

Applying Evidence to the Transition of Novice Nurses to Safe Practice in a Pediatric ICU



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Problem/Significance

In April 2013, the Pediatric Intensive Care Unit (PICU) moved into a new space in the pediatric pavilion.

It was quickly identified that this new larger, decentralized landscape would warrant a different model of care with flexible staffing and resources.

By the end of 2013, the RN vacancy rate had reached 10.08%. This staffing need was initially filled with float nurses that had a limited critical care skill set.

The staffing need was then addressed by conducting three consecutive Pediatric Critical Care Fellowships for new graduate hires.

While this hiring filled the open RN vacancies, it generated 23 novice critical care nurses, equivalent to over a quarter of the existing PICU staffing model.

The challenge became the safe and effective transition of these nurses to independent practice with no harmful events to the patient population.

Evidence

According to Benner, Kyriakidis and Stannard (2013), *coaching and teaching are vital for the development of novice nurses.*

Furthermore, situated coaching and situated learning are essential for novice nurses to learn how to use knowledge.

Implementation

Five experienced nurses from each shift were selected by nursing leadership to act as clinical resource nurses

They provided coaching, mentoring, and timely feedback for our novice nurses

Daily progress records were completed by the clinical resource nurses evaluating ten skills crucial for independent practice in the PICU

Evaluation

One-hundred percent of the novice nurses demonstrated eight out of ten skills within the first three months of working with the clinical resource nurses.

The opportunity to demonstrate re-taping of an endotracheal tube was unavailable for four nurses and the opportunity to prepare for an intra-hospital transport was unavailable for one nurse during this time period.

Additionally all 23 nurses were able to consistently demonstrate good time management, proper escalation, and were able to respond to a change in their patient's status and re-direct care.

This model has resulted in earlier recognition of areas for concern and the ability to advance acuity of patient assignments. It has also resulted in a reduction in our turnover rate from 0.6% to 0.0% in six months.

Recommendations

Analyze results of evaluations that were completed by the novice nurses for further development of the program.

Expand the role of the clinical resource nurse to provide real-time peer review in the advanced clinical setting.

Reference

Benner, P., Kyriakidis, P. H., Stannard, D. (2013). *Clinical Wisdom and Interventions in Acute and Critical Care: A Thinking in Action Approach.* New York, NY: Springer Publishing Company, LLC.

Skills demonstrated by novice nurses within 3 months of working with resource nurses

