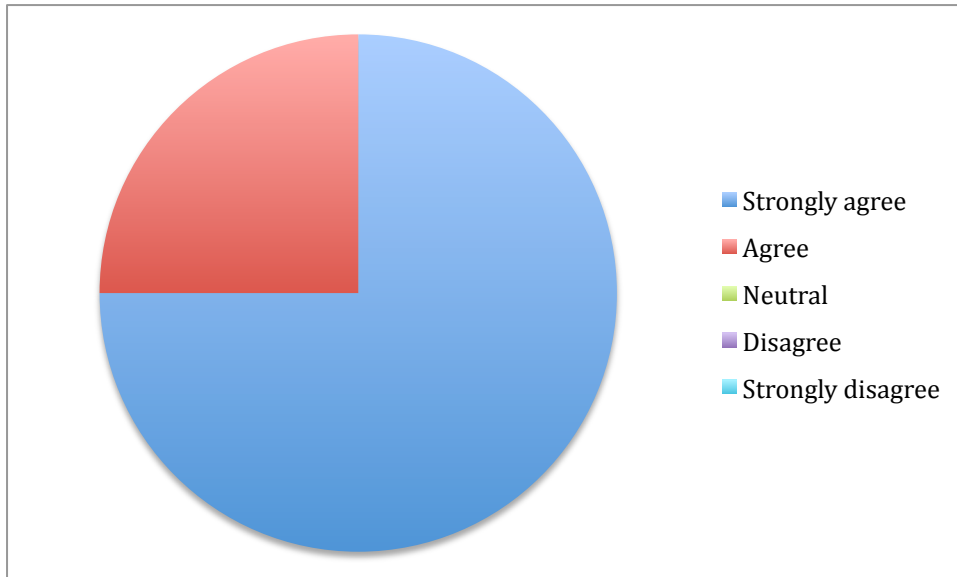


Appendix H

**PROJECT RESULT**  
**PROFESSIONAL DEVELOPMENT COACHING MEETING #1**  
**Page 3**

I feel comfortable verbalizing my needs with RN residency staff, my preceptors, and my coaches.

|                   |     |
|-------------------|-----|
| Strongly agree    | 75% |
| Agree             | 25% |
| Neutral           | 0%  |
| Disagree          | 0%  |
| Strongly disagree | 0%  |



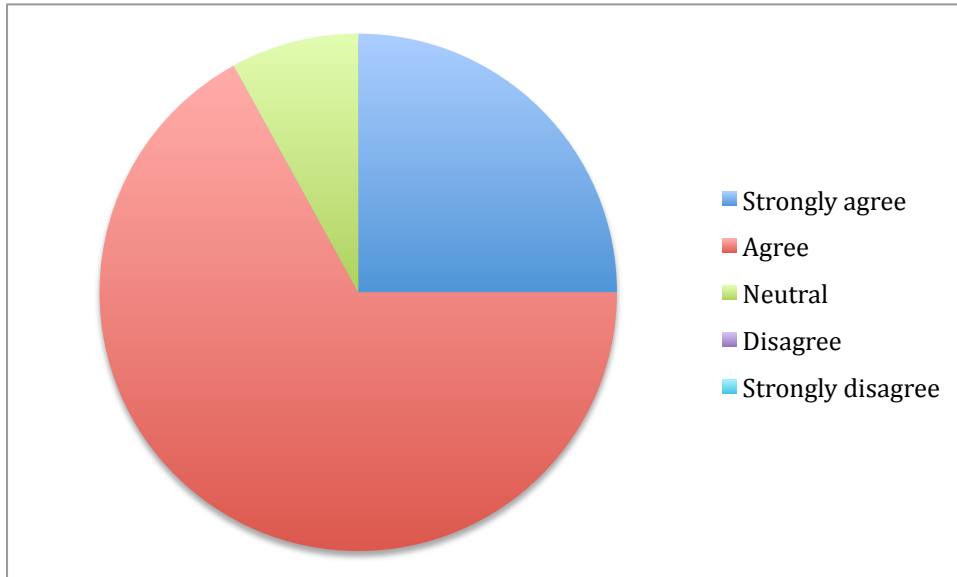


Appendix I

**PROJECT RESULT**  
**PROFESSIONAL DEVELOPMENT COACHING MEETING #2**  
**Page 1**

I feel confident/ competent in taking care of pediatric patients at Children's Hospital Los Angeles.

|                   |     |
|-------------------|-----|
| Strongly agree    | 25% |
| Agree             | 67% |
| Neutral           | 8%  |
| Disagree          | 0%  |
| Strongly disagree | 0%  |

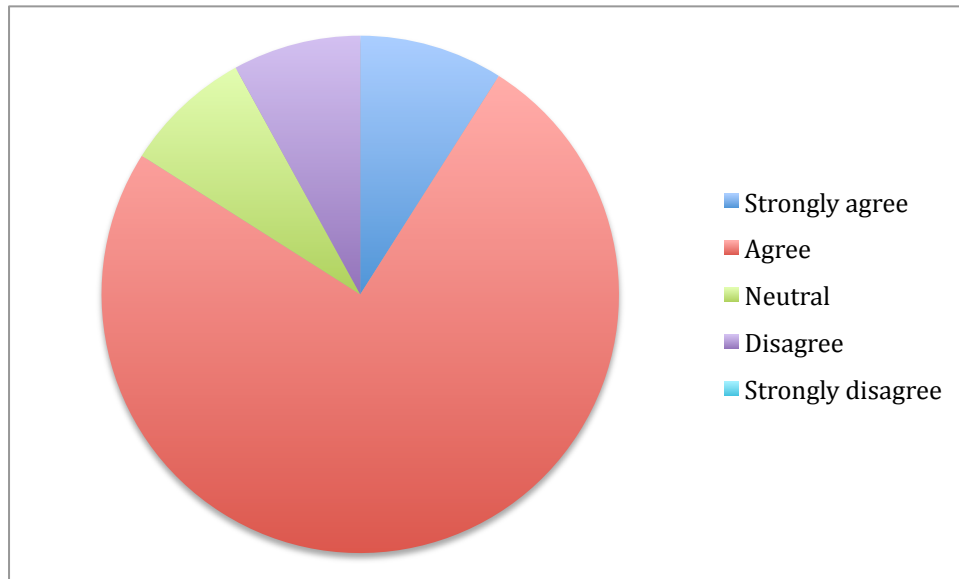


Appendix I

**PROJECT RESULT**  
**PROFESSIONAL DEVELOPMENT COACHING MEETING #2**  
**Page 2**

I feel confident caring for pediatric patients in case of emergency or a code blue.

|                   |     |
|-------------------|-----|
| Strongly agree    | 9%  |
| Agree             | 75% |
| Neutral           | 8%  |
| Disagree          | 8%  |
| Strongly disagree | 0%  |



Appendix I

**PROJECT RESULT**  
**PROFESSIONAL DEVELOPMENT COACHING MEETING #2**  
**Page 3**

I feel comfortable verbalizing my needs with RN residency staff, my preceptors, and my coaches.

|                   |     |
|-------------------|-----|
| Strongly agree    | 75% |
| Agree             | 25% |
| Neutral           | 0%  |
| Disagree          | 0%  |
| Strongly disagree | 0%  |

