Doctor of Nursing Practice Project
Enhancing Clinical Judgment and Practice Transition with Simulation

David Cunningham, MSN, RN
Project Advisor: Dr. Angela Bailey

INDIANA WESLEYAN UNIVERSITY

Background

- Only 23% of new graduates are adequately prepared for today's clinical environment (Kavanagh & Szweda, 2017).
- Insufficient knowledge and skills contribute to increased turnover during the first year (Ulipinar & Aydogan, 2021).
- Costs associated with turnover range from $ 10,000 to 88,000 per employee (Feeg et al., 2022).
- Experiential learning assists individuals with skills necessary to do their jobs (Murray et al., 2019).
- Many new graduate nurses face "transition shock" during their first year (Thomas & Mraz, 2017).
- The knowledge-to-practice gap is ongoing and worsened by the pandemic (Feeg et al., 2022).
- Simulation-based learning prepares new graduates as they transition into practice (Feeg et al., 2022).

Purpose

- To assist new graduate nurses during practice transition, enhance clinical judgment, and improve self-efficacy by integrating high fidelity responsive simulations into a transition-to-practice program.
- To prepare educational faculty for continued simulation in future transition-to-practice cohorts.

Method

- Integrated 3 high-fidelity simulations into an existing transition-to-practice nursing program at a medium-sized Midwest hospital (*n*=9).
  - ✓ Stroke after cardiac catheterization
  - ✓ Death & dying post aspiration Pneumonia
  - ✓ Multi-patient scenario priority & delegation
- Quantitative data collection (pre- and post-simulation)-
  - ✓ Casey Fink Graduate Nurse Experience Survey (CFGNES)- measures new nurses' perceptions of role transition issues (Casey et al., 2004).
  - ✓ Lasater Clinical Judgment Rubric (LCJR)- The Lasater Clinical Judgement rubric comprises four dimensions: noticing, interpreting, responding, and reflecting (Miraglia & Asselin, 2015).
- Qualitative data collection-Residency Post Simulation Questionnaire.
- Provided educational faculty simulation training with presentation and hands-on experience.

Results

Casey-Fink Graduate Nurse Experience Survey (CFGNES)

Question	Pre-Test Mean (SD) *n*=7	Post-Test Mean (SD) *n*=5	*p*-value effect size
I am comfortable knowing what to do for a dying patient.	2.67 (1.03)	3.40 (.55)	*p* = .01 d = -2.50

Lasater Clinical Judgment Rubric (LCJR)

Clinical Judgement Skill	Pre-Test Mean (*SD*) *n*=4	Post-Test Mean (*SD*) *n*=3
Focused Observation	2.25 (.96)	3.00(1.00)
Recognizing deviations from expected patterns	2.50(1.00)	3.33 (.58)
Information seeking	2.50(1.00)	3.33(1.16)
Prioritizing data	2.75 (.96)	2.67 (.58)
Making sense of data	2.50 (.58)	2.67 (.58)
Calm, confident manner	2.50(1.29)	2.67 (.58)
Clear communication	2.75 (.50)	3.33 (.58)
Well-planned intervention/flexibility	2.50 (.58)	2.67 (.58)
Being skillful	2.75 (.50)	3.00 (.00)
Evaluation/self-analysis	2.50 (.58)	3.00(1.00)
Commitment to improvement	3.00 (.82)	3.00(1.00)

Residency Post-Simulation Questionnaire

1=Strongly Disagree 2= Disagree 3= Neutral 4=Agree 5= Strongly Agree	Mean Level of Agreement (*SD*)
Participation in a residency program improved my transition to nursing practice.	4.33 (.58)
Simulations during the residency contributed to my learning.	4.67 (.58)
The simulation experiences were realistic.	3.67 (.58)
If my residency did not include simulation, my transition to nursing practice would not have changed.	2.33(1.53)
Including additional simulation learning experiences within the residency program would improve new graduates' transition to nursing practice.	4.67 (.58)
The simulation facilitators provided clear expectations.	4.67 (.58)
The simulation facilitators provided a safe learning environment.	4.67 (.58)

Post-Simulation Questionnaire Participant Comments:

- **"Gave us a safe place to ask questions and learn things I had not been exposed to yet. I have been an RN for a year now, and there is still so much I haven't seen, which is why it was nice to have a safe place to learn."**
- **"I was able to be confidently unsure with delivering care and developing my thought process, which helps me retain information for future practices, and build confidence. "**
- **"How to see nursing from other units' perspectives. "**

Discussion

- CFGNES- Only one statement, **"I am comfortable knowing what to do for a dying patient."** had significant change post-intervention.
- One simulation focused on:
  - ✓ Death and dying
  - ✓ Code status
  - ✓ Calling Indiana Organ Procurement Organization
  - ✓ End-of-life paperwork
- LCJR- Post mean scores increased in 9 areas:
  1. Focused observation
  2. Recognizing deviations from expected patterns
  3. Information seeking
  4. Making sense of data
  5. Calm, confident manner
  6. Clear communication
  7. Well-planned intervention/flexibility
  8. Being skillful
  9. Evaluation/ self analysis
- Participants' comments were positive about simulations, noting simulation was valuable to the transition process.
- Resident Post-Simulation Questionnaire Participants- Agreed:
  - ✓ Simulation improved transition to nursing practice.
  - ✓ Simulation contributed to learning.
  - ✓ Additional simulation would improve transition to nursing practice.
  - ✓ Simulation facilitators provided clear expectations.
  - ✓ Simulation facilitators provided a safe learning environment.

Conclusion

- **Limitations**:
  1. Small undiversified, convenience sample size
  2. Lack of control group
  3. Data based on self-assessment.
  4. Decreased post-test response rate
- **Recommendations**: Repeat the study with a larger sample size, more simulations, and a control group.
- The organization intends to continue simulation-based education in the transition to practice cohorts.
- Improvements in clinical judgment occur with increased experience and simulation-based educational opportunities (Cantrell et al., 2021).

References available upon request