How nursing facilitates the effective transition of new graduate nurses into the working environment.

The journey leading to the current process and structure by which Riverside Medical Center facilitates the effective transition of new graduate nurses into the working environment would not be described fully without a bit of history to this continually evolving story. One of the indicators that became a catalyst for change began in 2002 when the leadership of Riverside Medical Center identified the turnover rate of new grad nurses at the one year mark as 50% and at the two year mark at 80%. This statistic was incredibly significant to Riverside Medical Center on many different levels: the financial expenditure for recruitment and training of the new graduate nurse, the recruitment and training of multiple preceptors, the work flow for each nursing unit to train then lose the newest member of their team – not to mention the effect on the nursing unit morale, the impact to patient satisfaction due to revolving door nurses and agency nursing usage, and the break in building trust and communication with our medical staff.

Reducing Nursing Turnover: Compelling Case for Change

For these reasons, Riverside Medical Center took action and implemented new processes to restore the new grad nurse turnover rate and set our organization apart from others in regards to the recruitment, professional and clinical development of, and the retention of new grad nurses. The result of our journey is our new grad turnover rate at twelve months post-hire is 0% as of 2-28-2010. These positive results would have not been possible without collaboration between nursing leaders and direct care nurses, education dept. staff, Human Resources staff, and Hospital administration.

One of the first steps to reverse the trend in 2002 was to take a serious look at the recruitment and retention processes at Riverside compared to best practice research from the Health Care Advisory Board and the H*Works Nurse Recruitment and Retention Initiative to reduce and sustain our turnover rate below the national nurse turnover rate of 21% at that time according to the Advisory Board. A pre-work assessment with focus groups and exit interviews was conducted to examine current structures and processes and to obtain more tailored information on possible opportunities for improvement based upon direct care nurses’ perceptions. Three Internal Committees, described below, were formed to research and recommend changes that would impact the recruitment and retention of both experienced and particularly new grad nurses:

1. The Recruitment Team was led by Human Resources with nursing staff from all nursing unit specialty areas with a focus on decreasing the time to hire from the current state.
2. The Onboarding and Orientation Team was led by the Education Department with clinical nurse specialists and nursing leaders and direct care nurses on the team to examine orientation and preceptorship of new nurses, and
3. The Chief Retention Officer team was led by the then ED Nursing Director and populated with nursing directors and managers to examine the role and responsibilities of nursing leaders in retaining new nurses at Riverside.

Based upon the results of the pre-work assessment, the Onboarding Committee’s work clearly identified opportunities to work on the role of a nurse preceptor and how unit orientations were structured by the preceptors and supported by nursing leaders.

**Preceptor Selection Criteria**

The Committee first identified the requirements a preceptor would need for a new grad nurse versus an experienced nurse in terms of cultivating critical thinking and developing clinical competence. As a result of an examination of the literature, research from the Advisory Board and internal focus group data, preceptor selection criteria were established and those characteristics and qualities identified are still used as a foundation for preceptor selection remain in use in 2010.

The specific criteria were that the preceptor needed to be a role model to the new nurse with:

- time management and prioritization
- MD communication,
- patient problem recognition and management,
- their nursing unit specific patient problems,
- adherence to documentation policies,
- positive customer service,
- no needs improvement ratings in their performance appraisal process.

From these criteria, a breakdown in the responsibilities for the preceptor was identified and given parameters that could be measured. In addition to adherence to preceptor responsibility criteria, the new grad nurse was also given the opportunity to evaluate his / her preceptor based upon those criteria at the end of her orientation. This was an avenue for preceptor accountability and the new hire felt a sense of shared ownership for their orientation as well. With the beginning of this initiative, the new grad was restricted to 1 or 2 preceptors to lend continuity of training. Previously, a new grad nurse may have up to 7-9 different preceptors during their orientation probationary period (first 90 days). Multiple training styles became a point of confusion and frustration for new grads as they attempted to sift through mounds of new information and develop appropriate nursing practice standards. This practice did not foster ownership and was a dissatisfier for new grads thus contributing to the high turnover rates.

Below is the tool outlining the expectations for both preceptor and new hire and the evaluation form used in 2003 to 2007 to evaluate preceptors on their performance. Providing this framework was a positive step in setting expectations and clearing up role confusion for continuity in orientation.
<table>
<thead>
<tr>
<th>Preceptor</th>
<th>New Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Validate performance of new employee with high risk, high frequency</td>
<td>*Identify learning needs with high risk, high frequency skills in the clinical</td>
</tr>
<tr>
<td>nursing situations.</td>
<td>setting.</td>
</tr>
<tr>
<td>*Assist in implementing the professional Action Plan</td>
<td>*Meet standards of those learning needs.</td>
</tr>
<tr>
<td>*Participate in communicating with manager, new employee and Education</td>
<td>*Participate in formulating individualized orientation plan.</td>
</tr>
<tr>
<td>*Provide information on progress to employee &amp; manager throughout the</td>
<td>*Complete competency standards</td>
</tr>
<tr>
<td>orientation process</td>
<td></td>
</tr>
<tr>
<td>*Assist with orientation documentation</td>
<td>*Document validation of technical, critical thinking and interpersonal skills.</td>
</tr>
<tr>
<td>*Evaluate clinical performance on the job and assist with finding</td>
<td>*Participate in communication among manager, preceptor and / or educator.</td>
</tr>
<tr>
<td>experiences that will develop the new employee.</td>
<td></td>
</tr>
<tr>
<td>*Provide ongoing mentoring with added skills particular to specific</td>
<td>*Participate in evaluation.</td>
</tr>
<tr>
<td>nursing unit.</td>
<td></td>
</tr>
<tr>
<td>*Follow Orientation Checklist and plan.</td>
<td></td>
</tr>
<tr>
<td>DOCUMENT, DOCUMENT, DOCUMENT</td>
<td></td>
</tr>
</tbody>
</table>

**Preceptor Evaluation tool**

| 1. My preceptor made me feel welcome & introduced me to the team.       | 5 | 4 | 3 | 2 | 1 |
| 2. My preceptor assisted with finding appropriate experiences to meet my goals and follow the PBDS action plan. | 3 | | | | |
| 3. My preceptor was flexible and adapted to change as needed.           | 3 | | | | |
| 4. My preceptor was an effective problem solver.                        | 3 | | | | |
| 5. My preceptor was a good motivator.                                   | 2 | 1 | | | |
| 6. My preceptor was accessible and approachable. I felt free to ask questions. | 3 | | | | |
| 7. My preceptor provided timely/helpful feedback.                       | 2 | 1 | | | |
| 8. My preceptor modeled a commitment to                                 | 3 | | | | |
quality care and patient safety.

9. My preceptor demonstrated grace under pressure.

10. My preceptor assisted me in managing stressful situations.

11. My preceptor was positive toward new/inexperienced nurses.

12. My preceptor was aware of available resources and how to access them.

13. My preceptor attended to details of my orientation including daily documentation.

14. In general, I felt supported by my preceptor(s).

Preceptors: __________________________

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree (4)</th>
<th>Neutral (3)</th>
<th>Disagree (2)</th>
<th>Strongly Disagree (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10.</td>
<td>2</td>
<td>1</td>
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</tr>
<tr>
<td>11.</td>
<td>3</td>
<td></td>
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<td></td>
<td>0</td>
</tr>
<tr>
<td>12.</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>13.</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>14.</td>
<td>3</td>
<td></td>
<td></td>
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<td>0</td>
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</tbody>
</table>

**Standardization of Unit Orientation Evaluations (Orientation Checklist)**

With the preceptor selection guide for choosing preceptors, a definition of the expectations of a preceptor and an evaluation tool to capture feedback on the preceptors’ performance developed, the Onboarding Committee also agreed it was also important to revise documents for orientation to provide a more consistent flow to unit orientation and to facilitate discussion on areas of opportunity for the preceptor and the new nurse.

A nurse educator met with each nursing manager and clinical nurse specialist to develop and agree upon specific orientation checklist criteria based upon the patient population cared for in each unit for what were performance expectations for each day and week of orientation and then, established criteria at points in the orientation process where orientation could be accelerated for perhaps an experienced nurse, allowing for tailoring of the orientation to the new nurse’s needs to be competent on the unit. These orientation checklists are reviewed every two years and in 2008 were modified to incorporate nursing practice standards from professional organizations.

The checklists were also revised to be specific on:

- number of patients assigned for each week of orientation, building to a transition to a full assignment while still with a preceptor;
- physical assessment criteria; and,
• breakdown on documentation requirements for each week of orientation was added to the checklist for structure.

The rationale for this type of delineation of orientation was prompted by the desire on the part of Riverside Medical Center to assist the new grad nurse in feeling like a success at the end of the day and then building on that confidence for the next shift rather than being overwhelmed with new information and skill sets. In addition, this tool served to respect the knowledge of an experienced nurse as well in allowing for acceleration of orientation based upon the new grad or new experienced nurse’s level of performance.

**Additional Evaluation Tool Used to Support the Orientation Checklist**

Another layer of performance evaluation was added in equipping the preceptor with tools to calculate the development of critical thinking during orientation specific to the new grad nurse. The rationale for this was that prior to this structure, it was not unusual for a preceptor to sign off a new grad nurse’s checklist but be overheard sharing concerns about how the new grad nurse wasn’t ready to come off orientation and move to the next level. This tool provided a structured approach for evaluating a new nurse’s competency from the preceptor’s perspective. This tool guides assessing the new grad’s ability to:

• manage time  
• discern risks / priority of care / focus of nursing actions  
• develop collegiality  
• develop skills with appropriate communication styles  
• develop skills to anticipate orders / nursing actions related to presenting patient problem  
• ultimately asks whether or not this new grad should advance to the next level of care delivery  
• provides format for the preceptor to discuss areas of opportunity and areas of celebration  
• Allows preceptor and new orientee to sign the document after ample chance for discussion was afforded.  
• Provides a written record of discussion to keep the nursing manager informed consistently

<table>
<thead>
<tr>
<th>Preceptor Ratings and Notes for week #1 -# 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>If checked below it means this item was achieved in week #1-2. If item is not marked you must note an explanation</td>
</tr>
<tr>
<td>Notes/ Comments</td>
</tr>
</tbody>
</table>
**Overall Summary of Week #1 - #2** Did the Orientee:

- Demonstrates sound time management/prioritization skills? YES  NO
- Demonstrating progression of clinical knowledge/skills?  YES  NO
- Asks for assistance when unable to perform independently? YES  NO
- Accurately focuses on patient problems / complications? YES  NO
- Effectively manages patient problems with nursing interventions? YES  NO
- Accurately differentiates need for immediate interventions? YES  NO
- Gives complete report to MD and anticipates relevant orders? YES  NO
- Gives complete hand off / shift reports YES  NO
- Recommend New Hire advance to next week of orientation? YES  NO

*If “No”, contact Director/Manager/ Team Leader for review/final approval*

Additional comments/explanations of ratings for the week

Action Plan to be taken (complete with due dates) if **NOT** progressing to next week

<table>
<thead>
<tr>
<th>Signature of Preceptor</th>
<th>___________________________</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Preceptor’s name</td>
<td>___________________________</td>
<td></td>
</tr>
<tr>
<td>Signature of Orientee</td>
<td>___________________________</td>
<td>Date</td>
</tr>
<tr>
<td>Print Orientee’s name</td>
<td>___________________________</td>
<td></td>
</tr>
</tbody>
</table>

**PBDS Assessment Implemented to Individualize Orientation to Nurses’ Developmental Needs**

Another initiative adopted at Riverside Medical Center in order to support effective transition of new grad and experienced nurses into the work environment. In 2004, PBDS was purchased and became an integral part of the nurse orientation process. Performance Based Development System (PBDS) was created by Dr. Dorothy del Bueno of performance management services. It is a customized competency assessment process that uses a variety of methods to address the following three areas of competence: critical thinking, interpersonal communication skills, and technical skills. A nurse’s individual responses are compared to criteria and performance standards developed by Riverside Medical Center and are also customized to the patient population cared for on the unit to which the new nurse will be working. PBDS’s assessment is administered to all nurses hired to all Riverside nursing units during their first week of orientation and the results shared with them, their manager and preceptor.
by the Onboarding Coordinator to help develop an individualized orientation plan for the new nurse based on the learning needs gleaned from the assessment results.

During the assessment’s critical thinking exercises, various video scenarios depicting common clinical situations and complications appropriate to the unit they were hired to are presented. The Nurse is asked to:

- Assess the situation as if it was your own patient in that situation. What would you do?
- Nurses are asked to define the problem, offer a solution and its rationale, as well as prioritize its need for nursing interventions and actions to be taken in response to the scenario.

Upon completion of the entire assessment which generally takes four hours but sometimes as long 6 hours, it is rated by a PBDS rater who compares the nurse’s answers to model answers that were developed and validated by nurses at the facility. Core to the PBDS program, this rating system is not a trivial process and is not used to penalize staff members. The results are shared with the new nurse and action plans developed to give the new grad nurse experience in those identified areas of need with her preceptor’s guidance. Upon occasion, the new grad nurse is reassessed at the rater’s direction at the end of orientation to evaluate the effectiveness of the on-the-job training. If there continue to be areas where the new grad may need to gain experience, the Onboarding Coordinator and nurse manager will assist in coordinating additional training or clinical experiences.

**An example of how the PBDS process and results were tailored for a new grad nurse hired on our medical / trauma ICU**

A New Grad Nurse for 2 ICU had an initial PBDS assessment based on common Medical Surgical scenarios (related to the most recent experience as student nurse). PBDS rating of the new grad nurse was “Does not meet expectations for problem management”. A PBDS re-assessment was scheduled for the end of the 12 week orientation with scenarios specific to the 2 ICU patient population. In both assessments, the new grad nurse had difficulty managing fully a patient exhibiting symptoms of an MI. Upon verbal consultation with this new grad, it became evident that he had never actually taken care of a MI patient even though he had 12 weeks on the job training in ICU. Therefore, to round out his training, he was scheduled to work in 5ICU with a cardiac trained nurse to fill in the blanks of his current nursing experience to that point.

As indicated, this type of collaboration depends fully on the commitment of the manager, team leader, preceptor, education representative and of course, the new grad nurse to the process of evaluating development of critical thinking skills and effectively transitioning a new grad nurse into the work environment.

**Onboarding Coordinator Role Developed in 2003 and continues today**
To support the new grads, the preceptors, and to assure consistent administration of PBDS, it was determined that a nurse with both educator and administrative skills to regularly round and coach, counsel or facilitate action plans was needed. The Director of Education developed a job description for the Onboarding Coordinator position in 2003, and this position was filled internally through a selection process involving peer interviews and nursing directors/managers and HR. The same person holds the role in 2010 that we hired in 2003—LeAnn McCormick, BSN. LeAnn’s primary role is to help assure the effective onboarding and retention through two years post-hire of new nurses to Riverside. By virtue of this position, the new grad nurse has an advocate and liaison to assist if there are identified areas of clinical need as well as a socializing component to establish loyalty and sense of community.

She rounds every week up to two years’ post-hire on new nurses and their preceptors to identify issues between coworkers, and assures that adherence to the orientation checklist, performance expectations and the developmental roadmap identified by PBDS are being followed. She serves as the liaison between the new nurse and HR, and the preceptor and manager and is a neutral party to find the best fit for retention for a new nurse. For example, there have been nurses who were unhappy with the pace or acuity of a med-surg unit, and she has worked with HR and their manager to retain them by sometimes facilitating transfer to another nursing unit with a different population. And, she has also assisted with terminations in those cases where there were performance issues.

The Onboarding Coordinator makes sure the new hire is meeting expectations as well as making certain that Riverside is fulfilling the components of the job description discussed in the interview process. LeAnn has been a key lynchpin in facilitating and sustaining the retention rates of our new grad nurses, and in training preceptors.

**Preceptor Training on Revised Duties**

Finally, the Onboarding Committee revised preceptor training instructor-led classes to provide training on not only the new tools and revised process, but their responsibilities for documentation and feedback, and expectations for role modeling practice and professionalism.

The Preceptor class included didactic review of forms but was primarily delivered via scenario-based situations that allowed the preceptor trainee to apply newly learned concepts for conflict resolution, competence evaluation, appropriate documentation, communication with the new grad nurse and nursing management to make the orientation a meaningful experience. The underlying purpose of Preceptor Training was to make sure the preceptor understood their role in affecting positively a career and direct patient care. Each year, this course is revised slightly and is now delivered via blended learning (theory is taught online) and then reviewed and applied with discussion in a shorter instructor-led class offered by the Education Dept. and taught by the Onboarding Coordinator. Between 1/1/04 and 12/31/2009, 247 nurses from the
entire health system have been trained to be preceptors based upon the following combined objectives from online and instructor led preceptor training:

1. Identify the components for required orientation documentation.
2. Identify the need for appropriate documentation to mark the progress of the new employee's clinical competencies.
3. Identify the process to prod the new employee to develop critical thinking skills.
4. State the rationale for PBDS documentation r/t PBDS Assessment results.
5. Role play potential problem prone preceptor: preceptee scenarios.
6. Demonstrate effective concepts in dealing with diverse adult learning styles.
7. Demonstrate appropriate strategies of communication.
8. Understand the importance of the preceptor in the progress of a new employee's orientation, and career development toward competency expectations.

Reliance on Preceptors to Transition New Grad Nurses: Incentives

Pay Differential Change
Given the importance of preceptors to transition new grad nurses successfully onto the unit, preceptor compensation was evaluated. The direct care nurses who had been preceptors felt that precepting a new grad vs. and experienced nurse required a different level of work. Organizational leadership agreed and Dave Duda, COO/CNO (then VP of Patient Care Services) approved creation of the NG Preceptor differential, which paid $1.00/hr to the preceptor precepting a new grad nurse and who had completed Preceptor training—as opposed to the Preceptor differential which paid (and pays today) $0.35/hr for nursing preceptors.

Nurse Preceptor Celebration (today the Nursing Excellence Dinner/Poster Fair)
Visible and public expressions of appreciation for the nurse preceptors' diligence in affecting nursing careers and investing in their respected profession became a goal of Riverside Medical Center. The Nurse Preceptor Celebration was initiated in 2003 and has continued every year since to highlight and recognize the achievements nurse preceptors provide in career development, nurse retention and advocacy of quality patient care and was expanded in 2008 to be the Nursing Excellence Dinner—celebrating both preceptors' efforts and the accomplishments of other nurses involved in our overall journey for nursing excellence. Before 2008, the Nurse Preceptor Dinner was a special evening set aside to honor solely the nurse preceptor efforts through dinner, personal comments and recognition from leadership i.e. CEO, Vice President of Nursing Services (now our COO/CNO) and all received a small gift. Each year was themed to inspire the preceptors with “rolling credits” which was a PowerPoint presentation that included pictures of the preceptors and quotes from their preceptees evaluating their performance. Via this direct and visible feedback, the greatest reward was the credits and feedback from those the preceptors had nurtured.
Themes Each Year:
2003: You Made a Difference
2004: A Salute to Riverside Nurse Preceptors
2005: Let Your Light Shine
2006: There’s No Place Like Riverside
2007: VPs rounded on the units and delivered the Preceptor gifts in person
2008: Nursing Excellence Dinner / Poster Fair
2009: Nursing Excellence Dinner / Poster Fair

The following are some of our favorite quotes are derived straight from the new grad nurses throughout the years that express their gratitude for the influence that their preceptors had on their professional growth and transition to an experienced nurse.

From a 3rd Ortho new grad nurse:
“I had an unbelievably busy night. My preceptor tried to stay back and let me handle things . . . After giving report at the end of the shift; I still needed to do my admission assessment. My preceptor told me she would sit right next to me and go through that assessment together. She was so supportive. It was really nice to feel you have someone on your side!”

From a 5 ICU new grad nurse:
“My preceptors were exceptional nurses who helped me develop skills that I will take with me the rest of my career. Kudos to them!!”

Another 5 ICU new grad nurse exclaims:
“My preceptor has more knowledge in her little finger than most people have in their whole bodies!”

From a 2 Med Surg new grad nurse:
“I worship the ground my preceptor walks on!”

An ER nurse:
“Everyone was great, helpful, and respectful. I enjoyed my orientation and feel like a part of the team. I do not regret the decision that Riverside ER is the place for me!!”

New Grad Nurse Boot Camp

A prime example of Riverside Medical Center's investment in the transition of new grad nurse into the work environment has been the New Grad Boot Camp. This is a dedicated 36-40 hour week where new grad nurses are brought back to the Educational Services for specialized training after they have had 4-9 weeks orientation on the nursing units to accumulate experience under the guidance of their preceptor. This format has proved to be a strong support to “see the big picture” of patient care in a setting where they can ask questions and the clinical discussion lends itself to awareness of patient care. This endeavor is coordinated by the Educational Services’
Onboarding Coordinator and utilizes the expertise of the Clinical Specialists for critical care and medical surgical nursing. The New Grad Boot Camp includes presentations from physicians, ancillary personnel, and nurse managers to enhance the new grad nurses’ ability to incorporate the newly acquired skills into actual practice and has been in place since 2005.

New Grad Boot Camp evolves each year based on new grad nurse and their leaders’ feedback. To further meet the needs of the new grad nurses, the group is divided to receive more individualized advanced training related to their specific nursing unit. Just one example of this format is evidenced when those from the critical care units i.e. 3 / 5 Telemetry, 2 / 5 ICU and ER spend time with intense rhythm recognition scenarios with LaRee Shule, Critical Care Clinical Specialist while 2 / 3 Med Surgical / Pediatrics / Mental Health units do scenario based assessment reviews of body system with Margaret Ondrey, Medical Surgical Oncology Clinical Specialist.

Nothing speaks to the value of this endeavor like the evaluation results and direct quotes from the 2009 new grad nurses Boot Camp Evaluation Summary shown below:

<table>
<thead>
<tr>
<th>AGREE</th>
<th>DISAGREE</th>
<th>NO OPINION</th>
<th>APPLICABLE NOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I felt the subject matter provided a basis for professional development.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The knowledge and/or skills gained through this course are directly applicable to my job.</td>
<td>18</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>3. The course objectives were clearly stated.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. The course covered all of the stated objectives.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The way this course was delivered was an effective way for me to learn the material.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. The course material was logically organized and explained well by instructor.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. The instructor answered questions so I could understand.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Overall, I was satisfied with the instructor’s knowledge.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Overall, I was satisfied with the instructor’s communication skills.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10. I would recommend this course to other employees.</td>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Overall, I was satisfied with this course.</td>
<td>19</td>
<td></td>
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</tbody>
</table>

**What was most helpful from New Grad Boot Camp? Responses were:**

- “I think everything during this course was very helpful. Everything was informative. Nothing was "wasted" information. It’s nice to get a chance to see/talk about things once we’ve worked on the floor for a little bit. It was also..."
nice to see that we all are kind of in the same boat, that I wasn’t the only one that seemed to have a hard time starting out.”

- “I liked how were covered the "nitty gritty" parts of nursing care - those things we may not have heard from our preceptors. I liked how we could ask a lot of questions.”

- “Equipment review, validating our importance at the hospital, making us feel needed was meaningful.”

- “Neuro information was very helpful. Neuro problems can occur on every floor. L&D at risk for DVTs & stroke so talking about LOC was very helpful to my practice. Diabetes talk was also helpful.”

- “I like how you divided us up into critical care & med surg that way we learned things more specific to our units.”

- “I really felt that the pieces of the puzzle were really coming together well. The boot camp week has gone well. I feel that I have learned some important pieces of the puzzle. The picture of a confident, well informed, efficient nurse is appearing.”

**Celebration the New Grad Nurses’ Transition**

At the one year post-hire mark, a celebration / reunion of the new grads is planned by the Onboarding Coordinator and the COO/CNO. The now experienced new grads are invited to a restaurant outside the hospital for a time of fellowship and recognition of their accomplishments. Often the new grad will choose to invite their mentor to this celebration as well and the whole objective is to just encourage the new grad by taking a look at the “then” and “now” of their nursing practice in an informal and festive setting. This provides an excellent platform to ask for suggestions to make our orientation process better for the future and to take the time to appreciate the efforts Riverside Medical Center has made to support growth and development. In addition the VP of Nursing Services and the COO/CNO take the opportunity with the Onboarding Coordinator to encourage further education, certification and membership in professional organizations.

(Pictured here) 2008 Nursing Celebration with our Onboarding Coordinator, new nurses with their mentor and COO/CNO Dave Duda in photo:

(Pictured to the left) 2009 Nursing Celebration with our
Onboarding Coordinator, and Deena Layton, VP of Nursing Services in photo

**Riverside Begins Pre-Hire**

The drastic turn around related to New Grad Nurse turnover rates can also be attributed to the efforts of Riverside Medical Center’s attention to recruitment. Human Resources began planning events that would appeal to the new grad nurse community and showcase that nursing is fun and welcoming at Riverside. So far, Riverside Medical Center has hosted 6 events each year having an attendance of 50-68 potential nurses and 50 – 60 Riverside staff to welcome and facilitate the recruitment. Each year there is a “theme” and the leadership staff including the CEO carries that theme throughout the entire evening. Directors, managers, team leaders of the nursing units participate in a song presentation for fun but on a business note, the potential employees are given tours of the hospital, their pictures are taken with the CEO, an overview of the hospital mission statement is presented with updates about where Riverside is going next and interview time slots are set by the end of the event.

Another win / win portion of the evening is a panel discussion made up of Riverside new grad nurses hired the previous year and some of our physicians to allow the attendees to ask the burning questions they have about the anxieties of graduation, passing NCLEX and then embarking on the new career. The questions usually center on the orientation process at Riverside, the preceptor selection, the MD relationships, etc. and is coordinated and conducted by the Onboarding Coordinator. The panel discussion has done much to promote the atmosphere of Vigilance Nursing that Riverside Medical Center portrays.

**Below are the themes for the 6 New Grad Recruitment Events by Year:**
- 2004 – Nursing Safari
- 2005 – Nursing Regatta
- 2006 – Nursing Drive-In
- 2007 – Its 5:00 Somewhere – Here at Riverside
- 2008 – Follow the Trail to Riverside – Nursing Roundup
- 2009 – It’s Time to Report for Spring Training
Summary of Effectiveness of Transitioning New Grad Nurses into Work Environment

We attribute the positive results of our journey to successfully transition new grad nurses into our work environment to the effectiveness of both our recruitment, onboarding, orientation and preceptorship processes.

PBDS was piloted in 2004 with new grad nurses, and then fully implemented with new grad nurses starting in 2005. PBDS notifies us annually of our performance compared to their national benchmark database. In examining the two graphs below, we can see that for those nurses requiring reassessment post-unit orientation due to their unsatisfactory initial PBDS results—there was improvement above the national PBDS mean benchmark each year. This indicates that by tailoring orientation with the new grads’ nurse preceptor to their problem-prone results, performance improved and this helped integrate the new grad nurse into independent performance in the work environment.
As celebrated during our Preceptor Annual Dinner (now Nursing Excellence Celebration), data (graphed below) was reinforced for how preceptors increased retention and new nurses’ perceptions of working at Riverside, and each preceptor was recognized by name. In 2001, an internal survey reflected only 36% of nurses were ‘very satisfied’ with their preceptorship. By 2003, 81% of new nurses indicated they were ‘very satisfied” with their preceptor and we matched this rating in 2004. In 2005 to date, we changed the measurement to report based upon a Likert scale and in 2006, we reported a 4.8 rating out of 5 for satisfaction with preceptorship by our new nurses that we have continued to maintain the past two consecutive years.

More impressively, new grad nurses turnover moved from 80% overall to an average of 6% turnover for the past six consecutive years for nurses completing our onboarding and preceptorship process. And as of 2-28-2010, our new grad turnover rate is at twelve months post-hire today is 0%.

These sustained results over time depict the collaborative and ongoing success to transition new grad nurses into the work environment of Riverside.