

**DEVELOPMENT OF A TRANSITION TO PRACTICE PROGRAM FOR REGISTERED
NURSES NEWLY HIRED TO THE INTENSIVE CARE UNIT**

by © Robyn French

A report submitted to the School of Graduate Studies in partial fulfillment of
the requirements for the degree of

Master of Nursing

Faculty of Nursing

Memorial University of Newfoundland

April 2024

St. John's Newfoundland and Labrador

Abstract

Background: Transition to practice programs (TTPPs) are essential for the successful integration and retention of newly hired Registered Nurses (RNs) into new practice settings. These multi-component programs support RNs to develop the knowledge, skills, and judgement necessary to provide high-quality patient care in increasingly complex environments. Novice RNs are being hired into specialty areas such as intensive care units (ICUs) to address staffing shortages. Tailored TTPPs are needed to assist support newly hired RNs in ICUs. **Purpose:** To develop an evidence based TTPP to support RNs newly hired to a Medical Surgical Intensive Care Unit (MSICU) in St. John's, Newfoundland, and Labrador (NL). **Methods:** An environmental scan comprised of a rapid literature review and consultations with key stakeholders was conducted with results informing the development of a tailored TTPP for the MSICU. **Results:** Results of the rapid review and consultations suggested mentorship, check-ins and debriefing sessions were core components to include in an ICU TTPP. The need for a person to coordinate the implementation and evaluation of the program was also identified. An *Intensive Care Nursing Transition to Practice Model* was developed to depict the recommended composition and roll out of the program over a one-year period. **Conclusion:** Support during periods of transition is required for new graduate and experienced nurses in all areas of practice. An *Intensive Care Transition to Practice Model* was developed based on current evidence to meet the specific transition needs of newly hired RNs to a MSICU in St. John's, NL.

Key Words: Transition to practice, intensive care, critical care nursing, new graduate nurse, novice Registered Nurse

Acknowledgements

To my practicum supervisor, Dr. Robin Burry, I am incredibly grateful for the expertise, mentorship, and encouragement you have provided. Without your guidance and support, completing this project would not have been possible. The past few months have presented challenges, but Robin's kindness and positivity were truly invaluable in helping me stay motivated and focused on achieving my goals. Thank you, Robin, for all that you have done to help me succeed in this endeavor.

To my husband, Adam, your continuous encouragement did not go unnoticed. I am forever grateful for your constant love and support, in helping me navigate this academic journey.

To my family, thank you for the unconditional support and encouragement you have provided throughout this journey.

Table of Contents

Abstract	i
Acknowledgements	ii
Introduction	6
Objectives	7
Guiding Framework	8
Overview of Methods	10
Summary of Rapid Literature Review	10
Overarching Findings	11
Program Structure	11
Program Outcomes	12
Applicability to Practicum Project	13
Summary of Consultations	13
Overarching Findings	14
Program Components	14
Mentorship	15
Professional Development	15
On-going Evaluation/Check ins	15

Applicability to Practicum Project	16
Synthesis of Results of the Rapid Review and Consultations	16
Summary of the Intensive Care Nursing Transition to Practice Program	17
Program Components	17
Mentorship	17
Check-ins	19
Professional Development and Well-being	19
Intensive Care Nursing Transition to Practice Model	20
Application of Program Components	21
Mentorship	22
Transition Meetings	24
Debriefing Sessions	25
Intensive Care Transition Coordinator	27
Program Evaluation	28
Discussion of Advanced Nursing Practice Competencies	29
Direct Comprehensive Care	29
Optimizing Health Systems	30
Education	30

Research	31
Leadership	31
Consultation and Collaboration	32
Next Steps	32
Conclusion	33
Appendix A: Rapid Literature Review Report	41
Appendix B: Consultation Report	77
Appendix C: PowerPoint Presentation	110

Introduction

Most ICUs in Canada operated close to or above 100% occupancy before the pandemic with an approximate 20% increase in ICU beds since 2016 (Gibney et al., 2022). Intensive care units (ICUs) are specialized areas in hospitals that provide advanced care and monitoring to critically ill patients (Blackmon et al., 2023; Canadian Federation of Nurses Union, 2022; Canadian Institute for Health Information, 2016; Marshall et al., 2017). These units are equipped with highly trained health care professionals, state-of-the-art equipment, and advanced technology to manage a wide range of medical conditions, including post-operative patients, trauma victims, and those with complex medical illnesses (Marshall et al., 2017). The unstable nature of these patients requires continuous nursing care to provide ongoing monitoring, management of life-supporting equipment, and immediate responses to changing conditions. It is therefore unsurprising the nurse-patient ratio has been found to be a highly influential determinant of patient outcomes (Canadian Association of Critical Care Nurses, 2019; Canadian Federation of Nurses Unions, 2022). A well-balanced nurse-patient ratio is essential to providing timely and comprehensive care to patients with critical medical conditions (Canadian Association of Critical Care Nurses, 2019; Wynendaale et al., 2019). However, the global nursing shortage has greatly impacted the ability to maintain adequate staffing ratios. According to the Canadian Federation of Nurses Unions (2022) the shortage of nurses in Canada has been steadily increasing over the past decade. A 2019 survey of nurses conducted by the CFNU revealed that 83% of nurses felt that their institution's core health care staff was insufficient to meet patient needs (Canadian Federation of Nurses Unions, 2022).

In a report released by Statistics Canada (2023) the number of RN vacancies in early 2023 totaled 28,335 positions. This surpassed reported vacancies in all other occupations in the Canadian labour market. To achieve the standard 1:2 nurse-to-patient ratios, many ICUs have

begun hiring RNs who are novice to critical care settings to increase their staffing complement (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022). For the purposes of the practicum project and this report, novice nurses refers to both new graduate and experienced RNs with no ICU experience.

Making the transition to the ICU, which is a specialized and demanding setting, can be daunting for newly hired nurses (Blackmon et al., 2023; Tyndall et al., 2018; Weller-Newton et al., 2022). These individuals may face challenges due to their limited exposure and experience in effectively handling critical care scenarios, intricate patient conditions, and interdisciplinary teamwork (Innes & Calleja, 2018; Weller-Newton et al., 2022). Transition to practice programs (TTPPs) have been implemented to address these concerns in practice areas such as medicine and surgery to support the transition of new graduate nurses (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022).

As a medical surgical intensive care unit (MSICU) in St. John's, Newfoundland and Labrador (NL) has recently begun to hire novice RNs, interest in developing a TTPP to assist support RNs transitioning to the specialty has been expressed. Therefore, the purpose of the practicum project conducted was to develop an evidence based TTPP to support RNs newly hired to the MSICU in St. John's, NL. This report provides a summary of the specific objectives of the practicum project, methods undertaken, and the development of a TTPP outlined in the proposed *Intensive Care Nursing Transition to Practice Model*.

Objectives

The overarching objectives of the practicum project were:

1. To identify current resources that would support the development, implementation, and evaluation of a transition to practice program in the MSICU.

2. To describe the utilization and evaluation of existing programs supporting the transition of newly hired RNs to MSICUs or similar settings.
3. To understand the specific transition to practice program content requirements for MSICUs.
4. To identify and review material relevant to the development, implementation, and evaluation of a transition to practice program in the MSICU.
5. To develop a transition to practice program based on current evidence and best practices to support newly hired RNs in the MSICU.
6. To develop an implementation and evaluation plan for the transition to practice program in the MSICU setting.

Guiding Framework

Meleis' Transitions Theory (2000) and Devey Burry et al.'s *New Graduate Mentorship Transition Model* (2018) were used as the collective guiding framework used for this practicum project. This theory and model were used to assist define and frame the concept of transition to a new role and guided the development of the rapid review search terms and consultation questions.

Meleis' Transitions Theory provided a comprehensive framework to support individuals going through various types of transitions (Meleis et al., 2000; Meleis, 2010; Jepsen et al., 2024). Meleis et al. (2000) describes the nature of transitions as being complex, involving a change in identity, role, relationships, abilities, and patterns of behavior. This theory categorizes transitions into four types: developmental, situational, health-illness, and organizational (Jepsen et al., 2024). For new ICU nurses, all four apply and therefore make it a suitable theory to use for the purposes of this practicum project. Situational transition is most relevant at the beginning of the

transition phase with health-illness transition applicable to new hires' own well-being.

Developmental transition is an important consideration as newly hired RNs begin to acquire new knowledge and skills in their new area of practice with organizational transition relevant throughout their transition as they acclimate to a new unit culture and ways of working (Meleis et al., 2000; Innes & Calleja, 2018; Weller-Newton et al., 2022).

By using Meleis' Transitions Theory (2000) to assist conceptualize and frame thinking regarding transition, TTPP tailored for the MSICU was structured to address these specific shifts that occur, recognizing the potential for role insufficiency and insecurity, and provide the necessary support and education to facilitate a successful transition (Meleis et al., 2000; Meleis, 2010). This approach has been used in studies focused on nurses transitioning areas of practice other than intensive care, which makes it an appropriate choice for this practicum project (Jepsen et al., 2024).

Additionally, *New Graduate Mentorship Transition Model* by Devey Burry et al. (2018) is a hybrid model blending the stages of transition to practice, mentorship, and participants' characteristics and roles with corresponding processes over time. Although focused on new graduate nurse, this model assists frame the complexity and phases of transition, associated processes that should be considered, as well as anticipated stages of professional and psychosocial development for both the mentor and mentee. The organization of these concepts and processes over a one year period assisted to provide a broader view of transition including the novice nurse perspective.

As such, Meleis' Transitions Theory (2000) and Devey Burry et al.'s (2018) *New Graduate Mentorship Transition Model* provided a framework through which this practicum

project was viewed. This collaborative framework underpinned the following methods and resulting TTPP developed for the MSICU.

Overview of Methods

To meet the objectives of the practicum project, an environmental scan comprised of a rapid literature review (Appendix A) and consultations with key stakeholders (Appendix B) were conducted concurrently. This integrated approach enhanced the comprehensiveness and strength of findings by considering multiple sources of information (Hanauer et al., 2015).

Summary of Rapid Literature Review

A rapid literature review was conducted to meet overarching objectives one and two. The protocol was registered with PROSPERO (CRD42023476580) before commencing the review. Rapid reviews are an appropriate approach when time-sensitive evidence-based decisions need to be made regarding health care programs (Tricco et al., 2015). Due to the fact the unit had an immediate need for a TTPP which are a relatively new concept, and that rapid reviews are known to use fewer databases (Langlois et al., 2019), a ten-year timeframe and one database, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), was used for this literature review. Additional literature was obtained through forward citation tracing (Hirt et al., 2021). A total of 188 studies were found with 184 articles found through the CINAHL search and an additional four through forward citation tracing. Eligibility criteria were established priori and used to screen the identified 188 studies. Five articles ultimately met the inclusion criteria and critically appraised using the Public Health Agency of Canada (PHAC) (2014) critical appraisal tool kit with the overall quality of the research deemed to be medium to low quality (Appendix E of Appendix A).

Overarching Findings

The body of knowledge concerning transition programs specifically designed for ICU environments was limited. Articles found in the initial search largely focused on the broader concept of transitioning into general acute care, with a lesser emphasis on specialized areas like the ICU (Casey et al., 2021; Salem Alghamdi & Ghazi Baker, 2020; Casey et al., 2021; Innes & Calleja, 2018; Weller-Newton et al., 2022). Additionally, current research predominantly focused on transition processes for newly graduated RNs, with less attention given to the specific transitioning requirements of RNs moving into specialized, areas such as the ICU. Of the five research articles included in this review, only two recognized the transition experiences of experienced nurses moving into the ICU (Gilroy et al., 2020; Madhuva et al., 2018).

Program Structure

The design and execution of TTPPs differed significantly across the five studies examined in this literature review. There was a notable lack of uniformity in the program titles, durations, and included components.

The five articles referred to their programs differently. Gilroy et al. (2020) developed a bridging program, while Blackmon et al. (2023) developed a fellowship program. Adams et al. (2015) created a nurse residency program, while Madhuva et al. (2018) and Hu et al. (2023) developed TTPPs. This overall lack of standardization makes it difficult to compare and evaluate the effectiveness of these programs.

Similarly, a variety of program lengths were found ranging from six months to a full year. Yet, the optimal timeframe appeared to be one year in duration as evidenced by the work of Adams et al. (2015) and Gilroy et al. (2020), who each extended their formal programs to a one-year timeline.

Additionally, all five studies included educational sessions and a form of mentorship (Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020; Madhuva et al., 2018; Hu et al., 2023). However, a variety of components were used and included: lectures, self-directed learning, case studies, evidence-based practice projects, reflective practice, and follow-up sessions. This overall lack of standardization made it challenging to determine the best combination of components.

Program Outcomes

Positive outcomes were reported in all five studies. Program participants experienced an increase in their overall competency and confidence, in addition to greater job satisfaction and improved retention rates. These findings highlighted the impact that transition to practice programs can have on improving nursing outcomes in the ICU environment.

The competency of RNs emerged as a significant theme, featured in four out of five studies (Adams et al., 2015; Gilroy et al., 2020; Madhuva et al., 2018; Hu et al., 2023). Additionally, the confidence levels of RNs were highlighted in three of these five studies indicating a noteworthy trend in the literature (Adams et al., 2015; Hu et al., 2023; Madhuva et al., 2018).

Similarly, several studies, including those by Adams et al. (2015), Hu et al. (2023), and Madhuva et al. (2018), noted the higher levels of job satisfaction among individuals who participated in their transition programs. Additionally, four out of five studies underscored the significant effect of TTPPs on RN retention rates in the ICU (Blackmon et al., 2023; Gilroy et al., 2020; Madhuva et al., 2018; Hu et al., 2023).

The findings of the review indicate an overall lack of standardization of the composition of TTPPs which made it challenging to determine ideal components and best practice in their

application in the ICU. Evaluation of programs reported in this review indicated competence, confidence, job satisfaction and retention rates were used to measure success with positive outcomes reported. However, gaps in evaluation are recognized including evaluation of individual components, collective composition, and feedback from key stakeholders such as those consulted as part of this practicum project.

Applicability to Practicum Project

The overall lack of standardization makes it difficult to compare programs to determine which specific or combination of components are most effective to evaluate the scope and effectiveness of these programs. Therefore, the results of the literature review were considered and compared with the results of the consultations completed with key stakeholders to assist determine the components, length, design, and approach to implementation for the transition program for the MSICU.

Summary of Consultations

Consultations with key stakeholders is an important step in program development as it ensures that the program will meet the needs and expectations of all parties involved (Boaz et al., 2018). By involving stakeholders in the development process, their expertise and input can help form a comprehensive understanding of the specific requirements and challenges faced. Similarly, this collaborative approach not only increases buy-in and engagement from staff members, but also promotes a culture of shared responsibility and accountability for successful program development (Boaz et al., 2018; Wilson & Slade, 2019).

Consultations were conducted to meet overarching objectives three and four of this project. Consultations were conducted with key stakeholders associated with the MSICU located in the Eastern-Urban zone of the provincial health authority, NL Health Services (NLHS). These

stakeholders included newly hired RNs to the MSICU, experienced RNs, and those in leadership positions (i.e., Clinical Educator, Unit Manager, Unit Charge Nurses, and Nursing Professional Practice Consultants). Information about the practicum project and invitation to be consulted was communicated informally through in-person conversation with stakeholders on the unit and via email with formal leaders outside of the MSICU (Appendix A of Appendix B) Questions were developed to guide conversations during the individual consultations (Appendix C of Appendix B). A total of 19 consultations were conducted, four with novice RNs, nine with experienced RNs, and six with those in leadership positions. Findings from these consultations highlighted current transition practices for newly hired RNs in the MSICU, identified challenges and explored ways to enhance transition practices moving forward.

Overarching Findings

A variety of perceived challenges and requirements were identified as well as practices that key stakeholders felt should be included in the development of a TTPP. Similarities and differences were noted between stakeholder groups regarding highlighted priorities that should be considered in the development of a TTPPs for the MSICU. A full summary of the consultation report can be found in Appendix B of this report.

Program Components

Although key stakeholders did not consistently share similar viewpoints, each highlighted concerns they would like to see addressed as well as suggested components for a TTPP. Challenges noted by key stakeholders included time management, unit culture, supporting professional growth, and team integration. Suggested components included aspects of mentorship, check-ins, and professional development and well-being.

Mentorship

Mentorship was the only commonly identified component across all three key stakeholder groups. Those consulted indicated newly hired RNs with no intensive care experience required time with an experienced nurse to consolidate the knowledge, skills and judgement required to work in this specialized area.

Both experienced and newly hired RNs recognized the challenge and importance of effective time management and creating a positive unit culture. Positive unit culture was associated with the integration of newly hired RNs demonstrated through teamwork and collaboration among staff members. Key stakeholders felt mentorship would assist to address these challenges and enhance integration of newly hired nurses.

Professional Development

There were slight differences in viewpoints between those in leadership positions, experienced RNs, and newly hired RNs regarding the scope of learning needs and professional development. Those in leadership positions emphasized the importance of addressing diverse learning needs of newly hired RNs and promoting growth with respect to the profession. This suggested that leadership recognized the importance of individualized growth opportunities and continuous learning on a large scale. In contrast, the experienced and newly hired RNs focused more on the tangible daily patient and unit needs as opposed to the broader perspective of professional development.

On-going Evaluation/Check-ins

Both experienced RNs and those in leadership positions identified formal evaluations as beneficial during the transitional period. These included check-ins, on-going evaluation, self-assessments, performance reviews, and checklists. These assessments were viewed to provide a

structured framework for evaluating the knowledge and skills acquired by newly hired RNs, helping them identify their strengths and areas for improvement (Sinclair et al., 2016)

Applicability to Practicum Project

In summary, key stakeholders made several component suggestions to include in a TTPP for the ICU. Mentorship, professional development, and on-going evaluation/check-ins were deemed to the most important to include by the three groups consulted. These findings provided valuable insight and informed the development of the TTPP.

Synthesis of Results of the Rapid Review and Consultations

The comparative presentation of the key findings from the literature review and consultations is a deliberate strategy to elucidate their similarities and differences (Hanauer et al., 2015). The results from both the rapid review and consultations were organized in a table with particular focus on components to be included in a TTPP (Figure 1). Findings were highlighted in the color that correlates to the diagram depicting the core building blocks of the intensive care TTPP (Appendix C, Slide 14). These core components formed the foundational elements of the TTPP with other suggested components considered and incorporated as needed. The three foundational components of the TTPP developed for the MSICU were: mentorship, regular check-ins, and professional development and well-being. While other findings informed additional aspects of the program, it is these three core components that formed the foundation from which the other aspects were developed.

Figure 1

Comparison of Results of the Rapid Literature Review and Consultations

Rapid Literature Review	Consultations
Mentorship	Mentorship
Check-ins	On-going evaluation/Check-ins
Professional Development/ well-being /debriefing	Professional Development/well-being

Summary of the Intensive Care Nursing Transition to Practice Program

The *Intensive Care Nursing Transition to Practice Program* will first be described by each component and then presented with the *Intensive Care Nursing Transition to Practice Model*. The intended flow and operationalization of the program will be explained as will the approach to evaluation to provide a clear vision for the proposed program. These activities assist to meet objectives five and six of this practicum project.

Program Components

This section of the report is dedicated to the development of program components. It will provide an overview of the foundational elements (i.e., mentorship, regular check-ins, and professional development and well-being) synthesized from both the literature review and consultations and how they guided the development of the program components.

Mentorship

Mentorship is defined as a developmental relationship in which an experienced or more knowledgeable individual (the mentor) provides guidance, support, and advice to a less

experienced or knowledgeable person (the mentee) with the goal of helping them achieve their personal or professional goals (Adams et al., 2015; Blackmon et al., 2023; Burry et al., 2020; Gilroy et al., 2020; Hill et al., 2022; NL Health Services, 2024; Madhuva et al., 2018; Hu et al., 2023). This relationship typically involves providing feedback, sharing knowledge, offering encouragement, and serving as a role model for the mentee.

While mentorship and preceptorship are often used interchangeably, they are distinct concepts; in accordance with NL Health Services (2024), mentorship goes beyond preceptorship or clinical orientation. Mentorship involves a long-term relationship between a more experienced nurse (the mentor) and a less experienced nurse (the mentee), focusing on the mentee's overall growth and integration into the organization and profession. The mentor provides guidance, support, and advice to help the mentee develop professionally and personally (Adams et al., 2015; Blackmon et al., 2023; De Rosa et al., 2023; Gilroy et al., 2020; NL Health Services, 2024; Madhuva et al., 2018; Hu et al., 2023).

In contrast, preceptorship, is a short-term arrangement where an experienced nurse (the preceptor) guides a student through a clinical placement or a new nurse through orientation. The focus of preceptorship is on teaching specific skills and knowledge needed for the role or setting (Udlis, 2008). While preceptors provide valuable support during the transition period, mentors offer ongoing guidance that extends beyond clinical skills and unit orientation.

In both the literature review and consultations, mentorship emerged as a prevalent theme. All five articles included in the literature review highlighted the importance of mentorship in professional development, while all three key stakeholder groups emphasized the need for mentorship within their unit. Mentors play a vital role in supporting the mentee's socialization

and maturation within their profession (Adams et al., 2015; Blackmon et al., 2023; De Rosa et al., 2023; Gilroy et al., 2020; Hill et al., 2022; NL Health Services, 2024)

Overall, mentorship plays a significant role in guiding individuals towards achieving their personal and professional aspirations (Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020; NL Health Services, 2024; Madhuva et al., 2018; Hu et al., 2023). By Adams et al. (2015) offering support, feedback, and encouragement, mentors help mentees develop essential skills and competencies needed to succeed in their chosen field. As such, mentorship is an essential component of professional growth and should be prioritized within organizations to foster learning and development among employees. Therefore, mentorship was developed as an individual component for this program.

Check-ins

Literature consistently supports the use of regular check-ins and performance evaluations as beneficial tools during the transition period for newly hired nurses, providing them with guidance, support, and opportunities to monitor their progress (Adams et al., 2015; Blackmon et al., 2023; Gularte-Rinaldo et al. 2023). Consultations with experienced nurses and those in leadership positions further confirmed these benefits, noting that formal evaluations such as check-ins, self-assessments, performance evaluations, and checklists are effective ways to assess new nurses' knowledge and skills. These assessments offer a structured framework for identifying both strengths and areas for improvement among new nurses. Therefore, transition meetings were established as an individualized program component.

Professional Development and Well-being

According to existing literature established supports are crucial for enhancing the emotional well-being of newly hired nurses as they transition into their professional roles

(Adams et al., 2015; Cantrell, 2008; Hu et al., 2023; Innes & Calleja, 2018). The emotional well-being of nurses during the transitional period can significantly impact their job satisfaction, retention rates, and overall performance (Cantrell, 2008; Hu et al., 2023; Innes & Calleja, 2018).

In consultations with novice nurses, it was evident that the period of transition can be overwhelming and stressful. The pressure to adapt to new responsibilities, work environments, and expectations can take a toll on their emotional well-being. Solidifying the need for a component to support the holistic well-being of newly hired nurses during the transition process, leading to the development of debriefing sessions.

Intensive Care Nursing Transition to Practice Model

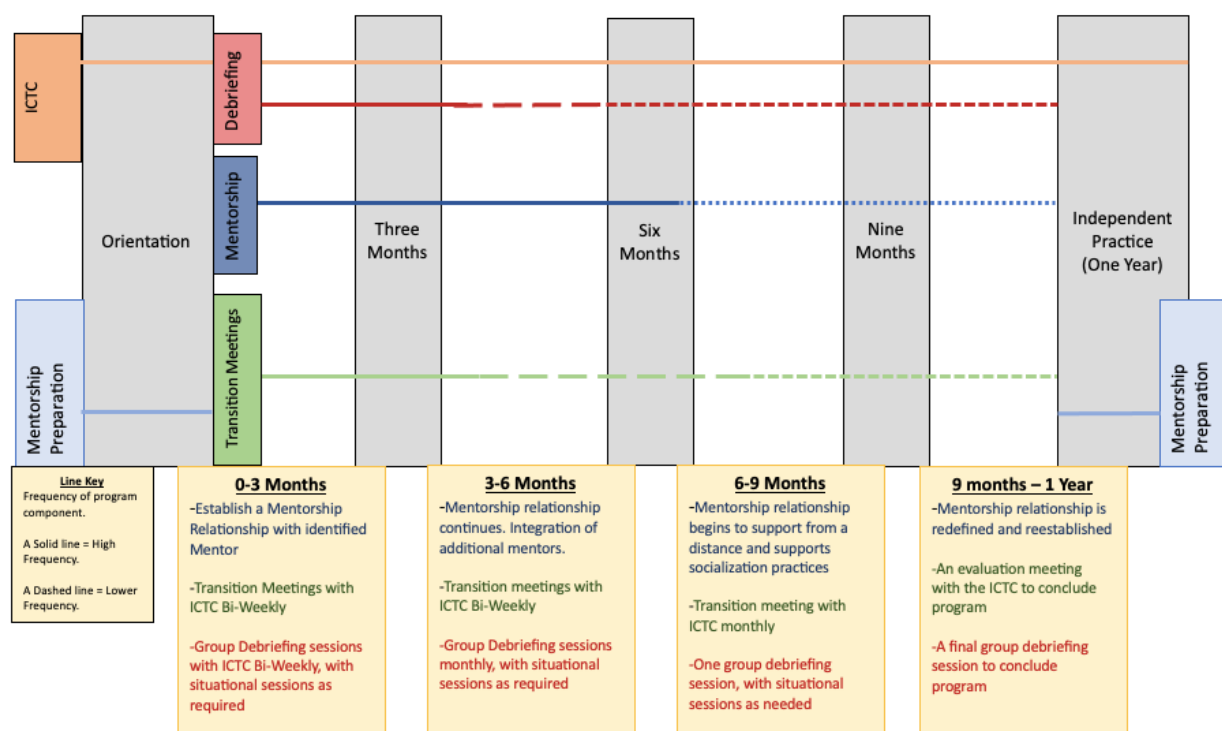
The *Intensive Care Nursing Transition to Practice Model* (Figure 2) is an illustrative representation of the *Intensive Care Nursing Transition to Practice Program* and serves as a guide for implementing the program for newly hired RNs in the ICU. The model depicts the program components and the timing of implementation over the course of a twelve-month period. The specific aspects that are depicted and will be described are: mentorship, transition meetings, debriefing sessions, and the role of the intensive care transition coordinator.

The intensive care transition coordinator, represented by the orange line at the top of the diagram, is depicted as being actively engaged throughout all stages of the program development process. This continuous involvement is crucial because the coordinator will play a central role in designing, executing, and evaluating the program. The light blue line outside of the program timeline signifies the preparation and pairing phases of mentorship, while inside the timeline are components such as mentoring meetings and debriefing sessions shown by blue, green, and red lines respectively. These lines shift from solid to dashed to indicate varying levels of engagement with each component during different stages of the program.

The yellow boxes located at the bottom of the chart represent the levels of engagement with program components over its duration. Each box is color-coded to match its corresponding component, providing a visual representation of how engagement fluctuates throughout the program period. The integration of these elements into a cohesive visual aid helps stakeholders understand how various components intersect within a larger framework. By clearly illustrating these relationships, individuals involved in critical care transitions can better comprehend their roles and responsibilities throughout the program lifecycle.

Figure 2

Intensive Care Nursing Transition to Practice Model



Application of Program Components

This section describes the application and implementation of the three program components and tailored position developed for the transition program. It highlights the

operational role of each component within the program's framework and pinpoints their role in the program.

Mentorship

Mentoring relationships can greatly impact the success and growth of individuals in various contexts, such as academic or professional settings (Adams et al., 2015; Blackmon et al., 2023; De Rosa et al., 2023; Gilroy et al., 2020; NL Health Services., 2024; Hill et al., 2022). Mentorship was the first component developed for the program. NL Health Services (2024) is currently developing a Mentorship program for the health authority. Therefore, this program component is designed to align with their work as well as findings from the consultations and literature review for organizational congruency.

The mentorship component is a multistage process that focuses on three main aspects of mentorship; 1. mentor preparation, 2. pairing processes of mentors/mentees, and 3. the development of the mentor/mentee relationship over the duration of the program.

To start, emphasis is placed on the development of mentors. This ensures that mentors are well-prepared and equipped with the necessary skills and knowledge to effectively guide and support their mentees. By investing in mentor preparation organizations can enhance the quality of these relationships and ultimately contribute to the overall development of mentees (Gilroy et al., 2020; NL Health Services., 2024). Through ongoing education and support for mentors, they can navigate challenges and provide meaningful guidance to their mentees. In turn, this leads to greater satisfaction and positive outcomes for both parties involved in the mentoring relationship (Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020; NL Health Services, 2024).

After the development of a mentors, focus is placed on the pairing process of mentors and mentees. The emphasis placed on the pairing process of mentors and mentees is crucial for

effective mentoring relationships (Burry et al., 2020; De Rosa et al., 2023; Hill et al., 2022; NL Health Services, 2024). By carefully matching mentors and mentees based on factors such as personality, skills, and goals, organizations can ensure a higher level of engagement and commitment from both parties leading to better communication and knowledge transfer (De Rosa et al., 2023; Hill et al., 2022). Overall, prioritizing the pairing process helps to maximize the benefits of mentoring for both mentors and mentees in achieving their professional growth objectives (Hill et al., 2022).

The final element of this component is the establishment and development of the mentor/mentee relationship. A mentorship relationship typically follows a cycle of phases that involves initiation, cultivation, separation or conclusion, and redefinition (Dahlberg & Byars, 2019). The relationship is established when mentors and mentees form expectations and get to know one another. From there, the relationship matures, mentors provide guidance, support, and feedback to help mentees develop their skills and achieve their objectives. Mentees are encouraged to seek advice, ask questions, and actively engage with their mentors in order to maximize the benefits of the relationship (Dahlberg & Byars-Winston, 2019; Hill et al., 2022). The relationship then shifts to a stage of separation and redefinition; when mentors and mentees transition into a different form of relationship characterized by more peer-like interactions or a formal ending of the relationship (Dahlberg & Byars-Winston, 2019; Hill et al., 2022).

In keeping with this cycle, this program component engages in the initiation and cultivation stages from zero to six months of the program. From six months to nine months the relationship enters the separation phase before being redefined and reestablished from nine months to the conclusion of the program at one year.

This structured approach, grounded in research, and tailored to align with NL Health Services' objectives, will assist in the personal and professional development of both the mentor and mentee, ultimately contributing to the enrichment of transition to practice program.

Transition Meetings

The integration of transition meetings into the transition program is significant in ensuring newly hired RNs successful adaptation to a critical care environment (Adams et al., 2015; Blackmon et al., 2023). For this program component, these meetings are conducted under the guidance of an intensive care transition coordinator (ICTC), who plays a pivotal role in supporting the newly hired RN as they transition into the demanding role of ICU nursing. The purpose of these one-on-one sessions is to create an atmosphere where the newly hired RNs can discuss their clinical experiences, monitor their educational progress, develop specialized nursing skills, and set professional objectives. According to Brill et al. (2001), a clear definition of clinical roles and the application of best practice models is essential in critical care delivery in the ICU. Therefore, a tailored development plan for each newly hired RN can help ensure they develop the competence and confidence to transition into their new role.

During transition meetings, various aspects of professional development are examined. Patient assignments are evaluated to ensure they align with learning needs of the newly hired RN. Similarly, the ICTC and the newly hired RN review the skills that have been completed, as well as those that need further improvement. Learning opportunities that have been undertaken are discussed to reinforce their clinical knowledge. As noted by Kozub et al. (2015), the setting of short- and long-term goals is a crucial feature providing both direction and motivation for the newly hired RNs. This structured approach to goal setting ensures there is a clear plan tailored to

individual needs over the duration of the program (Gularte-Rinaldo et al. 2023; Kozub et al., 2015).

The structure of these transition meetings is designed to be concentrated at the start and taper off as the newly hired RN gain confidence and expertise. In the initial three months, the meetings are held bi-weekly, providing frequent touchpoints for support and assessment as the nurses begin their journey. The frequency remains bi-weekly from the three to six-month mark, maintaining a consistent level of guidance as the nurses solidify their transition. As noted by Kozub et al. (2015), the initial use of close supervision and guidance, allows newly hired RNs to familiarize themselves with ICU protocols, procedures, and culture while still feeling supported. Between six to nine months, the meetings switch to a monthly schedule, allowing for extended periods of independent practice while still offering professional support. As newly hired RNs gain experience and demonstrate competence, the frequency of these intensive meetings can be reduced, acknowledging the growing autonomy and confidence of the RN (Kozub et al., 2015; Proulx & Bourcier, 2008). A final meeting occurs between nine months and one year to review the achievements against the set goals and to discuss the newly hired RNs practice and development after the completion of the transition program. This thoughtful scheduling of transition meetings ensures the newly hired RN receive the right amount of support at each stage of the transition period.

Debriefing Sessions

Debriefing sessions was the third component developed for the TTPP. These sessions would offer a formal, structured environment for group discussion, often following significant or stressful events such as a critical incident (Adams et al., 2015; Cantrell, 2008; Hu et al., 2023; Reiersen et al., 2017)). Through debriefing, nurses would have the opportunity to review the

event in question, reflecting on emotional responses, actions taken, and decisions made. As noted by Reiersen et al. 2017, reflective practice allows nurses to turn experiences into learning opportunities that can enhance future performance and enhance emotional well-being. This practice is particularly valuable for newly hired RNs transiting to practice in the ICU. Debriefing sessions provide a supportive environment where they can develop confidence and gain insights into the complex nature of critical care nursing (Cantrell, 2008; Hu et al., 2023; Reiersen et al., 2017). This support is crucial in helping navigate the steep learning curve and the emotional demands of the ICU (Innes & Calleja, 2018).

This transition program includes two key types of debriefing: Situational and Grouped Peer. Both types of debriefing are essential components that are facilitated by the intensive care transition coordinator (ICTC).

In situational debriefing, the ICTC takes the lead in guiding newly hired RNs through a structured conversation after they have experienced a significant event. This method is a staple in critical care environments, where the unpredictable nature of the job can present challenging scenarios (Innes & Calleja, 2018; Hu et al., 2023). Debriefing would offer a reflective space for the newly hired RN to process an incident, either individually in a one-on-one setting or with peers if multiple newly hired RNs were involved. The timing and frequency of these situational debriefing sessions would not be pre-scheduled, but instead occur reactively. This flexible approach ensures that support is available precisely when it's needed, allowing for timely reflection and support to occur (Cantrell, 2008; Innes & Calleja, 2018; Hu et al., 2023).

In contrast, grouped peer debriefing sessions would be regularly scheduled meetings with the ICTC that bring together the newly hired RNs. These sessions would be more than just meetings; they are a space for the newly hired RNs to openly share their experiences, feelings,

and challenges encountered during transition into the ICU. The collaborative nature of these sessions promotes shared learning, and a sense of support from shared experiences of the group. The structure of these sessions is planned to provide consistent support that adapts over time. Initially, the sessions would be held bi-weekly during the first three months, which is often the most intense period of transition (Innes & Calleja, 2018). As the newly hired RNs become more comfortable in their roles, the frequency would shift to monthly meetings between the third and sixth month. A single session would then be conducted between six to nine months, followed by a final session between nine months and the conclusion of the program at one year. This gradual reduction in frequency is designed to correspond with the growing competence and confidence experienced by the newly hired RN (Cantrell, 2008; Innes & Calleja, 2018).

By facilitating both individual and group debriefing, the program significantly contributes to the successful transition and professional growth of newly hired RNs in the critical care environment.

Intensive Care Transition Coordinator

The intensive care transition coordinator (ICTC) is a specialized position developed specifically for this TTPP. The purpose of this position is to collaborate closely with key stakeholders to build a solid foundation for newly hired RNs as they transition into the complex area of critical care. The role is designed to focus on the development, implementation, and ongoing assessment of the transition program, ensuring that it meets the evolving needs of both newly hired RNs as well as the ICU.

The function of the ICTC is multifaceted and central to the success of the transition program. As the primary overseer of the program, the ICTC is responsible for reducing the workload of other ICU leadership by managing the various components of the program. This

includes the perpetration of mentors and pairing them with mentees, closely monitoring the development of these mentor-mentee relationships and conducting transition meetings. Additionally, the ICTC would be tasked with leading debriefing sessions that are essential for reflective practice and emotional well-being, as well as evaluating the program's effectiveness to ensure that meeting the identified objectives.

The ICTC would maintain a constant presence throughout the program, to sustain the complexity and magnitude of the program components. The existence of this dedicated position within the program underscores the complexities involved in transitioning to ICU practice (Daly et al., 2016; Innes & Calleja, 2018). A strong leader in a transition program can provide the necessary oversight and direction to maintain the program's integrity, quality, and ongoing relevance to clinical practice. Leadership is crucial for developing clinical skills which are predictors for the success of transition programs (Chappell et al., 2014; Dyess & Parker, 2012). As noted by Dyess and Parker (2012), the presence of dedicated leadership helps to ensure the sustainability of programs by adapting to changes within the healthcare environment and addressing challenges that may threaten the program's viability. Therefore, the role of the ICTC is indispensable in ensuring the effectiveness and sustainability of a transition to practice program.

Program Evaluation

The *Intensive Care Nursing Transition to Practice Program* and model was presented to the MSICU along with a proposed approach to evaluation (Appendix C). The evaluation plan is multi-layered and considers both the individual components, processes, as well as the program itself (Appendix C, Slide 20). Further collaboration with key stakeholders and the quality improvement team is planned to finalize the evaluation plan.

Discussion of Advanced Nursing Practice Competencies

The Canadian Nurses Association (CNA) (2019) developed core competencies for advanced nursing practice that guide nurses to practice safely and ethically in various settings. The supporting framework separates these competencies into six categories (i.e., direct comprehensive care, health system optimization, education, research, leadership, and consultation and collaboration). These competencies can be used to reflect on the author's growth and development through the completion of the Master of Nursing program and practicum project.

Direct Comprehensive Care

As an advanced practice nurse (APN), I had a role in using theoretical knowledge with research findings to enhance the clinical proficiency within my nursing specialty, intensive care. Through my practicum project, I conducted a rapid literature review and engaged in professional consultations. These activities together lead to the creation of a transition to practice program tailored for the intensive care unit (ICU). The development of a transition to practice program significantly influences the direct comprehensive care competency by creating a supportive framework for RNs transitioning to the ICU. The development of this framework helps increase and maintain appropriate nurse-to-patient ratios, enhances the confidence and competence of RNs, and ultimately leads to improved patient care outcomes. The investment in such programs reflects a commitment to excellence in nursing practice and an acknowledgment of the complex, multifaceted nature of providing direct comprehensive care in a high-stakes environment like the ICU.

Optimizing Health Systems

Advanced nursing practice plays a crucial role in the functioning of health care systems. By incorporating nursing knowledge, advanced practice nurses can develop programs, policies, and protocols that aim to improve existing practices (CNA, 2019). This contribution is essential in enhancing the overall quality of patient care and promoting positive health outcomes. The influence of coursework on the development of this competency is multifaceted, as it equips nurses with the necessary critical thinking and analytical skills to evaluate and enhance healthcare delivery. It provides a solid educational foundation, fostering critical thinking and analytical skills, and promoting leadership and interprofessional collaboration, nursing education prepares nurses to effectively critique and improve health systems for the betterment of patient care and health outcomes. The entirety of the master's program developed my critical thinking and analytical skills. Through assignments, discussions, and examinations, coursework challenged me to engage in higher-order thinking.

During the course work completed during my first practicum course I had the opportunity to consult with experts in the field of professional practice. These experts provided valuable insights into the shifting focus on mentorship within the health authority. They highlighted the current practices in place as well as describing the mentorship program that is being developed for NL Health Services. As such, in the second practicum course I was able to align my practicum project with the needs of NL Health Services and enhance program delivery.

Education

APNs support continued learning and professional development for healthcare providers, students, clients, and families as it relates to health and wellness (CNA, 2019).

During my practicum project, I expanded my knowledge surrounding the concept of transition practices for newly hired RNs. I developed my skills in various information collection methods including conducting literature reviews and performing consultations. The knowledge acquired through these processes allowed me to develop a tailored transition to practice program specifically for the ICU.

Moreover, I had the opportunity to effectively convey my expertise through a PowerPoint presentation to the MSICU team. My increased education and knowledge surrounding this topic was acknowledged by both my colleagues and those in leadership positions. Additionally, I was invited to speak at the critical care journal club that is held monthly within the in the Eastern-Urban zone of the provincial health authority, NL Health Services (NLHS).

Research

The role of the APN is pivotal in enhancing patient care and outcomes, as supported by the CNA (2019). This multifaceted role encompasses the identification, synthesis, critical appraisal, and implementation of research findings into clinical practice. My successful completion of a rapid literature review is a demonstration of my on-going development and proficiency in research competencies. Through a systematic and rigorous approach, I evaluated and synthesized literature to inform the development of a transition to practice program. The completion of this research lays the groundwork for the creation of a tangible pilot project, one that has the potential to streamline the transition for nurses into the ICU ultimately benefiting both patient care and the nursing profession.

Leadership

APNs are not only responsible for providing direct patient care, but also take on leadership roles, acting as change agents in their professional area (CNA, 2019). The

underpinnings from the program course 'Leading Change in Nursing', were pivotal in developing my leadership role in advocating for and implementing improvements in the form of program development. The course's emphasis on strategic planning, stakeholder engagement, and evidence-based practice equipped me with the tools necessary to address the observed gaps in transitional support for newly hired RNs in the ICU. The development of this practicum project required communicative, collaborative, and developmental leadership. By applying the principles learned in the course, I was able to conduct a project that not only bridged an identified gap, but also set a standard for future work pertaining to transition practices related to newly hired RNs.

Consultation and Collaboration

The APN is pivotal in shaping healthcare outcomes by engaging in multidisciplinary consultations and collaborations at various systemic levels, ranging from organizational to international (CNA, 2019). My practicum experience has highlighted the significance of consultation as an essential aspect of the APN's role. Through active consultations, I collaborated with key stakeholders to both guide the development of my program and ensure the dissemination of my findings to the ICU team. Additionally, these interactions have expanded my professional network and allowed me to engage in new educational opportunities. Notably, my contributions were recognized with invitations to join both the mentorship and the policy workgroup committees.

Next Steps

Moving forward with the transition to practice program for newly hired RNs in the ICU, the first step is to fully develop each component of the program. This includes outlining clear objectives, activities, and expected outcomes for each phase of the transition program. The development of a comprehensive evaluation plan is crucial in this step, as it will serve as a guide

to assess the effectiveness of the program in real-time. This plan should utilize evidence-based evaluation tools and incorporate both qualitative and quantitative data to provide a well-rounded analysis of the program's impact.

Once the program's components and evaluation plan finalized, the next step is to engage with leadership and key stakeholders within NL Health Services. These conversations are vital to ensure that there is uptake and commitment to the program. Stakeholders will need to understand the program's value, the resources required, and the expected benefits to the organization. Gaining their buy-in is essential for securing the necessary support, resources, funding, and approvals to move forward. Following stakeholder alignment, the next phase is the implementation of a pilot model in a clinical setting of a Medical Surgical Intensive Care Unit (MSICU) in St. John's, Newfoundland, and Labrador (NL).

Conclusion

This practicum project report has detailed the work completed to develop a TTPP for newly hired RNs in an MSICU in St. John's, NL. The importance of such a program is underscored by the demands of the ICU environment and current challenges related to nursing shortages across Canada. ICUs require well-prepared nursing staff capable of managing the dynamic needs of severely ill patients. The *Intensive Care Nursing Transition to Practice Model* proposes a multi-component program to support the increasing number of newly hired RNs as they transition to this specialty area.

References

- Adams, J. M., Alexander, G. A., Chisari, R. G., Banister, G., McAuley, M. E., Whitney, K., & Erickson, J. I. (2015). Strengthening new graduate nurse residency programs in critical care: recommendations from nurse residents and organizational stakeholders. *the Journal of Continuing Education in Nursing the Journal of Continuing Education in Nursing*, 46(1), 41–48. <https://doi.org/10.3928/00220124-20151217-01>
- Alghamdi, M. S., & Baker, O. G. (2020). Identifying the experiences of new graduate nurses during the transition period to practice as a professional nurse. *Journal of Clinical Nursing*, 29(15–16), 3082–3088. <https://doi.org/10.1111/jocn.15344>
- Blackmon, E., Floriano, H., Fazio, S., & Doroy, A. L. (2023). Improving Staffing in the ICU with New Graduate Nurses: A Novel Critical Care Fellowship Program. *International Journal of Critical Care*, 17(2), 11–22. <https://doi.org/10.29173/ijcc65>
- Boaz, A., Hanney, S., Borst, R., O'Shea, A., & Kok, M. O. (2018). How to engage stakeholders in research: design principles to support improvement. *Health Research Policy and Systems*, 16(1). <https://doi.org/10.1186/s12961-018-0337-6>
- Brilli, R. J., Spevetz, A., Branson, R. D., Campbell, G., Cohen, H., Dasta, J. F., Harvey, M. A., Kelley, M. A., Kelly, K., Rudis, M. I., André, A., Stone, J. R., Teres, D., & Weled, B. J. (2001). Critical care delivery in the intensive care unit: Defining clinical roles and the best practice model. *Critical Care Medicine*, 29(10), 2007–2019. <https://doi.org/10.1097/00003246-200110000-00026>
- Burry, R. D., Stacey, D., Backman, C., Donia, M., & Lalonde, M. (2020). Exploring pairing of new graduate nurses with mentors: An interpretive descriptive study. *Journal of Clinical Nursing*, 29(15–16), 2897–2906. <https://doi.org/10.1111/jocn.15360>

Canadian Association of Critical Care Nurses (2019). Position Statement: Models of nursing care in the critical care unit

<https://caccn.ca/wpcontent/uploads/2019/10/PS1903ModelsNursingCare.pdf>

Canadian Federation of Nurses Unions. (2022). Canadian Federation of Nurses Unions Member Survey Summary Report. In *Member Survey Summary Report*.

[https://nursesunions.ca/wp-](https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf)

[content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf](https://nursesunions.ca/wp-content/uploads/2022/02/Viewpoints_Survey_Results_2022_January_EN_FINAL-1.pdf)

Canadian Institute for Health Information. (2016). *Care in Canadian ICUs* (S. Bagshaw, Ed.).

https://secure.cihi.ca/free_products/ICU_Report_EN.pdf

Canadian Nurses Association (2019). Advanced practice nursing: A Pan-Canadian Framework.

[https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-](https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca863c5ebf0a138d5e/UploadedImages/documents/nursing/Advanced_Practice_Nursing_framework_e.pdf)

[45ca863c5ebf0a138d5e/UploadedImages/documents/nursing/Advanced_Practice_Nursing_framework_e.pdf](https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca863c5ebf0a138d5e/UploadedImages/documents/nursing/Advanced_Practice_Nursing_framework_e.pdf)

Cantrell, M. A. (2008). The importance of debriefing in clinical simulations. *Clinical Simulation in Nursing*, 4(2), e19–e23. <https://doi.org/10.1016/j.ecns.2008.06.006>

Casey, K., Oja, K., & Makic, M. B. F. (2021). The lived experiences of graduate nurses transitioning to professional practice during a pandemic. *Nursing Outlook*, 69(6), 1072–1080. <https://doi.org/10.1016/j.outlook.2021.06.006>

Chappell, K., Richards, K., & Barnett, S. D. (2014). New graduate nurse transition programs and clinical leadership skills in novice RNs. *Journal of Nursing Administration/the Journal of Nursing Administration*, 44(12), 659–668.

<https://doi.org/10.1097/nna.0000000000000144>

- Dahlberg, M. L., & Byars-Winston, A. (2019). The Science of Effective Mentorship in STEMM. In *National Academies Press eBooks*. <https://doi.org/10.17226/25568>
- Daly, B. J., Douglas, S. L., O'Toole, E. E., Rowbottom, J., Hoffer, A., Lipson, A. R., & Burant, C. J. (2016). Complexity Analysis of Decision-Making in the critically ill. *Journal of Intensive Care Medicine*, 33(10), 557–566. <https://doi.org/10.1177/0885066616678394>
- De Rosa, S., Battaglini, D., Bennett, V., Rodríguez-Ruiz, E., Zaher, A., Galarza, L., & Schaller, S. J. (2023). Key steps and suggestions for a promising approach to a critical care mentoring program. *Journal of Anesthesia, Analgesia and Critical Care*, 3(1). <https://doi.org/10.1186/s44158-023-00116-4>
- Devey R., Lalonde, M., & Stacey, D. (2018). *Mentorship conceptual models: A comparative analysis with proposed new hybrid model*. [Oral presentation]. 2018 Canadian Health Workforce Conference (CHWC), Gatineau, Quebec, Canada.
- Dyess, S., & Parker, C. (2012). Transition support for the newly licensed nurse: a programme that made a difference. *Journal of Nursing Management*, 20(5), 615–623. <https://doi.org/10.1111/j.1365-2834.2012.01330.x>
- Gibney, R. T. N., Blackman, C., Gauthier, M., Fan, E., Fowler, R., Johnston, C., Katulka, R. J., Marcushamer, S., Menon, K., Miller, T., Paunovic, B., & Tanguay, T. (2022). COVID-19 pandemic: the impact on Canada's intensive care units. *Facets*, 7, 1411–1472. <https://doi.org/10.1139/facets-2022-0023>
- Gilroy, H., Maixner, M. A., & Ziesemer-Girouard, Y. (2020). Helping experienced pediatric nurses bridge the gap between intermediate and intensive care. *Journal for Nurses in Professional Development*, 36(6), 349–352. <https://doi.org/10.1097/nnd.0000000000000639>

Government of Canada, Statistics Canada. (2023, July 24). *Nurses: Working harder, more hours amid increased labour shortage*. Statistics Canada.

<https://www.statcan.gc.ca/o1/en/plus/4165-nurses-working-harder-more-hours-amid-increased-labour-shortage>

Gularte-Rinaldo, J., Baumgardner, R., Tilton, T., & Brailoff, V. (2023). Mentorship RESPECT Study: A nurse mentorship program's impact on transition to practice and decision to remain in nursing for newly graduated nurses. *Nurse Leader*, 21(2), 262–267.

<https://doi.org/10.1016/j.mnl.2022.07.003>

Hanauer, D. A., Mei, Q., Law, J., Khanna, R., & Zheng, K. (2015). Supporting information retrieval from electronic health records: A report of University of Michigan's nine-year experience in developing and using the Electronic Medical Record Search Engine (EMERSE). *Journal of Biomedical Informatics*, 55, 290–300.

<https://doi.org/10.1016/j.jbi.2015.05.003>

Hill, S., Ward, W. L., Seay, A., & Buzenski, J. (2022). The nature and evolution of the mentoring relationship in academic health centers. *Journal of Clinical Psychology in Medical Settings*, 29(3), 557–569. <https://doi.org/10.1007/s10880-022-09893-6>

Hirt, J., Nordhausen, T., Appenzeller-Herzog, C., & Ewald, H. (2021). Using citation tracking for systematic literature searching - study protocol for a scoping review of methodological studies and a Delphi study. *F1000Research*, 9, 1386.

<https://doi.org/10.12688/f1000research.27337.3>

Hu, F., Ding, X., Zhang, R., Li, S., Cao, R., Deng, L., Jin, L., Xing, F., Zhu, X., & Chen, J. (2022). A transition programme to enhance ICU new graduate nurses' professional

- identity and intention to remain employed: A pre- and postevaluation. *Nursing Open*, 10(3), 1517–1525. <https://doi.org/10.1002/nop2.1401>
- Innes, T., & Calleja, P. (2018). Transition support for new graduate and novice nurses in critical care settings: An integrative review of the literature. *Nurse Education in Practice*, 30, 62–72. <https://doi.org/10.1016/j.nepr.2018.03.001>
- Jepsen, K., Lindström, V., Wihlborg, J., & Hörberg, A. (2024). Newly employed nurses' transition into their new role in the ambulance service— a qualitative study. *BMC Nursing*, 23(1). <https://doi.org/10.1186/s12912-024-01745-y>
- Kozub, E., Hibanada-Laserna, M., Harget, G., & Ecoff, L. (2015). Redesigning orientation in an intensive care unit using 2 theoretical models. *Journal of American Studies Eurasian Perspective/AACN Advanced Critical Care*, 26(3), 204–214. <https://doi.org/10.4037/nci.00000000000000088>
- Langlois, É. V., Straus, S. E., Antony, J., King, V., & Tricco, A. C. (2019). Using rapid reviews to strengthen health policy and systems and progress towards universal health coverage. *BMJ Global Health*, 4(1), e001178. <https://doi.org/10.1136/bmjgh-2018-001178>
- Madhuvu, A., Plummer, V., & Morphet, J. (2018). An exploration of participants' experience of an intensive care nursing transition to specialty practice program. *Australian Critical Care*, 31(5), 311–316. <https://doi.org/10.1016/j.aucc.2017.08.005>
- Marshall, J. C., Bosco, L., Adhikari, N. K. J., Connolly, B., Díaz, J., Dorman, T., Fowler, R., Meyfroidt, G., Nakagawa, S., Pelosi, P., Vincent, J., Vollman, K. M., & Zimmerman, J. L. (2017). What is an intensive care unit? A report of the task force of the World Federation of Societies of Intensive and Critical Care Medicine. *Journal of Critical Care*, 37, 270–276. <https://doi.org/10.1016/j.jcrc.2016.07.015>

- Meleis, A. I. (2010). *Transitions Theory: middle range and situation specific theories in nursing research and practice*. <https://ci.nii.ac.jp/ncid/BB02718713>
- Meleis, A. I., Sawyer, L., Im, E. O., Messias, D. a. K. H., & Schumacher, K. (2000). Experiencing Transitions: An Emerging Middle-Range Theory. *Advances in Nursing Science*, 23(1), 12–28. <https://doi.org/10.1097/00012272-200009000-00006>
- NL Health Services. (2024). *Nurse Mentorship Program Manual*.
- Proulx, D. M., & Bourcier, B. J. (2008). Graduate Nurses in the Intensive Care Unit: an orientation model. *Critical Care Nurse*, 28(4), 44–52. <https://doi.org/10.4037/ccn2008.28.4.44>
- Public Health Agency of Canada (2014). Infection prevention and control guidelines: Critical appraisal tool kit. http://publications.gc.ca/collections/collection_2014/aspcphac/HP40-119-2014-eng.pdf
- Reierson, I. Å., Haukedal, T. A., Hedeman, H., & Bjørk, I. T. (2017). Structured debriefing: What difference does it make? *Nurse Education in Practice*, 25, 104–110. <https://doi.org/10.1016/j.nepr.2017.04.013>
- Sinclair, S., Norris, J. M., McConnell, S., Chochinov, H. M., Hack, T. F., Hagen, N. A., McClement, S., & Bouchal, S. R. (2016). Compassion: a scoping review of the healthcare literature. *BMC Palliative Care*, 15(1). <https://doi.org/10.1186/s12904-016-0080-0>
- Tricco, A. C., Antony, J., Zarin, W., Striffler, L., Ghassemi, M., Ivory, J. D., Perrier, L., Hutton, B., Moher, D., & Straus, S. E. (2015). A scoping review of rapid review methods. *BMC Medicine*, 13(1). <https://doi.org/10.1186/s12916-015-0465-6>

- Tyndall, D. E., Firnhaber, G., & Scott, E. S. (2018). The impact of new graduate nurse transition programs on competency development and patient safety. *Advances in Nursing Science*, 41(4), E26–E52. <https://doi.org/10.1097/ans.0000000000000217>
- Udlis, K. A. (2008). Preceptorship in Undergraduate Nursing Education: an Integrative Review. *Journal of Nursing Education/ the Journal of Nursing Education*, 47(1), 20–29. <https://doi.org/10.3928/01484834-20080101-09>
- Weller-Newton, J., Murray, M., Phillips, C., Laging, B., & McGillion, A. (2022). Transition to practice programs in nursing: A rapid review. *the Journal of Continuing Education in Nursing/ the Journal of Continuing Education in Nursing*, 53(10), 442–450. <https://doi.org/10.3928/00220124-20220907-05>
- Wilson, C. B., & Slade, C. (2019). From consultation and collaboration to consensus: introducing an alternative model of curriculum development. *the International Journal for Academic Development*, 25(2), 189–194. <https://doi.org/10.1080/1360144x.2019.1584897>
- Wynendaele, H., Willems, R., & Trybou, J. (2019). Systematic review: Association between the patient–nurse ratio and nurse outcomes in acute care hospitals. *Journal of Nursing Management*, 27(5), 896–917. <https://doi.org/10.1111/jonm.12764>

Appendix A
Rapid Literature Review Report

Transition to Practice Programs for Registered Nurses Newly Hired to the Intensive Care

Unit: Rapid Review Report

Robyn L. French: 201234218

Memorial University of Newfoundland

Nursing 6660: Practicum One

Dr. R.D. Burry

December 15th, 2023

Background

Intensive care units (ICUs) are specialized areas in the hospital that provide advanced care and monitoring to critically ill patients (Marshall et al., 2017). These units are equipped with highly trained health care professionals, state-of-the-art equipment, and advanced technology to manage a wide range of medical conditions, including post-operative patients, trauma victims, and those with complex medical illnesses (Marshall et al., 2017). The unstable conditions of these patients require continuous nursing care to provide ongoing monitoring, management of life-supporting equipment, and immediate responses to changing conditions. As such the nurse patient ratio is a highly influential determinant of patient outcomes (Canadian Association of Critical Care Nurses, 2019).

A well-balanced nurse-patient ratio is essential to providing timely and comprehensive care to patients with critical medical conditions. The Canadian Association of Critical Care Nurses (2019) identify three influential factors that should be considered when determining the staffing needs of an ICU: the patient, the nurse, and the environment. The medical stability and complexity of nursing care required by a patient should be considered when determining staffing requirements (Canadian Association of Critical Care Nurses, 2019). Critically ill patients with rapidly changing conditions are at an increased risk for negative outcomes if immediate treatment is not received (Canadian Association of Critical Care Nurses, 2019). Therefore, critically ill patients may require multiple nursing staff at once. The RN is the primary care provider for the critically ill patients in the ICU (Canadian Association of Critical Care Nurses, 2019). Their clinical expertise is paramount to provide life sustaining treatment and interventions. Experience levels of RNs in the unit often range from novice to expert which is representative of a diverse skill mix amongst staff. As such, nurse-patient ratios may need to be

increased if there are multiple novice nurses per shift (Canadian Association of Critical Care Nurses, 2019). Similarly, the ICU team typically plays a supportive role in the hospital's environment, often functioning as rapid response teams. Immediate involvement of such teams may be required to support unpredicted patient deterioration in other units of the hospital (Canadian Association of Critical Care Nurses, 2019). Therefore, adequate staffing levels are necessary to ensure the effective functioning of rapid response teams, as they contribute to the overall operational efficiency of a hospital (Canadian Association of Critical Care Nurses, 2019).

However, according to a study conducted by the American Association of Critical-Care Nurses (AACN), there is an alarming shortage of nurses in ICUs across the United States, with vacancy rates reaching as high as 30% in some hospitals (AACN, 2020). This shortage can be attributed to several factors, including an aging nursing workforce, increased demand for ICU services due to an aging population, and insufficient recruitment and retention strategies (Buchan et al., 2020).

To ensure nurse-patient ratios are met many ICUs are taking proactive measures by hiring a significant number of new staff at once, leading to concerns about skill mix on the unit (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022).

Currently, RN's entering the ICU undergo a standard orientation program that provides them with basic knowledge and skills required for their role (Innes & Calleja, 2018; Weller-Newton et al., 2022). However, transitioning into a highly specialized and demanding environment such as the ICU can be overwhelming for newly hired nurses. These individuals may lack sufficient experience or exposure to effectively manage critical care situations, complex patient conditions, and interdisciplinary collaboration.

To address these concerns current literature supports the implementation of transition to practice programs (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022). Such programs aim to bridge the gap between initial orientation and full integration into the ICU team by providing additional training, mentorship opportunities, and ongoing support (Innes & Calleja, 2018; Weller-Newton et al., 2022). However, existing transition to practice programs primarily focus on the transition from academic settings to clinical practice for newly graduated nurses (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022). As a result, there is a significant gap in the existing literature regarding the specific requirements of experienced nurses who are newly hired to work in a clinical area, especially in highly specialized fields like the ICU. Though current transition to practice literature offers insights into the broader context of nurse onboarding, it often fails to address the unique challenges and requirements of both newly graduated RNs as well as those with clinical experience but are novice to the ICU. To bridge the knowledge gap surrounding this topic a rapid literature was conducted. The Rapid review sought to identify key factors and best practices pertaining to transition to practice programs for RNs newly hired to the ICU. This information will help to inform the development of a transition to practice program for newly hired RNs in the medical surgical intensive care unit (MSICU) at St. Clare's Hospital in St. John's, Newfoundland and Labrador.

Design

This literature review followed the structure of a rapid literature review. A rapid literature review provides a concise summary of the most relevant and up-to-date sources within a shorter timeframe (Langlois, 2019). This approach typically involves systematic search strategies, careful screening of articles, and critical synthesis of key findings (Langlois, 2019). Rapid

literature reviews are particularly valuable when there are time constraints (Langlois, 2019).

This rapid review was submitted to PROSPERO for registration. The rapid review was accepted for registration and assigned an ID number (CRD42023476580).

Methods

Rapid Review Research Question

The following research question guided this rapid review:

“What are key factors and best practices to consider in the development and implementation of a transition to practice program for nurses newly hired to the Intensive Care Unit (ICU)?”

Eligibility Criteria

Due to their fast-paced nature, rapid literature reviews prioritize recent publications and primarily include research published within the last five to ten years (Langlois et al., 2019).

Therefore, this literature review only included publication dates from 2013-present day. For clarity of information, only full-text manuscripts available in English were considered.

Conference abstracts, discussion papers and non-peer reviewed literature was excluded from this review. Only Newly hired RNs to ICUs were considered for this review. Nurse practitioners, clinical educators and unit managers newly hired to ICUs were excluded, as were RNs hired to other areas outside of the ICU. Literature discussing transition to practice programs in ICU was included. Literature pertaining to other supportive programs or transition to practice programs implemented outside of the ICU was excluded. Outcomes directly related to transition to practice programs were included, with any other outcomes excluded (Appendix A). A definition of key terms was developed to streamline the screening process (Appendix B).

Information Sources

Rapid literature reviews typically involve searching for and reviewing relevant literature in a shorter timeframe and use fewer databases (Langlois et al., 2019). Therefore, the Cumulative Index to Nursing and Allied Health Literature (CINAHL) was the only database used for this literature review. Additional literature was obtained through forward citation tracing; tracking and reviewing of articles that cite a specific source.

Search Strategy

Based on key concepts presented in the research question guiding this review a list of key words was established; these words were inputted into CINAHL and cross-referenced with applicable CINAHL search terms. An initial search was completed on September 19th, 2023, using CINAHL yielding 159 results (Appendix C). This search was updated on November 1st, 2023, and yielded a final total of 184 titles and abstracts to screen (Appendix D). The use of Boolean Operators was included to combine key words and focus the search to applicable literature. Search strings were developed for each concept and combined using Boolean Operators.

Search results were uploaded to Covidence to screen titles and abstracts for relevance to the research topic using the inclusion and exclusion criteria. The screening tool was initially piloted with three articles and amendments were made prior to screening remaining studies. To align with rapid review protocols, screening of titles, abstracts and full texts were completed by one reviewer with results reviewed with the practicum project supervisor.

Risk of Bias Assessment

Literature selected for inclusion in the literature review was critical appraised using the Public Health Agency of Canada (PHAC) (2014) critical appraisal tool kit (Appendix E). This

critical appraisal tool has the ability to appraise qualitative, quantitative, and mixed method studies. Critical appraisal of included texts was completed by one reviewer, with findings presented to the practicum project supervisor.

Data Extraction

Data extraction of literature that has met inclusion criteria was completed in Covidence. A data extraction tool was created to structure the data collection process. The data extraction tool was piloted with three articles to allow for modifications as needed before continuing with the remaining literature. Data extracted included study design, sample size, key findings as well as other relevant information pertaining to transition to practice programs (Appendix F). Data was extracted by one reviewer, with findings presented to the practicum project supervisor.

Data Synthesis

Common findings were summarized based on trends and patterns identified during data extraction. Results are described in a narrative summary. Synthesis of findings was completed independently by one reviewer with results being reviewed with the practicum supervisor.

Ethical Approval

Ethical approval was not required for this rapid literature review, as it involves the analysis of publicly available, previously published research.

Results

A total of 188 studies were reviewed for this rapid literature review. Out of these, 184 studies were obtained from CINAHL, and an additional four studies were obtained through forward citation tracing. After the screening process, five research studies were included in this review (Appendix G). Among these, two studies were qualitative, while three studies utilized quantitative methods. To ensure the quality and validity of the included articles, a critical

appraisal was conducted using the Public Health Agency of Canada (PHAC) Critical Appraisal Tool Kit (2014). This tool allowed for a comprehensive evaluation of both quantitative and qualitative works. Following the critical appraisal process, data extraction was completed to gather relevant information from the selected studies. The collected data has been synthesized and presented in a table and narrative summary.

Two qualitative studies were included in this rapid review (Adams et al., 2015; Gilroy et al., 2020). The main purpose of the qualitative cross-sectional study conducted by Adams et al. (2015) was to evaluate the current critical care nurse residency program at Massachusetts General Hospital, to identify areas of strength and areas for improvement in the program (Adams et al., 2015). The population of interest were newly graduated nurses who were participating in the existing critical care nurse residency program (Adams et al., 2015). The critical care nurse residency program had a duration of six months and consisted of two main components - classroom education and hands-on practicum. Out of 400 applicants, a total of 34 newly graduated RNs were selected to participate in the newest iteration of the program (Adams et al., 2015). Focus groups were conducted with 62 participants including new graduates (34), preceptors (19), unit-based clinical nurse specialists (5), and ICU nurse directors (5). Five themes emerged from the focus group discussions: program design, developing nursing expertise, program impact on the unit, future expectations, and communication.

Notably, stable preceptor relationships were found to be crucial for learning and professional development (Adams et al., 2015). As part of the revised program, new graduate nurses extended their time with preceptors from 6 month to an average of 10.5 months. This extension allowed them sufficient opportunities to optimize their skills, explore more nuanced aspects of critical care nursing and professional practice, as well as gain additional confidence in

their ability to work independently (Adams et al., 2015). Furthermore, the study highlighted the importance of continued support and check-ins after completion of the program. This ensured that new graduate nurses received ongoing guidance and assistance as they transitioned into their roles as independent practitioners (Adams et al., 2015).

In contrast, Gilroy et al. (2020) conducted a cross-sectional study with the aim of facilitating the transition of experienced pediatric nurses from intermediate care to the intensive care unit (ICU). The researchers sought to develop a program specifically designed to assist these nurses in transitioning their practice to the pediatric ICU setting (Gilroy et al., 2020). Over a period of four years, a total of 35 nurses participated in the bridge program developed by Gilroy et al. (2020). These nurses had an average length of experience of 3.7 years, indicating they were already well-versed in pediatric nursing prior to undergoing this transition. It is worth noting that most participants transferred from intermediate care units, while only one nurse came from the surgical acute care floor (Gilroy et al., 2020). A six-month bridge program was implemented by Gilroy et al. (2020) to enhance the skills and knowledge of participating nurses. The program consisted of six didactic classes, which were developed and taught by experienced ICU nurses. Upon completion of these classes, the participating nurses were given priority to float to the ICU and provide care for more complex patients when the need arose. Additionally, they were also able to apply for positions in the pediatric ICU if desired. Furthermore, once hired into their respective ICUs, the participating nurses were matched with appropriate preceptors for a minimum of six weeks of precepted orientation.

Out of 35 participants, nine successfully transitioned to work in the pediatric ICU. The program received positive evaluations from the participants, citing several strengths such as hands-on practice and practical applications of knowledge. One notable aspect appreciated by the

participants was that the presenters were experienced bedside nurses, allowing them to form relationships before entering the clinical area. Interestingly, an unexpected outcome of the program was the emergence of mentors among intensive care unit staff already working at the bedside. This finding indicates that not only did the program facilitate successful transitions for participants, but it also fostered a supportive environment where experienced nurses were willing to take on mentorship roles.

Similarly, a total of three quantitative studies were included in this rapid review (Blackmon et al., 2023; Hu et al., 2023; Madhuva et al., 2018). The work conducted by Blackmon et al. (2023) focused on the integration of newly graduated nurses into the intensive care unit (ICU). Their retrospective cohort study aimed to assess the effectiveness of a novel Critical Care Fellowship Program (CCFP) for new graduate nurses (NGNs) in improving staffing within the ICU, particularly considering the challenges posed by the COVID-19 pandemic. The CCFP was launched at an academic medical center in Northern California in August 2016. This program was designed to enhance the existing one-year new graduate nurse Residency Program (NGNRP), which typically served as the standard practice for integrating NGNs into critical care settings. The CCFP sought to provide additional support and training through various means, including incorporating critical care course content, offering clinical rotations across different ICUs, and providing ongoing mentorship throughout their first year of practice. During the initial six months of the program, NGNs underwent a comprehensive orientation that encompassed ICU rotations, classroom training sessions, bi-weekly check-ins, and monthly debriefs. This period allowed them to gain exposure to different aspects of critical care nursing while receiving structured guidance and feedback. The subsequent six months were tailored to further deepen their learning experiences based on their specific unit placements within the hospital. By

implementing this enhanced fellowship program, Blackmon et al. aimed to address potential gaps in NGN education and facilitate smoother transitions into critical care nursing roles promoting increased nurse retention. Blackmon et al. reviewed retention rates of 60 program participants between the years of 2016-2022. Years were grouped into two classifications; 2016-2019 was identified as pre-covid years while 2020-2022 was identified as the covid era. Retention rates were higher in the pre-covid years (i.e., retention rates in 2016 and 2017 resulted 100% while 2019 resulted 95%) than the covid era (i.e., retention in 2020 equaled 93%, 2021 retention decreased to 92%, 2022 rebounded to 100%). However, these retention rates still surpass the national average which is approximately 72%. It is important to note that these findings are based on a retrospective cohort study conducted by Blackmon et al. that was critically appraised of moderate design and low quality. Lack of clarification surrounding data collection and statistical testing significantly impair the quality of findings. Therefore, further research is needed to validate and expand upon their observations.

Similarly, Hu et al. (2023) also focused on new graduate nurses in the ICU. Hu et al. conducted a study to enhance the professional identity and intention to remain employed among new graduate nurses (NGNs). The researchers implemented a transition program that involved a cognitive behavior-based preceptorship intervention. During this phase, NGNs participated in four 90-minute training sessions, with one session held per week. In the preceptorship intervention phase, senior nursing preceptors provided comprehensive guidance to NGNs on various aspects such as teaching, learning, work, and achieving a healthy work-life balance. To measure the impact of the intervention, a one-arm pre- and post-test design was utilized. The researchers assessed the NGNs' professional identity and intention to remain employed at three different points: baseline (T1), immediately after the intervention (one month, T2), and during a

6-month follow-up (T3). Professional identity was evaluated using the Chinese version of the Professional Identity Scale for Nurses, which consisted of a 30-item self-reported questionnaire. To assess the intention to remain employed, Hu et al. adapted the Intention to Quit Scale and the Job Search Behaviour Scale. These scales were used to measure NGNs' inclination toward leaving their current job or actively searching for new employment opportunities.

The transition to practice program was completed by a group of 53 new graduates. The researchers examined the participants professional identity at three different time points: before the intervention, immediately after, and six months after. Through statistical analysis Hu et al. (2023) identified a p values of < 0.05 as statistically significant. As identified by their results professional identity were significantly different at the three time points (before, immediately after, and 6 months after the intervention with statistically significant value (i.e., $p = 0.004$). Sub-scales were statistically significant from baseline to immediately after the intervention (i.e., professional identity evaluation ($p = 0.026$), professional social support ($p = 0.017$), dealing with professional frustration ($p < 0.001$), and professional self-reflection ($p < 0.001$). However, they decreased significantly from immediately after the intervention to 6 months post intervention. The Sub-scale of professional social skills was not statistically significant ($p = 0.142$).

Similarly, there were no significant differences in the total score of Intensive Care Unit (ICU) newly graduated nurses (NGNs) intention to remain employed at three different time points ($p = 0.674$). Hu et al. (2023) identified a possible explanation for this finding could be that new graduate nurses were freshly employed and had a high level of enthusiasm towards their first job. Consequently, they possessed a strong intention to continue working in their current positions and did not contemplate leaving them before any intervention.

The final study included in this review was conducted by Madhuvu et al. (2018) and utilized a cross-sectional survey design. The researchers developed a transition to specialty practice program (TSPP) specifically focusing on the experiences of any nurse transitioning to the intensive care unit (ICU). Before enrolling in the program, participants had an average of 3.3 years of nursing experience. However, the study provided limited information regarding the specific details of the TSPP. It was described that the program consisted of various components such as lectures, self-directed learning, online modules, case studies, clinical practice, clinical competencies evaluations, and written examinations. Despite its cross-sectional survey design, quantitative data was collected from 86 nurses who participated in the TSPP between 2005 and 2015. An anonymous online survey was used for data collection. Statistical analysis involved summary statistics and Chi-square tests to analyze the gathered data (Madhuvu et al., 2018).

Most participants in the study expressed that the TSPP had a positive impact on their knowledge acquisition, integration and orientation, clinical support, and relationships in their new environment. They found that the program successfully met their expectations, as evidenced by the fact that they were still employed where they completed the TSPP (i.e., 77% worked in the ICU for more than two years post TSPP, while 88.2% worked in the ICU more than five years). Furthermore, it was observed that a majority of TSPP graduates were still working in intensive care units, either at the hospital they trained in or elsewhere. This suggests that the program not only facilitated job retention but also helped participants develop a strong foundation in their chosen field. The participants attributed these outcomes to the clinical support provided through the TSPP (i.e., 71.1% of participants). Overall, this study highlights how the TSPP positively impacted participants careers by enhancing their knowledge, facilitating

integration into their new work environment, providing clinical support, and promoting job retention in intensive care units.

Discussion

After completing the rapid review, it became apparent that there is limited research available on the topic of transition to practice programs specifically for the ICU. Most of the existing literature focuses on the transition to acute care rather than specialty areas such as the ICU. Furthermore, the available literature primarily examines newly graduated nurses and their transition practices, rather than considering the transition needs of any nurse transiting to a speciality area such as the ICU. Out of the five articles reviewed, only two included experienced nurses in their transition programs (Gilroy et al., 2020; Madhuva et al., 2018).

Another notable finding was the inconsistency among titles of programs, program components, and program designs across the literature. Each of the five articles referred to their programs differently. For instance, Gilroy et al. (2020) developed a program referred to as a bridging program, while Blackmon et al. (2023) developed a fellowship program with a similar purpose. Similarly, Adams et al. (2015) created a nurse residency program, while Madhuva et al. (2018) and Hu et al. (2023) developed transition to practice programs. This overall lack of standardization makes it difficult to compare and evaluate the effectiveness of these programs.

However, despite these differences, common themes were identified despite the limited literature. The most impactful classification of themes revolved around program length and program components. These factors played a significant role in shaping the effectiveness and success of the transition program.

Three studies demonstrated the positive factors associated with increasing the length of the transition program (Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020).

Blackmon et al. (2023) conducted a study that lasted for a year in total. The formal orientation phase lasted for six months, but they found that supportive learning measures needed to continue for another six months to effectively facilitate the transition process. Similarly, both Adams et al. (2015) and Gilroy et al. (2020) extended the formal program length to a year. Adams et al. (2015) aimed to include more precepted shifts during the transition to independent practice, while Gilroy et al. (2020) believed that six months of preceptorship was the minimum requirement for nurses to effectively transition to independent practice. Thus, these studies highlight the importance of extending program lengths beyond the initial six-month mark and implementing ongoing support mechanisms to enhance successful transitions into independent practice (Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020).

Additionally, all five studies included at least two separate components in their transition programs. At a basic level, all five studies included educational sessions and a form of preceptorship (Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020; Madhuva et al., 2018; Hu et al., 2023). A variety of educational methods were noted, inclusive of lectures, self-directed learning, case studies, and evidence-based practice projects. The use of classroom sessions with discussion periods was identified as a preferred method of education dissemination (Gilroy et al., 2020; Hu et al., 2023). Participants felt that better quality material was present during these sessions and opportunities for clarification were available. It is unclear if the sessions were completed in person or virtually.

Varying degrees of preceptorship was another program component identified among all five studies (Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020; Madhuva et al., 2018; Hu et al., 2023). Adams et al. (2015) changed the format of their program to include more preceptorship because the participants strongly believed in its benefits. Similarly, both Gilroy et

al. (2020) and Madhuva et al. (2018) expressed the use of preceptorship as beneficial to integrating into the unit. However, some participants associated with Madhuva et al. (2018)'s transition program identified preceptorship as a hindrance, feeling that unsatisfactory experiences significantly impacted their learning experience. This highlights the importance of the preceptor-preceptee relationship (Madhuva et al., 2018). The preceptor-preceptee relationship is crucial for facilitating a smooth transition from student to independent practitioner, as it promotes learning, professional development, and patient safety (Madhuva et al., 2018). However, when the relationship is strained or dysfunctional, these benefits are compromised.

Only Blackmon et al. (2023) highlighted the use of reflective practice and check-ins during their program, although they did not elaborate on their methods. Adams et al. (2015) was the only other study to mention the use of follow-ups and check-ins, but they mentioned using them after the completion of their transition program. These assessments provide a structured framework for evaluating the knowledge and skills of new nurses, helping them identify their strengths and areas for improvement (Gularte-Rinaldo et al. 2023; Hickey & Gauvreau, 2017). Regular check-ins during the transition period provide guidance and support while monitoring the progress of newly hired nurse (Gularte-Rinaldo et al. 2023).

Additionally, themes related to nurse outcomes emerged from the literature review. This included RN competency, RN confidence, job satisfaction and RN retention rates. RN competency was a prominent topic discussed in four out of five articles (Adams et al., 2015; Gilroy et al., 2020; Madhuva et al., 2018; Hu et al., 2023). These articles highlighted the importance of preceptorship and guidance from senior staff as key factors that significantly influenced RN competency. The role of classroom education was also mentioned as an important

aspect in helping nurses gain a better understanding of critical care skills in a safe and supportive environment (Gilroy et al., 2020; Hu et al., 2023).

Hu et al. (2023), specifically identified competency as a crucial component of professional identity among nurses. This suggests that being competent in their practice is not only necessary for providing quality patient care, but it also contributes to how nurses perceive themselves professionally. Overall, these articles emphasize the significance of developing and maintaining RN competency through various means such as preceptorship, guidance from experienced colleagues, and classroom education. By doing so, nurses can enhance their skills and knowledge to provide optimal care to patients while also shaping their professional identity.

RN confidence was a second theme identified in the literature. Hu et al. (2023) significantly highlighted this aspect and found that there was an increase in professional identity as well as overall confidence among nurses. Similarly, Adams et al. (2015) associated extended preceptorship with increased confidence levels. Through preceptorship, program participants were able to gain additional confidence in their ability to practice independently. These findings emphasize the importance of fostering RN confidence through various educational and experiential opportunities, ultimately enhancing their professional growth and autonomy in healthcare settings (Hu et al., 2023; Adams et al., 2015). In addition, over 90% of participants that completed Madhuva et al. (2018) transition to speciality practice program felt it was useful in their clinical development and that the program improved their ability to troubleshoot clinical problems. Again, this shows increased clinical confidence from the educational components of the program.

An increase in job satisfaction was found to be prevalent among program participants, as identified by several studies (Adams et al., 2015; Hu et al., 2023; Madhuva et al., 2018). This

indicates that individuals who engaged in program practice experienced higher levels of satisfaction with their jobs.

Furthermore, another positive outcome resulting from increased competency and confidence was also observed among program participants. These findings were reported by Adams et al. (2015), Hu et al. (2023), and Madhuvu et al. (2018). It suggests that individuals who actively participated in the program not only improved their skills and abilities but also gained a greater sense of self-assurance and belief in their capabilities. Overall, these studies highlight the significant impact of program practice on job satisfaction and personal development. The positive outcomes observed serve as compelling evidence for the effectiveness of such programs in enhancing both professional and personal well-being.

A final theme identified in the rapid review was RN retention. Four out of five studies highlighted the impacts of transition to practice programs on RN retention in the ICU (Blackmon et al., 2023; Gilroy et al., 2020; Madhuvu et al., 2018; Hu et al., 2023). Blackmon et al. (2023) found that implementing their transition program led to retention rates above the national average. Interestingly, these higher retention rates were sustained even during the COVID-19 pandemic. According to Madhuvu et al. (2018), their transition to a specialty practice program led to increased retention rates among program participants. A significant number of participants continued working in the intensive care unit (ICU) for more than two years after completing the program. Furthermore, a substantial portion of these individuals remained in the ICU for more than five years. These findings support the notion that specialized training programs can have a positive impact on job retention and career longevity. These findings highlight the effectiveness of providing nurses with additional education and resources to enhance their skills and knowledge in specific areas of practice, such as critical care.

Limitations

While this rapid review provides a preliminary overview of the transition to practice programs for ICU nurses, it is crucial to acknowledge that not all relevant studies may have been included due to time limitations. Therefore, conducting further investigation is essential to obtain a more comprehensive understanding of these programs.

References

- American Association of Critical-Care Nurses (AACN). (n.d.). Retrieved November 10, 2023, from <https://www.aacn.org/>
- Adams, J. M., Alexander, G. A., Chisari, R. G., Banister, G., McAuley, M. E., Whitney, K. B., & Erickson, J. I. (2015). Strengthening new graduate nurse residency programs in critical care: Recommendations from nurse residents and organizational stakeholders. *The Journal of Continuing Education in Nursing*, 46(1), 41–48. <https://doi.org/10.3928/00220124-20151217-01>
- Blackmon, E., Floriano, H., Fazio, S., & Doroy, A. (2023). Improving staffing in the ICU with New Graduate Nurses: A novel critical care fellowship program. *International Journal of Critical Care*, 17(2), 11–22. <https://doi.org/10.29173/ijcc65>
- Canadian Federation of Nurses Union. (2022). *Canada's nursing shortage at a glance - canadian federation of nurses*. https://nursesunions.ca/wp-content/uploads/2022/07/nurses_shortage_media_ref_guide_comp.pdf
- Canadian Association of Critical Care Nurses (2019). *Position Statement: Models of nursing care in the critical care unit*<https://caccn.ca/wp-content/uploads/2019/10/PS1903ModelsNursingCare.pdf>
- Casey, K., Oja, K. J., & Makic, M. B. (2021). The lived experiences of graduate nurses transitioning to professional practice during a pandemic. *Nursing Outlook*, 69(6), 1072–1080. <https://doi.org/10.1016/j.outlook.2021.06.006>
- Cope, D. G. (2013). Methods and meanings: Credibility and trustworthiness of Qualitative Research. *Oncology Nursing Forum*, 41(1), 89–91. <https://doi.org/10.1188/14.onf.89-91>

- Gilroy, H., Maixner, M., & Ziesemer-Girouard, Y. (2020). Helping experienced pediatric nurses bridge the gap between intermediate and Intensive Care. *Journal for Nurses in Professional Development*, 36(6), 349–352.
<https://doi.org/10.1097/nnd.0000000000000639>
- Hu, F., Ding, X., Zhang, R., Li, S., Cao, R., Deng, L., Li, J., Fu, X., Zhu, X., & Chen, J. (2022). A transition programme to enhance ICU new graduate nurses' professional identity and intention to remain employed: A pre- and postevaluation. *Nursing Open*, 10(3), 1517–1525. <https://doi.org/10.1002/nop2.1401>
- Innes, T., & Calleja, P. (2018). Transition support for new graduate and Novice Nurses in Critical Care Settings: An integrative review of the literature. *Nurse Education in Practice*, 30, 62–72. <https://doi.org/10.1016/j.nepr.2018.03.001>
- Langlois, E. V., Straus, S. E., Antony, J., King, V. J., & Tricco, A. C. (2019b). Using rapid reviews to strengthen health policy and systems and progress towards Universal Health Coverage. *BMJ Global Health*, 4(1). <https://doi.org/10.1136/bmjgh-2018-001178>
- Madhuvu, A. E., Plummer, V., & Morphet, J. (2018). An exploration of participants' experience of an intensive care nursing transition to Specialty Practice Program. *Australian Critical Care*, 31(5), 311–316. <https://doi.org/10.1016/j.aucc.2017.08.005>
- Marshall, J. C., Bosco, L., Adhikari, N. K., Connolly, B., Diaz, J. V., Dorman, T., Fowler, R. A., Meyfroidt, G., Nakagawa, S., Pelosi, P., Vincent, J.-L., Vollman, K., & Zimmerman, J. (2017). What is an Intensive Care Unit? A report of the Task Force of the World Federation of Societies of intensive and Critical Care Medicine. *Journal of Critical Care*, 37, 270–276. <https://doi.org/10.1016/j.jcrc.2016.07.015>

Public Health Agency of Canada (2014). Infection prevention and control guidelines: Critical appraisal tool kit. http://publications.gc.ca/collections/collection_2014/aspcphac/HP40-119-2014-eng.pdf

Tyndall, D. E., Firnhaber, G. C., & Scott, E. S. (2018). The impact of new graduate nurse transition programs on Competency Development and Patient Safety. *Advances in Nursing Science*, 41(4). <https://doi.org/10.1097/ans.0000000000000217>

Weller-Newton, J. M., Murray, M., Phillips, C., Laging, B., & McGillion, A. (2022). Transition to practice programs in nursing: A rapid review. *The Journal of Continuing Education in Nursing*, 53(10), 442–450. <https://doi.org/10.3928/00220124-20220907-05>

Appendix A

Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria
Population	Newly hired Registered Nurses in the ICU	Nurse Practitioners, Clinical Educators and Unit Managers newly hired to the ICU. Newly hired RNs to areas outside of the ICU.
Intervention	Transition to practice programs in the ICU	No transition programs outside of the ICU.
Comparison	N/A	N/A
Outcome	Any outcomes directly related to transition to practice programs	Outcomes not directly related to transition to practice programs.
Timeframe	2013-Present	Any literature prior to 2013
Design	Peer reviewed literature, any study design including qualitative, quantitative and mixed methods studies	Conference abstracts, discussion papers and non-peer reviewed literature
Language	English	Any languages other than English.

Appendix B

Significant Term Definitions

Transition to Practice Program

A transition to practice program refers to a broad multicomponent approach designed to support RNs as they begin independent practice after completing unit orientation. These programs may include components such as mentorship, educational models, self-assessments, performances assessments, and targeted learning opportunities.

Newly Hired Registered Nurse (RN)

A RN who is within their first year of practice in an ICU. They may be new graduates or have previous nursing experience from employment in a different setting or clinical area (i.e., long term care). However, they are considered inexperienced in relation to the ICU.

Intensive Care Unit (ICU)

A unit within a hospital designed to care for patients with severe and complex medical needs (Marshall et al., 2017). Patient populations include critically ill patients with various medical and surgical conditions (i.e., post-operative care, sepsis, respiratory failure, traumas, and other medical and surgical emergencies). These units can be specialized to individual patient populations (e.g., trauma, surgical, medical and neurology) (Marshall et al., 2017).

Appendix C

Search Strategies for Literature Review

Source: The initial search was conducted on the database Cumulative Index to Nursing and Allied Health Literature (CINAHL). This preliminary search was conducted on September 19th, 2023.

#	Query	Results
S1	(MH "Critical Care" OR MH "Critical Care Nurses" OR MH "Burn Nurses" OR MH "Critical Care Nursing" OR MH "Burn Nursing" OR MH "Intensive Care Units" OR MH "Respiratory Care Units" OR MH "Stroke Units" OR "intensive care" OR "critical care" OR ICU)	164,139
S2	(MH "Transitional Programs" OR MH "Mentorship" OR MH "Preceptorship" OR MH "Employee Orientation" OR MH "Staff Development" OR MH "Interns and Residents" OR "transition* program*" OR "transition to practice" OR mentor* OR preceptor* OR orientation OR internship OR residency)	133,953
S3	(MM "Nurses+" OR TI nurse* OR TI RN*)	296,104
S4	(MH "Program Evaluation" OR MH "Quality Improvement+")	123,543
S5	S1 AND S2 AND S3 AND S4	159

Appendix D

Updated Search Strategies for Literature Review

Source: The updated search was conducted on the database Cumulative Index to Nursing and Allied Health Literature (CINAHL) on November 1st, 2023.

#	Query	Results
S1	(MH "Critical Care" OR MH "Critical Care Nurses" OR MH "Burn Nurses" OR MH "Critical Care Nursing" OR MH "Burn Nursing" OR MH "Intensive Care Units" OR MH "Respiratory Care Units" OR MH "Stroke Units" OR "intensive care" OR "critical care" OR ICU)	164,724
S2	MH "Transitional Programs" OR (transition* N2 program*) OR (transition N2 practi?e) OR MH "Mentorship" OR mentor* OR MH "Preceptorship" OR preceptor* OR MH "Employee Orientation" OR orientation OR MH "Staff Development" OR MH "Interns and Residents" OR internship OR residency OR ((MH "Novice Nurses" OR MH "New Graduate Nurses" OR (nurse N2 (novice OR new*))) AND (MH "Education, Continuing" OR MH "Education, Nursing, Continuing" OR MW "ED"))	137,102
S3	(MM "Nurses+" OR TI nurse* OR TI RN*)	295,260
S4	(MH "Program Evaluation" OR MH "Quality Improvement+" OR "program* evaluation" OR "quality improvement")	140,309
S5	S1 AND S2 AND S3 AND S4	184

Appendix E

Public Health Agency of Canada (PHAC) Critical Appraisals

Study Design	Methods	Key Results	Comments
<p><u>Authors:</u> Adams et al. (2015)</p> <p><u>Design:</u> qualitative cross-sectional study</p> <p><u>Purpose:</u> To evaluate the current critical care nurse residency program at Massachusetts General Hospital, to identify areas of strength and areas for improvement in the program</p>	<p><u>N:</u> 34 New RN graduates were selected from a pool of 400 applicants to participate in the program</p> <p>Participants for the focus groups included 34 new graduate nurses, 18 preceptors and staff nurse partners, five clinical nurse specialists, and five nurse directors.</p> <p><u>Country/Setting:</u> Boston, Massachusetts, USA</p> <p><u>Intervention:</u> -Completion of a critical care nurse residency program</p> <p><u>Data Collection:</u> -Twelve focus groups were held; groups included four to</p>	<p><u>Program Design</u> -Lack of consistent preceptors hampered continuity and learning -Recommended program extend from 6 to 12 months to increase mentorship arability and allow for transition to independent practice. -Participants valued education surrounding clinical skills as well as professional topics and issues unique to critical care nursing practice</p> <p><u>Developing Nursing Experiences</u> -increased confidence from progress in developing expertise</p> <p><u>Impact on the Unit</u> -Challenging to coordinate schedules with program participants and preceptors.</p> <p><u>Future Expectations</u> -Program participants experienced stress related to role expectations, and personal capabilities</p>	<p><u>Strength of Design:</u> Moderate</p> <p><u>Quality:</u> Low</p> <p>-Limited information surrounding data collection methods and content analysis -No identification of ethical conduct.</p>

	<p>eight nurses from the same role group.</p> <p><u>Outcomes:</u> - Five themes were identified: program design, developing nursing expertise, program impact on the unit, future expectations, and communication.</p>	<p><u>Communication</u> -Should be built in opportunities for feedback from program participants and stakeholders</p>	
Study Design	Methods	Key Results	Comments
<p><u>Authors:</u> Blackmon et al. (2023)</p> <p><u>Design:</u> Retrospective cohort study</p> <p><u>Purpose:</u> To assess the effectiveness of a novel Critical Care Fellowship Program (CCFP) for new graduate nurses (NGNs) in improving staffing within the ICU,</p>	<p><u>N:</u> 65 fellows have participated in the CCFP from 2016-2022 with 60 completing orientation and hired to perm positions.</p> <p><u>Country/Setting:</u> Northern California, USA</p> <p><u>Intervention:</u> New Graduate Nurse Critical Care Fellowship Program</p> <p><u>Data Collection:</u> Retention rates from 2016-2022 were broken into pre covid and covid era and measured at 1, 2, 3 years.</p> <p><u>Outcomes:</u></p>	<p><u>-2016-2019 (PRE-COVID) Era</u> 2016 and 2017- 100% retention rate 2019 was a 95% retention rate</p> <p><u>-2020-2022 (COVID) Era</u> year 1 (93%), year 2 (92%), year 3 (100%)</p> <p>-Raters were higher in both eras when compared to NGN national retention average which is approximately 72%</p>	<p><u>Strength of Design:</u> Moderate</p> <p><u>Quality:</u> Low</p> <p>-No information provide on data collection methods, instruments used or data analysis process; weak internal validity. -No identification of ethical conduct.</p>

particularly during the COVID-19 pandemic.	Retention rates		
Study Design	Methods	Key Results	Comments
<p><u>Authors:</u> Gilroy et al. (2020)</p> <p><u>Design:</u> cross-sectional descriptive study</p> <p><u>Purpose:</u> The purpose of this study was understanding the effectiveness of an intervention, the Bridge Program, aimed at increasing nurse retention by facilitating career development and specialization in pediatric critical care.</p>	<p><u>N:</u> 35 participants over four years</p> <p><u>Country/Setting:</u> Children's Memorial Hermann Hospital, a 278-bed pediatric hospital in Houston, Texas.</p> <p><u>Intervention:</u> The Bridge Program was developed to help transition experienced pediatric nurses from intermediate care units to the pediatric intensive care unit (PICU). The program included six months of didactic classroom training taught by PICU nurses. When hired to the were matched with a preceptor for six weeks.</p> <p><u>Data Collection:</u> -Post program evaluation surveys completed by program participants</p> <p><u>Outcomes:</u></p>	<p><u>Transfer to and retention to PICU:</u> - Nine out of 35 participants (25%) elected to apply for a position in the intensive care unit and completed a transfer.</p> <p>- All 9 continue to work in the intensive care unit.</p> <p>-one applied to the adult ICU post completion of the program</p> <p><u>Style of Program:</u> -Participants' favorite things about the program included hands-on practice, practical applications of knowledge, and the fact that the presenters were bedside nurses.</p> <p><u>Senior Nurse Development:</u> - development of education mentors among bedside intensive care unit staff -are gaining experience in developing a lesson plan, providing education, and using evaluation tools to measure their effectiveness</p>	<p><u>Strength of Design:</u> Moderate</p> <p><u>Quality:</u> Low</p> <p>-Unsure how many post program evaluations were completed - No information surround the evaluation tool used; unable to assess the reliability and validity -No identification of ethical conduct.</p>

	<ul style="list-style-type: none"> -Transfer to and retention to PICU -Style of Program -Senior nurse Development 		
--	--	--	--

Study Design	Methods	Key Results	Comments
<p><u>Authors:</u> Hu et al. (2022)</p> <p><u>Design:</u> One-arm pre- and post-test</p> <p><u>Purpose:</u> To investigate the effect of a transition programme including cognitive behaviour-based preceptorship intervention on ICU new graduate nurses' (NGNs)' professional identity and their intention to remain employed.</p>	<p><u>N:</u> 53 new graduate nurses' (NGNs)</p> <p><u>Country/Setting:</u> An intensive care unit at an academically affiliated tertiary hospital in Wuhan, Hubei, China</p> <p><u>Intervention:</u> A transition program that consisted of two interventions. A cognitive behaviour-based intervention that consisted of four 90-minute sessions of training with one session per week. A preceptorship intervention where NGN received comprehensive guidance on teaching, learning, work, and lifework balance from senior nurses.</p> <p><u>Data Collection:</u> -Sociodemographic characteristics of NGNs were collected at baseline.</p>	<p><u>Professional Identity:</u> - professional identity were significantly different at the three time points (before, immediately after, and 6 months after the intervention $p = 0.004$)</p> <p>- Scores of professional identity evaluation ($p = 0.026$), professional social support ($p = 0.017$), dealing with professional frustration ($p < 0.001$), and professional self-reflection ($p < 0.001$) all showed significant differences over time, while scores on professional social skills did not change significantly ($p = 0.142$).</p> <p>-Total professional identity scores and scores on most subscales decreased significantly from immediately after the intervention to 6 months later.</p> <p><u>Intention to Remain Employed:</u> - No significant differences among the three time points in the total score of ICU NGNs' intention to remain employed ($p = 0.674$)</p>	<p><u>Strength of Design:</u> Weak</p> <p><u>Quality:</u> Medium</p> <p>-Random sampling not conducted, but >80% participation rate achieved, targeted characteristics based on program completion. -Data collection tools were discussed and based on previously developed models. -unclear in assessors were adequately trained -Unclear if dropouts were experienced during the studies timeline. -Statistical differences were found in professional identity, sample size assumed sufficient, but not addressed by the researchers</p>

	<p>- Measurements of professional identity and intention to remain employed were collected at baseline, immediately after the cognitive behaviour intervention and six months after the completion of the transition program.</p> <p>-Professional identity was assessed using a Chinese version of the professional identity scale for Nurses. A 30 item self-reported questionnaire inclusive of five factors; professional identity evaluation, professional social skills, professional social support, dealing with professional frustration, and professional self-reflection.</p> <p>-Intention to remain employed was assessed using an adaption from adapted from the Intention to Quit Scale and the Job Search Behaviour Scale</p> <p>- Measured professional identity and intention to remain employed at three different points: baseline (T1), immediately after the intervention (one month, T2),</p>		
--	--	--	--

	and during a 6-month follow-up (T3). <u>Outcomes:</u> -Professional Identity -Intention to remain employed		
Study Design	Methods	Key Results	Comments
<u>Authors:</u> Madhuva et al. (2018) <u>Design:</u> A cross-sectional survey design. <u>Purpose:</u> To explore the effects of an intensive care nursing transition to specialty practice program offered in two intensive care units in a single Australian health service	<u>N:</u> 86 participants <u>Country/Setting:</u> Victoria, Australia <u>Intervention:</u> -Implementation of a Transition to specialty practice programs (TSPP) <u>Data Collection:</u> -A survey was an adapted version of something previously developed by a co-author of the study - anonymous electronic survey, three sections (1. demographic data and previous experience, 2. participants' experience, development, and further study, 3. participant current nursing practice). - Data were analysed using SPSS V23 software. <u>Outcomes:</u> -Improvement in Confidence	-71.8% indicated that they would not have sought employment in ICU nursing without the TSPP - 71.1% of participants (n=59) indicated that clinical support helped them with learning while 98.6% (n=82) felt the TSPP was an effective method of entry into ICU - Less than half of the participants (n =35, 42.2%) indicated that preceptorship facilitated learning in ICU, while 12.3% (n =10) experienced an unsatisfactory preceptorship experience -At the time of study 76.7% (n=66) were still working in ICU. -77% worked in the ICU for more than two years post TSPP, while 88.2% worked in the ICU more than five years).	<u>Strength of Design:</u> Weak <u>Quality:</u> Medium - survey was adapted with permission from the developer who is a co-author of study, but limited description provided -Data analysis was described, unsure if researchers were adequately trained. -

	<ul style="list-style-type: none"> -Clinical Support -Supportive transition to practice -Retention rates 		
--	---	--	--

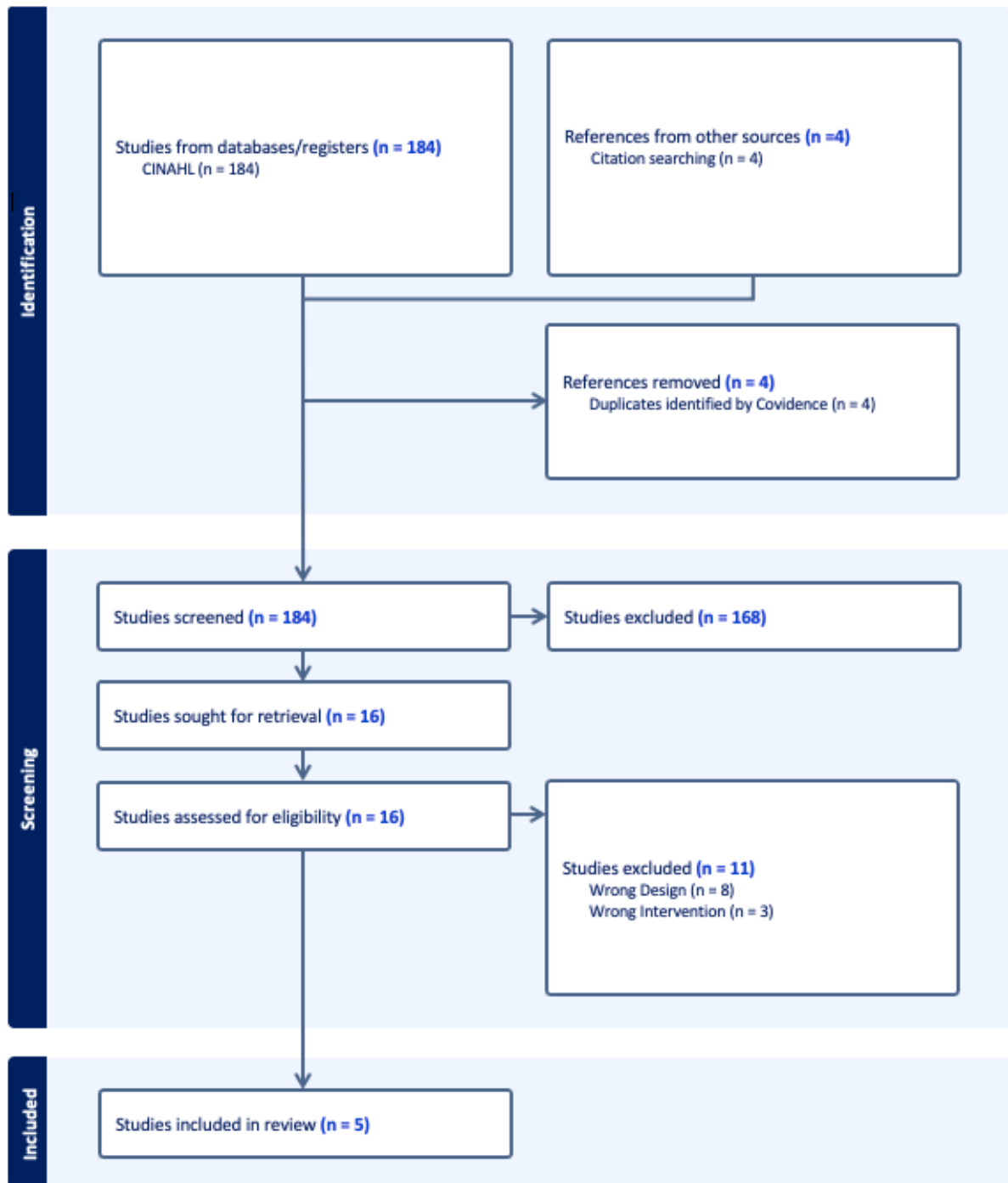
Appendix F

Data Extraction Tool Template

Data Categories	Example Data Outcomes
Publication Characteristics	Author, Title, Publication Date, Journal Citation
Study Characteristics	Design, Date of Data Collection
Population Characteristics	Country, Population Size, years of experience as an RN
Program Characteristics	Setting, Type of ICU, Classification of program, length of Program, Program Components.
Outcomes	Such as, but not limited to, program effectiveness, RN competency, RN confidence, RN job satisfaction, rate of RN retention and patient care, what outcomes were measured, how outcomes were evaluated, were they evaluated.

Appendix G

PRISMA Diagram for Study Selection



Appendix B
Consultation Report

Transition to Practice Programs for Registered Nurses Newly Hired to the Intensive Care

Unit: Consultation Report

Robyn L. French: 201234218

Memorial University of Newfoundland

Nursing 6660: Practicum One

Dr. R.D. Burry

December 15th, 2023

Background

Intensive care units (ICUs) are specialized areas in the hospital that provide advanced care and monitoring to critically ill patients (Marshall et al., 2017). These units are equipped with highly trained health care professionals, state-of-the-art equipment, and advanced technology to manage a wide range of medical conditions, including post-operative patients, trauma victims, and those with complex medical illnesses (Marshall et al., 2017). The unstable conditions of these patients require continuous nursing care to provide ongoing monitoring, management of life-supporting equipment, and immediate responses to changing conditions. As such the nurse patient ratio is a highly influential determinant of patient outcomes (Canadian Association of Critical Care Nurses, 2019).

A well-balanced nurse-patient ratio is essential to providing timely and comprehensive care to patients with critical medical conditions. The Canadian Association of Critical Care Nurses (2019) identify three influential factors that should be considered when determining the staffing needs of an ICU: the patient, the nurse, and the environment. The medical stability and complexity of nursing care required by a patient should be considered when determining staffing requirements (Canadian Association of Critical Care Nurses, 2019). Critically ill patients' with rapidly changing conditions are at an increased risk for negative outcomes if immediate treatment is not received (Canadian Association of Critical Care Nurses, 2019). Therefore, critically ill patients may require multiple nursing staff at once. The RN is the primary care provider for the critically ill patients in the ICU (Canadian Association of Critical Care Nurses, 2019). Their clinical expertise is paramount to provide life sustaining treatment and interventions. Experience levels of RNs in the unit often ranges from novice to expert which is representative of a diverse skill mix amongst staff. As such, nurse-patient ratios may need to be

increased if there are multiple novice nurses per shift (Canadian Association of Critical Care Nurses, 2019). Similarly, the ICU team typically plays a supportive role in the hospital's environment, often functioning as rapid response teams. Immediate involvement of such teams may be required to support unpredicted patient deterioration in other units of the hospital (Canadian Association of Critical Care Nurses, 2019). Therefore, adequate staffing levels are necessary to ensure the effective functioning of rapid response teams, as they contribute to the overall operational efficiency of a hospital (Canadian Association of Critical Care Nurses, 2019).

However, according to a study conducted by the American Association of Critical-Care Nurses (AACN), there is an alarming shortage of nurses in ICUs across the United States, with vacancy rates reaching as high as 30% in some hospitals (AACN, 2020). This shortage can be attributed to several factors, including an aging nursing workforce, increased demand for ICU services due to an aging population, and insufficient recruitment and retention strategies (Buchan et al., 2020).

To ensure nurse-patient ratios are met many ICUs are taking proactive measures by hiring a significant number of new staff at once, leading to concerns about skill mix on the unit (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022).

Currently, RN's entering the ICU undergo a standard orientation program that provides them with basic knowledge and skills required for their role (Innes & Calleja, 2018; Weller-Newton et al., 2022). However, transitioning into a highly specialized and demanding environment such as the ICU can be overwhelming for newly hired nurses. These individuals may lack sufficient experience or exposure to effectively manage critical care situations, complex patient conditions, and interdisciplinary collaboration.

To address these concerns current literature supports the implementation of transition to practice programs (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022). Such programs aim to bridge the gap between initial orientation and full integration into the ICU team by providing additional training, mentorship opportunities, and ongoing support (Innes & Calleja, 2018; Weller-Newton et al., 2022). However, existing transition to practice programs primarily focus on the transition from academic settings to clinical practice for newly graduated nurses (Casey et al., 2021; Innes & Calleja, 2018; Tyndall et al., 2018; Weller-Newton et al., 2022). As a result, there is a significant gap in the existing literature regarding the specific requirements of experienced nurses who are newly hired to work in a clinical area, especially in highly specialized fields like the ICU. Though current transition to practice literature offers insights into the broader context of nurse onboarding, it often fails to address the unique challenges and requirements of both newly graduated RNs as well as those with clinical experience but are novice to the ICU. To bridge the knowledge gap surrounding this topic, both a formal literature review and consultations with key stakeholders were conducted. The knowledge synthesised from these components will help inform the development of a transition to practice program for newly hired RNs in the medical surgical intensive care unit (MSICU) at St. Clare's Hospital in St. John's, Newfoundland and Labrador.

The implementation of a transition to practice program is a complex strategy, as outlined in the initial proposal of this practicum project. One aspect involves engaging with key stakeholders associated with the ICU. These key stakeholders possess invaluable knowledge regarding the distinctive needs, difficulties, and expectations within the ICU. Consequently, consultations were carried out with these stakeholders to gather valuable insights and feedback. These consultations conducted within the ICU yielded impactful findings that provided

substantial information for further analysis. The insights gathered will serve as a guide in developing a transition to practice program tailored specifically for the unique challenges of the ICU environment. To present these findings in a concise and easily understandable manner, a comprehensive report has been prepared.

Methods

Objectives

The objectives of the consultations were as follows:

1. To identify the perceived needs and challenges of newly hired RNs transition to practice in the MSICU.
2. To understand current transition practices in the MSICU.
3. To identify what should be included in the development of a transition to practice program in the MSICU.
4. To identify the goals and objectives of a transition to practice program in the MSICU.

Setting

Consultations were conducted with key stakeholders associated with the MSICU located in the Eastern-Urban zone of Newfoundland and Labrador Health Services (NLHS). As per a recommendation from the unit manager an attempt was made to contact nursing leadership associated with an ICU in the western zone of NLHS. Initial contact was made, however, following a change in leadership, the individual who took over did not respond to the request.

Key Stakeholders

During the consultation process, various key stakeholders associated with the MSICU were approached. These stakeholders included newly hired RNs to the MSICU who were within their first year of practice, Senior RNs who work in the MSICU and orientate newly hired RNs to

the unit, Clinical Educator, Unit Manager, Unit Charge Nurses, and Nursing Professional Practice Consultant. The sharing of information about the practicum project and invitation to be consulted was communicated informally through in-person conversation, except for the nursing professional practice consultant. They were approached via email with the invitation to be consulted for the practicum project (Appendix A). While both the Clinical Educator and Unit Manager were approached in person on the MSICU, a formal email was sent as follow up as per their request. An additional electronic invitation to participate was communicated in a group message to staff RNs via Signal (Appendix B). Signal is an encrypted messaging service used by all MSICU nursing staff and the Unit Manager to communicate. It was made clear to all potential participants that participation in this process was voluntary.

Newly hired RNs were those who had worked independently in the MSICU for less than a year. These RNs were considered the target population for the transition to practice program. A total of four newly hired RNs were consulted.

Senior RNs were defined as those who were routinely cosigned to newly hired RNs during the orientation period. These RNs were able to speak to the education and support provided during the orientation process. Nine RNs were consulted for this practicum project.

The Clinical Educator of the MSICU facilitates the orientation process with newly hired staff. They have in-depth knowledge of current practices and learning needs in the MSICU and play an important role in the development of education resources. Although, scheduling was challenging, they were agreeable to participate in the consultation process.

The Unit Manager continues to serve as the designated point of contact for this practicum project. They provided valuable input and feedback regarding the creation of a transition to

practice program, ensuring that the program is in line with the specific needs and goals of the MSICU.

The Nursing Professional Practice Consultant willingly participated in the consultation process for this practicum project. Collaborating with the consultant allowed for valuable insights into evidence-based practices and approaches that will influence the development of a transition to practice program in the MSICU. Their expertise and perspectives ensured that the proposed practices align with those endorsed by the NLHS.

Both charge nurses in the MSICU were willing to participate in the consultation process for this practicum project. Their firsthand experience and expertise enabled them to provide valuable insights into addressing challenges faced by newly hired RNs and suggesting strategies for successful integration into the MSICU setting.

Ongoing collaboration with key stakeholders is crucial for the successful development of a transition to practice program for the MSICU. The continued involvement of key stakeholders ensure that their insights and expertise are incorporated into the program. Regular updates provided to these stakeholders during different stages of program development will help keep them informed and engaged in the process. This collaborative approach will address any concerns or suggestions raised by the stakeholders, leading to a more comprehensive and effective transition to practice program for ICU nurses.

Consultation Design

Individualized sets of questions were developed to guide conversations during the individual consultations (Appendix C). To enhance accessibility, participants were given the flexibility to choose between a phone, virtual, or in-person consultation. This approach aimed to accommodate individuals who may have preferred different modes of communication or had

limitations preventing them from attending in-person meetings. Out of all the consultations conducted, only two were completed virtually while the rest took place in person.

During the consultation process there was comprehensive note taking by the interviewer to ensure quality and accuracy of the information collected. Note taking is encouraged to ensure the highest possible reliability of data and to prevent total information loss (Polit & Beck, 2021).

Notes taken during the consultation process were stored on an encrypted flash drive. And stored in a secure location. The flash drive was only accessed on a password protected personal computer that has a secure network and firewalls. To ensure confidentiality was maintained the flash drive was only accessed by the graduate student leading this project. No other individuals have access to the computer or flash drive. Upon completion of this project, all notes and emails pertaining to the consultations will be permanently deleted.

Consultation Analysis and Summary

Consultation information was grouped according to content, process, and outcomes. A narrative summary of findings was completed and is presented in this report. It includes an interpretation of findings and a discussion surrounding their impact on the development of a transition to practice program for newly hired RNs in the MSICU.

Ethical Considerations

The consultation process is part of a program evaluation project (Appendix D), therefore submission to and approval from the Health Research Ethics Authority was not required (HREA, 2011). However, consent to participate must be obtained from key stakeholders. The scheduling of a consultation with a key stakeholder will be considered implied consent to participate. Any information collected will be deidentified and every possible measure will be taken to protect the identity of key stakeholders.

Results

A total of 19 consultations were conducted with key stakeholders in the MSICU, including senior ICU nurses, novice ICU nurses, and nursing leaders. The purpose of these consultations was to discuss current transition practices for newly hired staff in the ICU, identify the struggles they face during this period, and explore ways to enhance transition practices moving forward.

Senior Nurses

During the consultations with nine senior nurses in the ICU, a range of experiences were represented, with participants having anywhere from 5 years to over 20 years of experience. Several commonalities emerged across the consultations, highlighting key aspects that are crucial for the successful transitions of newly hired staff. These commonalities were reflected by two focus areas: areas of improvement and improvement strategies.

Areas of Improvement

Understanding Unit Culture. Senior nurses emphasized the importance of newly hired nurses understanding and adapting to the culture within the ICU. This includes familiarizing themselves with unit policies, procedures, communication styles, and team dynamics. While senior nurses recognized that newly hired nurses may take time to acclimate to the established norms and values of the unit, they felt many newly hired nurses did not develop a foundational understanding during orientation. Moreover, senior nurses identified gaining familiarity with unit policies, procedures, communication styles, team dynamics, day-to-day operations, and expectations and standards would enhance the transition practices of newly hired staff.

Time Management. Senior nurses identified effective time management and prioritization of patient care as a crucial skill for newly hired nurses to develop. Senior nurses

frequently observed notable challenges among newly hired nurses after completing their unit orientation - specifically, with the time management and prioritization of comprehensive patient care. During unit orientation newly hired nurses are supported by senior nurses in a structured learning environment in which they guide and often direct care. However, once the orientation period is over, senior nurses felt newly hired nurses experienced difficulties adapting these skills to the dynamic and fast-paced nature of the ICU settings. Senior nurses frequently felt like they had to absorb patient care responsibilities allocated to the newly hired nurses to provide appropriate care to that patient; ultimately leaving them frustrated with new staff.

Similarly, several senior nurses voiced the challenges they faced during unit orientation. They found it difficult for newly hired nurses to assume responsibility for and directly oversee total patient care during the period of co-signed shift. They felt obligated to take on more patient care as opposed to effectively supervising and guiding newly hired nurses during the orientation process. These senior nurses recognized this issue as a hindrance for newly hired nurses when transitioning into independent practice. When newly hired nurses encounter challenges during independent practice they struggle to make care decisions without direct supervision.

Critical Thinking Skills. Senior nurses identified critical thinking skills as a significant challenge for newly hired nurses during their transition to independent practice. They attributed this challenge, in part, to the limited exposure to diverse patient populations, particularly post-operative care, emergency room (ER) admissions and critically unstable patients.

Senior nurses felt that a major consequence of the limited previous exposure of novice nurses to post operative patients is a lack of understanding of surgical complications and their management. Post-operative patients often experience unique challenges and require specific nursing care (i.e., pain management, specific areas of monitoring and various routes of

medication administration). Without experience in managing these patients, newly hired nurses may find it difficult to execute proper patient care, potentially compromising patient outcomes.

Similarly, the lack of experience caring for ER patients or critically unstable patients' hinders the transition of newly hired nurses. As expressed by senior nurses, these types of patients often require immediate assessment, rapid response, and prioritization of care. When newly hired nurses are not exposed to such patients' they may struggle to recognize subtle signs of deterioration or make decisions regarding interventions. Senior nurses identified this as a delay in critical thinking abilities which could negatively impact patient outcomes.

Improvement Strategies

Mentorship. All senior nurses consulted referred to the importance of mentorship for newly hired nurses as they transition to independent practice. Senior ICU nurses have extensive clinical experience and possess valuable insights into managing complex patient care, handling emergencies, and making critical decisions. By having a mentor who can impart this knowledge, newly hired nurses gain experiences and insights from learned clinical experience. Thus, the guidance provided by mentors helps bridge the gap in theory and practice.

Assessments. Senior nurses voiced their concern regarding the absence of assessments, follow-ups, or check-ins for newly hired nurses after completing orientation. They felt current transition practices did not hold newly hired nurses accountable for their continued learning and professional development after completing unit orientation. Many senior nurses felt there could be a self-assessment element utilized at various stages of transition to independent practice. Similarly, they felt there is currently no opportunity to provide a formal evaluation of newly hired staff to identify areas that may require further education or improvement.

Checklists. In addition to formal assessments, many senior nurses highlighted the benefits associated with using checklists for newly hired staff. This tool would act as a standardized approach to facilitate and guide the individualized transition process of newly hired nurses. It would become an ongoing document regularly updated and frequently reviewed during the transition period. The checklist would encompass various components such as skills sets, patient assignments, unit protocols and responsibilities. Ultimately, the checklist would serve as tailored tool to direct the learning needs of newly hired staff while ensuring they possess the required skills and knowledge to provide quality patient care.

Novice Nurses

Four novice nurses who had started working in the ICU within the last year were consulted. Novice nurses highlighted both supportive aspects and drawbacks surrounding staffing ratios, time management, mentorship, and unit culture.

Staffing Ratios and Mentorship

The consulted novice nurses identified staffing ratios as an area of concern. They specifically pointed out that decreased staffing ratios were very challenging, especially when there was a limited number of senior staff available. The decrease in staffing ratios resulted in higher nurse-to-patient ratios, which caused stress among the novice nurses. This meant they were taking on excessive workloads, while the senior nurses were too busy with multiple patients to offer support and guidance. In situations where there were limited senior staff, novice nurses felt less supported. They expressed that not having a relationship or formal introductions to many senior staff members made them feel uneasy about approaching them with questions. Moreover,

if there were only a few senior staff present, the novice nurses did not want to overwhelm one person with multiple questions.

All novice nurses consulted valued engaging in mentorship with senior nurses, however they highlighted the lack of mentorship opportunities due to high nurse-to-patient ratios. With limited time available, senior nurses are challenged to dedicate time for mentoring activities. The novice nurses identified a shift in unit moral during high nurse-to-patient ratios. Increased levels of stress and dissatisfaction resulted in senior nurses being less likely and willing to participate in mentorship activities with them.

Time Management

The novice nurses voiced their apprehensions surrounding the time management of critically ill patients'. When they started independent practice many novice nurses felt overwhelmed with the multiple tasks that needed to be completed for one patient. During orientation, the senior nurses they were cosigned with assisted them with task navigation and completing the “behind the scenes activities”. Most novice nurses felt comfortable staying on track with monitoring vital signs, conducting assessments and documentations. However, when they were solely responsible for patient care they felt overwhelmed with the addition of all the smaller tasks. These included tasks such as transcribing medication orders, updating family members, changing medication bags, and collaborating with various healthcare professionals. The novice nurses felt orientation was not an accurate representation of total patient care.

Unit Culture

Novice nurses found it challenging adapting to the ingrained routines and workflow in the ICU. They found it overwhelming trying to navigate specific routines in addition to remembering the information and skills from orientation. Some novice nurses felt there was a

gap between orientation and unit practices; if unit routines were not taught in orientation or passed on by senior nurses, there was no way for novice nurses to know about and adhere to them. Additionally, the ICU has its own set of policies and procedures that must be followed meticulously to ensure patient safety. Novice nurses felt it challenging to try to adhere to these guidelines while also attempting to provide timely patient care.

Leadership Positions

Consultations with those in leadership positions involved discussions with six key stakeholders. These stakeholders included Unit Managers, Clinical Educators, Charge nurses, and professional practice consultants. During the consultations, several commonalities emerged.

Mentorship/Organizational Goals

The nursing leaders generally have a positive viewpoint on mentorship, recognizing its potential benefits for both staff members and overall unit performance. They view mentorship as a way to foster knowledge transfer and facilitate the integration of best practices into daily clinical care. They highlighted that mentorship programs can enhance staff development, improve job satisfaction, promote staff retention, and foster a positive work environment.

Multiple nurse leaders felt the ICU would greatly benefit from a formal mentorship process. They identified that NL Health Services is heavily focusing on mentorship as they move forward with the merging of health authorities across Newfoundland and Labrador. In the coming years variations of mentorship programs will be encouraged at the clinical level.

Evaluations and Feedback

Nursing leaders shared a common goal of supporting newly hired nurses during their transition into the ICU setting. They identified regular evaluations and feedback as valuable mechanisms for monitoring progress, identifying areas for improvement, and offering guidance

to ensure the provision of high-quality care in the ICU. Most nursing leaders spoke to the use of evaluations for all nursing staff and not limiting it to just newly hired staff. As a consensus, nursing leaders felt that evaluations and feedback were grossly underutilized within the Health Organization

Additionally, nurse leaders noted the importance of evaluating any transition program that would be developed. They spoke to the development of previous education programs and how ongoing evaluations impacted their implementation.

Diverse Learning Needs

The diverse learning needs and generational gap among newly hired nurses transitioning to practice in the ICU were important factors identified by nursing leaders. They noted that newly hired nurses entering the ICU may have varying backgrounds, experiences, and educational levels. Therefore, their diverse learning needs should be recognized and accommodated to ensure a successful transition to practice.

Similarly, nursing staff in the ICU consists of multiple generations working together resulting in a difference in common values. Nursing leaders reflected on this and highlighted that methods must be included to help bridge the generational gap.

Professional Development

Most nursing leaders noted the importance of recognizing that nursing is not just a job but a profession with its own set of obligations. This acknowledgment highlights the importance of understanding and upholding professional standards in the field of nursing. As such, professional development involves continuous learning, collaboration with colleagues and organizations, promoting research dissemination, and mentorship from senior nurses.

Discussion

After the completion of 19 consultations, mentorship was the only commonality to emerge across all groups, however there was overlap in other commonalities. Both senior nurses and novice nurses shared similar views regarding time management and unit culture. Additionally, both groups emphasized the importance of fostering a positive unit culture that promotes teamwork and collaboration among staff members. However, there were slight differences in viewpoints between nursing leaders and the other two groups. Nursing leaders highlighted the importance of diverse learning needs and professional development.

Mentorship was heavily identified among all groups of key stakeholders. Mentorship involves pairing experienced nurses with newly hired nurses to provide guidance, support, and knowledge transfer (Goodyear & Goodyear, 2018; Venkatesa Perumal & Singh, 2022; Sibiya et al., 2018). The mentor-mentee relationship fosters personal and professional development by providing opportunities for learning through observation, hands-on experience, feedback, and guidance. The mentor serves as a role model who shares their expertise and experiences with the mentee, helping them navigate complex clinical situations, challenging patient cases, and ethical dilemmas. (Venkatesa Perumal & Singh, 2022). In addition to clinical aspects, mentorship supports emotional well-being by addressing burnout prevention strategies and promoting resilience among mentees (Sibiya et al., 2018). Moreover, mentorship has been shown to enhance clinical competence, increase confidence levels, and improve overall job satisfaction among newly hired nurses during their transition to independent practice (Goodyear & Goodyear, 2018; Venkatesa Perumal & Singh, 2022; Sibiya et al., 2018).

Unit culture was a topic referred to by both senior and novice nurses. Unit culture refers to the shared values, beliefs, and norms that shape the behavior and interactions among

healthcare professionals within the ICU setting (Mealer et al., 2017; Reeves et al., 2017). It encompasses the way things are done, communication styles, decision-making processes, and team dynamics (Reeves et al., 2017). Newly hired nurses need to develop a strong understanding of unit culture to effectively integrate into the team and provide high-quality patient care (Mealer et al., 2017; Reeves et al., 2017). Another important aspect of unit culture is familiarity with specific policies and procedures that govern practice in the ICU. These policies and protocols are designed to ensure patient safety and optimize outcomes during treatment in the ICU (Patil et al., 2023). Understanding these policies ensures newly hired nurses understand the management of a critically ill patients.

Similarly, time management was another topic identified to by both senior and novice nurses. Time management is crucial in the fast-paced and high-stress environment of the ICU, where critical decisions need to be made promptly and patient care needs to be efficiently organized (Vizeshfar et al., 2022; Gonçalves et al., 2021). Effective time management skills ensure that nurses can prioritize tasks, allocate resources appropriately, and deliver timely interventions to critically ill patients' (Vizeshfar et al., 2022; Gonçalves et al., 2021). Lack of time management could lead to delays in providing essential care and compromise patient outcomes (Gonçalves et al., 2021). Newly hired nurses should focus on developing effective organizational strategies that allow them to handle multiple responsibilities simultaneously while still meeting deadlines. This may involve utilizing tools such as checklists or implementing prioritization frameworks (Gonçalves et al., 2021).

Critical thinking as an independent topic was only discussed amongst senior nurses. However, novice nurses and nurse leaders identify mentorship as a method to foster critical thinking in newly hired nurses. Critical thinking involves analyzing situations objectively,

considering available evidence, identifying potential problems, and making informed decisions based on sound clinical judgment (Croskerry & Norman, 2008; Swinny, 2010)). In high-pressure environments like the ICU, it is crucial that all nurses possess strong critical thinking abilities to quickly assess and respond to complex patient conditions (Croskerry & Norman, 2008; Swinny, 2010). Developing strong critical thinking abilities requires experience and exposure to various clinical scenarios (Swinny, 2010). Newly hired nurses should engage in reflective practice and seek opportunities for ongoing education and critical thinking development (Swinny, 2010). By actively seeking feedback and continuously learning from their experiences, newly hired ICU nurses can enhance their critical thinking skills (Croskerry & Norman, 2008; Swinny, 2010).

Both senior nurses and nurse leaders noted the uses of formal evaluations as beneficial during the transitional period. These included the use of assessments, such as check-ins, self-assessments, performance evaluations, and checklists. These assessments provide a structured framework for evaluating the knowledge and skills of new nurses, helping them identify their strengths and areas for improvement (Hickey & Gauvreau, 2017). Regular check-ins during the transition period provide guidance and support while monitoring the progress of newly hired nurse (Okumura et al. 2019). Self-assessments empower new nurses to reflect on their practice independently and identify areas where they may need additional training or development (Okumura et al. 2019). Similarly, performance evaluations offer a comprehensive assessment of the nurse's competence, providing valuable feedback that can be used to guide further development (Okumura et al. 2019). Nurse leaders expanded on the topic of performance evaluations to include all nursing staff, not just those newly hired to the unit. Senior nurses also felt the use of checklists as beneficial; the checklist would serve as tailored tool to direct the

learning needs of newly hired staff while ensuring they possess the skills and knowledge to provide quality patient care.

Only nurse leaders identified the topics of professional development and diverse learning needs. Professional development encompasses an ongoing process of acquiring knowledge and skills, working collaboratively with peers and institutions, facilitating the dissemination of knowledge, and receiving guidance from experienced senior nurses ((Mlambo& McGrath, 2021). The field of healthcare is constantly evolving, and it is essential for nurses to stay updated on the latest advancements, research findings, and evidence-based practices (Gifford et al., 2017). By identifying the specific professional development needs of new nursing staff in the ICU, nurse leaders can design comprehensive orientation programs and continuing education initiatives tailored to their requirements (Gifford et al., 2017; Mlambo& McGrath 2021).

Similarly, diverse learning needs play a crucial role in the professional development of new nursing staff in the ICU (Stanley et al., 2018; Yoder-Wise & Kowalski, 2021). The ICU is an intense and fast-paced environment, it demands specific skills and knowledge to provide optimal patient care (Stanley et al., 2018). Newly hired nurses come from diverse educational backgrounds and possess varying levels of experience. They also diverge from various generational gaps (i.e., Baby Boomers, Generation X, Millennials (Generation Y), and Generation Z) resulting in a difference in communication styles, technological competences, and work-life preferences (Saber, 2013). Therefore, they need tailored learning opportunities that address the unique learning needs of everyone (Saber, 2013; Stanley et al., 2018).

Conclusion

In conclusion, the information obtained through consultations with key stakeholders has played a crucial role in understanding the current transition to practice process in the MSICU.

These consultations have provided valuable insights and knowledge about the challenges and areas of improvement that exist within the current system. The input from these key stakeholders will be instrumental in informing the development of a targeted transition to practice program specifically tailored to meet the needs of newly hired RNs in the MSICU.

References

- American Association of Critical-Care Nurses (AACN). (n.d.). Retrieved November 10, 2023, from <https://www.aacn.org/>
- Canadian Association of Critical Care Nurses (2019). Position Statement: Models of nursing care in the critical care unit. <https://caccn.ca/wpcontent/uploads/2019/10/PS1903ModelsNursingCare.pdf>
- Canadian Nurses Association (2019). Advanced practice nursing: A Pan-Canadian Framework. https://hl-prod-ca-oc-download.s3-ca-central-1.amazonaws.com/CNA/2f975e7e-4a40-45ca863c5ebf0a138d5e/UploadedImages/documents/nursing/Advanced_Practice_Nursing_framework_e.pdf
- Casey, K., Oja, K. J., & Makic, M. B. (2021). The lived experiences of graduate nurses transitioning to professional practice during a pandemic. *Nursing Outlook*, 69(6), 1072–1080. <https://doi.org/10.1016/j.outlook.2021.06.006>
- Croskerry, P., & Norman, G. (2008). Overconfidence in clinical decision making. *The American Journal of Medicine*, 121(5). <https://doi.org/10.1016/j.amjmed.2008.02.001>
- Gifford, W. A., Squires, J. E., Angus, D. E., Ashley, L. A., Brosseau, L., Craik, J. M., Domecq, M.-C., Egan, M., Holyoke, P., Juergensen, L., Wallin, L., Wazni, L., & Graham, I. D. (2018). Managerial leadership for research use in nursing and allied health care professions: A systematic review. *Implementation Science : IS*, 13(1), 127–127. <https://doi.org/10.1186/s13012-018-0817-7>
- Gilroy, H., Maixner, M., & Ziesemer-Girouard, Y. (2020). Helping experienced pediatric nurses bridge the gap between intermediate and Intensive Care. *Journal for Nurses in*

Professional Development, 36(6), 349–352.

<https://doi.org/10.1097/nnd.0000000000000639>

Goodyear, C., & Goodyear, M. (2018). Supporting successful mentoring. *Nursing Management*, 49(4), 49–53. <https://doi.org/10.1097/01.numa.0000531173.00718.06>

Gonçalves, A.F.R., Serpa Neto, A., Veelo, D.P., de Pontes Andrade-Lima M., Abdelmalak B.B., Pelosi P., Schultz M.J. (2021). Time Management Skills and Quality of Care Provided by Intensive Care Unit Nurses: An Observational Study. *Critical Care Explorations*, 3(4), 65–69. <https://doi.org/10.1002/nop2.1689>

Hickey, M. T., & Gauvreau, K. (2017). Transition from novice to expert nurse clinician: The value of mental models. *Clinical Simulation in Nursing*, 13(4), 147–155.

Hu, F., Ding, X., Zhang, R., Li, S., Cao, R., Deng, L., Li, J., Fu, X., Zhu, X., & Chen, J. (2022). A transition programme to enhance ICU new graduate nurses' professional identity and intention to remain employed: A pre- and postevaluation. *Nursing Open*, 10(3), 1517–1525. <https://doi.org/10.1002/nop2.1401>

Innes, T., & Calleja, P. (2018). Transition support for new graduate and Novice Nurses in Critical Care Settings: An integrative review of the literature. *Nurse Education in Practice*, 30, 62–72. <https://doi.org/10.1016/j.nepr.2018.03.001>

Madhuvu, A. E., Plummer, V., & Morphet, J. (2018). An exploration of participants' experience of an intensive care nursing transition to Specialty Practice Program. *Australian Critical Care*, 31(5), 311–316. <https://doi.org/10.1016/j.aucc.2017.08.005>

Marshall, J. C., Bosco, L., Adhikari, N. K., Connolly, B., Diaz, J. V., Dorman, T., Fowler, R. A., Meyfroidt, G., Nakagawa, S., Pelosi, P., Vincent, J.-L., Vollman, K., & Zimmerman, J. (2017). What is an Intensive Care Unit? A report of the Task Force of the World

- Federation of Societies of intensive and Critical Care Medicine. *Journal of Critical Care*, 37, 270–276. <https://doi.org/10.1016/j.jcrc.2016.07.015>
- Mealer, M., Burnham, E. L., Goode, C. J., Rothbaum, B., & Moss, M. (2009). The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses. *Depression and Anxiety*, 26(12), 1118–1126. <https://doi.org/10.1002/da.20631>
- Mlambo, M., Silén, C., & McGrath, C. (2021). Lifelong learning and nurses' continuing professional development, a metasynthesis of the literature. *BMC Nursing*, 20(1), 62–62. <https://doi.org/10.1186/s12912-021-00579-2>
- Okumura, M., Ishigaki, T., Mori, K., & Fujiwara, Y. (2019). Development of an easy-to-use questionnaire assessing critical care nursing competence in Japan: A cross-sectional study. *PloS One*, 14(11), e0225668–e0225668. <https://doi.org/10.1371/journal.pone.0225668>
- Patil, S. J., Ambulkar, R., & Kulkarni, A. P. (2023). Patient Safety in Intensive Care Unit: What can We Do Better? *Indian Journal of Critical Care Medicine*, 27(3), 163–165. <https://doi.org/10.5005/jp-journals-10071-24415>
- Polit, D.F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer
- Public Health Agency of Canada (2014). *Infection prevention and control guidelines: Critical appraisal tool kit*. http://publications.gc.ca/collections/collection_2014/aspcphac/HP40-119-2014-eng.pdf
- Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane*

Database of Systematic Reviews, 6(6), CD000072–CD000072.

<https://doi.org/10.1002/14651858.CD000072.pub3>

Ross, J. (2022). Nursing Shortage Creating Patient Safety Concerns. *Journal of Perianesthesia Nursing*, 37(4), 565–567. <https://doi.org/10.1016/j.jopan.2022.05.078>

Saber, D. A. (2013). Generational differences of the frontline nursing workforce in relation to job satisfaction: What does the literature reveal? *The Health Care Manager*, 32(4), 329–335. <https://doi.org/10.1097/HCM.0b013e3182a9d7ad>

Sibiya, M. N., Ngxongo, T. S. P., & Beepat, S. Y. (2018). The influence of peer mentoring on critical care nursing students' learning outcomes. *International Journal of Workplace Health Management*, 11(3), 130–142. <https://doi.org/10.1108/IJWHM-01-2018-0003>

Stanley, D., Stanley, K., & Anderson, J. (2018). Factors influencing transitions into critical care nursing: An integrative review. *Nursing Forum*, 53(2), 163–171. <https://doi:10.1111/nuf.12236>

Swinny, B. (2010). Assessing and developing critical-thinking skills in the intensive care unit. *Critical Care Nursing Quarterly*, 33(1), 2–9. <https://doi.org/10.1097/CNQ.0b013e3181c8e064>

Talsma, A., Grady, P. A., Feetham, S., Heinrich, J., & Steinwachs, D. M. (2008). The Perfect Storm: Patient Safety and Nursing Shortages Within the Context of Health Policy and Evidence-Based Practice. *Nursing Research (New York)*, 57(1 Suppl 1), S15–S21. <https://doi.org/10.1097/01.NNR.0000280650.76191.ab>

Tyndall, D. E., Firnhaber, G. C., & Scott, E. S. (2018). The impact of new graduate nurse transition programs on Competency Development and Patient Safety. *Advances in Nursing Science*, 41(4). <https://doi.org/10.1097/ans.0000000000000217>

- Venkatesa Perumal, R., & Singh, M. D. (2022). Mentorship in nursing in Canada – A scoping review. *Nurse Education in Practice*, 65, 103461–103461.
<https://doi.org/10.1016/j.nepr.2022.103461>
- Vizeshfar, F., Rakhshan, M., Shirazi, F., & Dokoochaki, R. (2022). The effect of time management education on critical care nurses' prioritization: a randomized clinical trial. *Acute and Critical Care*, 37(2), 202–208. <https://doi.org/10.4266/acc.2021.01123>
- Weller-Newton, J. M., Murray, M., Phillips, C., Laging, B., & McGillion, A. (2022). Transition to practice programs in nursing: A rapid review. *The Journal of Continuing Education in Nursing*, 53(10), 442–450. <https://doi.org/10.3928/00220124-20220907-05>
- Yoder-Wise, P. S., & Kowalski, K. (2021). Leading in an era of cultural diversity and generational differences. In *Leading and Managing in Nursing-E-Book* (7th ed.). Elsevier Health Sciences.

Appendix A

A sample email to Professional Practice

Hello (Insert Name Here),

My name is Robyn French, I am currently completing my master of science of nursing degree at Memorial University of Newfoundland. For my final practicum project, I am aiming to develop a post-orientation transition to practice program for newly hired Registered Nurses in the medical surgical intensive care unit (MSICU).

As a (insert job title here), I would value your insight on this topic and am contacting you to ask if you would be willing to meet with me to share your thoughts and ideas regarding the development of this type of program. Your participation is entirely voluntary your participation would be kept confidential.

If you are interested, please contact me to indicate your availability by responding to this email.

I sincerely thank you for considering this request, and I look forward to the opportunity to speak with you. If you have any questions or require further information, please do not hesitate to contact me.

Kind regards,

Robyn French BN, RN

MScN Student, Memorial University of Newfoundland

Appendix B

Invitation to Participate via Signal

Hello Everyone,

I am currently working on the final project of my Master of Nursing program, and I am seeking input into the development of a transition to practice program for our unit.

Please let me know if you are interested in participating by messaging me privately on signal, or by phone at (709)-691-4687.

Thank you,

Robyn

Appendix C

Individualized questions sets to guide conversations during consultations

Questions for Newly Hired RNs in the MSICU

1. What has your experience been like since completing orientation and practicing on your own?
2. what challenges did you experience transitioning to intendant practice after you completed orientation?
3. How can we support newly hired nurses as they transition from orientation to independent practice?
4. What should be the primary goals and objectives of a transition to practice program for newly hired nurses in the MSICU?
5. What would you like to see included in a transition to practice program?
6. Do you have any other comments or thoughts regarding a post orientation transition to practice program for newly hired RNs in the MSICU?

Questions for Experienced RNs in the MSICU

1. From your perspective, what are the most important skills and competencies that newly hired RNs need to possess to work in the MSICU?
2. From your perspective, what challenges are newly hired nurses facing as they transition from orientation to independent practice?
3. How can we support newly hired nurses as they transition from orientation to independent practice?
4. What should be the primary goals and objectives of a transition to practice program for newly hired nurses in the MSICU?
5. What do you think should be included in a transition to practice program? Why?
6. Do you have any other comments or thoughts regarding a post orientation transition to practice program for newly hired RNs in the MSICU?

Questions for Clinical Educators

1. Can you describe the current orientation and transition to practice programs used in the MSICU?
2. From your perspective, what challenges are newly hired nurses facing as they transition from orientation to independent practice?
3. How can we support newly hired nurses as they transition from orientation to independent practice?
4. What should be the primary goals and objectives of a transition to practice program for newly hired nurses in the MSICU?
5. What do you think should be included in a transition to practice program?
6. What barriers or challenges that would hinder the implementation of a transition to practice program in the MSICU?
7. What criteria do you believe should be used to evaluate effectiveness of a transition to practice program?
8. In your opinion, what role does the clinical educator play in a transition to practice program?
9. Do you have any other comments or thoughts regarding a post orientation transition to practice program for newly hired RNs in the MSICU?

Questions for Unit Managers

1. From your perspective, what challenges are newly hired nurses facing as they transition from orientation to independent practice?
2. How can we support newly hired nurses as they transition from orientation to independent practice?
3. What should be the primary goals and objectives of a transition to practice program for newly hired nurses in the MSICU? Why?
4. What do you think should be included in a transition to practice program?
5. What barriers or challenges that would hinder the implementation of a transition to practice program in the MSICU?
6. What criteria do you believe should be used to evaluate effectiveness of a transition to practice program?
7. In your opinion, what role does the unit manager play in a transition to practice program?
8. Do you have any other comments or thoughts regarding a post orientation transition to practice program for newly hired RNs in the MSICU?

Questions for Professional Practice Consultants

1. From your perspective, what challenges are newly hired nurses facing as they transition from orientation to independent practice?
2. How can we support newly hired nurses as they transition from orientation to independent practice?
3. what should be the primary goals and objectives of a transition to practice program for newly hired nurses in the MSICU? Why?
4. What do you think should be included in a transition to practice program?
5. What criteria do you believe should be used to evaluate effectiveness of a transition to practice program?
6. Do you have any other comments or thoughts regarding a post orientation transition to practice program for newly hired RNs in the MSICU?

Appendix D

Health Research Ethics Authority (HREA) Screening Tool

Student Name: Robyn French

Title of Practicum Project: The Development of a Post Orientation Transition to Practice Program for Newly Hired Registered Nurses in the Medical Surgical Intensive Care Unit.

Date Checklist Completed: Oct 10th, 2023

This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. **Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management, or improvement purposes).**
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at <https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/>

Appendix C
PowerPoint Presentation

Slide 1:

**THE DEVELOPMENT OF A TRANSITION TO
PRACTICE PROGRAM
FOR REGISTERED NURSES NEWLY HIRED
TO THE INTENSIVE CARE UNIT**

April 5th, 2024
Presented by: Robyn French BN, RN
Supervisor: Dr. Robin D. Burry, PhD, RN

FACULTY OF NURSING www.mun.ca 

Speaker Notes:

Good afternoon,

For those of you who don't not know me, My Name is Robyn French. I am a graduate student completing my Master of Science in Nursing through Memorial University.

Thank you for taking the time to join me today as I present my completed work in the development of a transition to practice program for registered nurses newly hired to the intensive care unit here at St. Clare's Mercy Hospital.

Slide 2:



Speaker Notes:

I acknowledge that the lands on which I live and work are the traditional territories of diverse Indigenous groups, and we acknowledge with respect the diverse histories and cultures of the Beothuk, Mi'kmaq, Innu, and Inuit of this province.

Slide 3:

Faculty of Nursing, Memorial University

- Dr. Robin D. Burry, PhD, RN
- Dr. Karen Parsons, PhD, RN

MSICU, St. Clare's Mercy Hospital

- Nursing Leadership Team
- MSICU Nursing Staff



FACULTY OF NURSING

www.mun.ca



Speaker Notes:

I would also like to take a moment to acknowledge those who supported me through the development of this program.

- The Faculty of Nursing at Memorial University,
 - Especially my faculty supervisor, Dr. Robin Burry
 - And the Associate Dean of Graduate Studies, Dr. Karen Parsons
- I would also like to acknowledge the support received from the Nursing leadership and Nursing staff here at St. Clare's and NL Health Services, Thank you!

Slide 4:

TABLE OF CONTENTS

- Background
- Purpose
- Objectives
- Key Findings
- Critical Care Nursing Transition to Practice Model
- Evaluations



Speaker Notes:

Over the course of this presentation, I will present a brief background of the project, share the purpose of the project, identify specific objectives as well as key findings from the rapid review and consultations. The critical care nursing transition to practice model will then be presented highlighting the specific components developed from the key findings. Finally, a proposed evaluation process will be shared.

Slide 5:

BACKGROUND



- Canada is currently facing a significant nursing shortage
- 28,335 vaccinees for RNs in Canada, surpassing all other occupations in the Canadian labour market.
- Contributing factors:
 - Aging workforce
 - increased demand for ICU services due to an aging population
 - lack of recruitment and retention strategies.

(Canadian Federation of Nurses Unions, 2022; Ross 2022; Statistics Canada, 2023; Stewart et al., 2017; Talsma et al., 2008).

FACULTY OF NURSING

www.mun.ca



Speaker Notes:

The global nursing shortage has been a growing concern for many years now, and Canada is no exception. According to the Canadian Federation of Nurses Unions the shortage of nurses in Canada has been steadily increasing over the past decade. In a report released by Statistics Canada the number of RN vacancies in early 2023 totaled 28,335 positions. This surpassed all other occupations in the Canadian labor market.

In terms of critical care nursing, a 2020 study by Crowe et al. identified a significant shortage of critical care nurses in Canada. The study reported that more than half of critical care units surveyed had difficulty recruiting and retaining qualified nurses, leading to increased workloads, stress, and staffing shortages.

There are multiple contributing factors influencing the nursing shortage, including an aging nursing workforce, increased demand for ICU services due to an aging population, and insufficient recruitment and retention strategies.

NL health services, inclusive of the critical care program. is no expecting to these factors. Recruitment and retention continue to be challenging for the critical care program due to the

increasing popularity of travel nursing. This trend has made it difficult for the program to attract and retain qualified staff members, resulting in ongoing struggles to maintain a stable staffing ratio.

To address these issues health organizations are investing in nursing education programs to enhance recruitment and retention strategies.

After considering these factors it made sense to target staff retention in the MSICU. In collaboration with my manager, practicum supervisor I decided to develop a resource to facilitate the transition of newly hired staff into the ICU which eventually evolved into the development of a comprehensive transition to practice program for new hired RNs in the intensive care unit.

Slide 6:

WHAT IS A TRANSITION TO PRACTICE PROGRAM?

Transition to Practice Program (TPP):

Is a multicomponent program designed to facilitate the integration of RNs as they transition into a new role.



(Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020; Madhuva et al., 2018; Hu et al., 2023 Weller-Newton et al., 2022)

FACULTY OF NURSING



Speaker Notes:

For the purpose of this project, a transition to practice program was defined as a structured multicomponent program designed to facilitate the integration of RNs as they transition into a new role.

These types of programs are commonly used to assist in the transition of newly graduated RNs however literature exists to support their use for various types of transitions processes experienced by a wide range of RNs such as those transiting into specialty areas. Therefore, the proposed program focuses on both newly graduated RNs and experienced RNs transitioning to the ICU setting.

Slide 7:

PURPOSE



The purpose of this practicum project was to develop an evidence-based transition to practice program to support Registered Nurses (RNs) newly hired to Medical Surgical Intensive Care Unit (MSICU).

Speaker Notes:

The overall purpose of this practicum project was to develop an evidence-based transition to practice program to support Registered Nurses (RNs) newly hired to Medical Surgical Intensive Care Unit (MSICU).

Slide 8:

OBJECTIVES



1. To identify any current resources that would support the development, implementation, and evaluation of a transition to practice program in the MSICU.
2. To describe the utilization and evaluation of existing programs supporting the transition of newly hired registered nurses in the MSICU or similar settings
3. To understand the specific transition to practice program content requirements for the MSICU.
4. To identify and review material relevant to the development, implementation, and evaluation of a transition to practice program in the MSICU.
5. To develop a transition to practice program based on current evidence and best practices to support newly hired RNs in the MSICU.
6. To develop an implementation and evaluation plan for the transition to practice program in the MSICU setting.

Speaker Notes:

A set of objectives were developed to help meet the overall purpose. Based on the need to acquire current evidence and understand unit practices, a rapid literature review and consultations were completed to meet these objectives.

Slide 9:

RAPID LITERATURE REVIEW

- Timely access to evidence is provided by these reviews, making them valuable in time-sensitive situation.
- Ensures development is grounded in current research and best practices within the field.
- Accepted by PROSPERO for registration.



(Langlois, 2019)

FAULTY OF NURSING

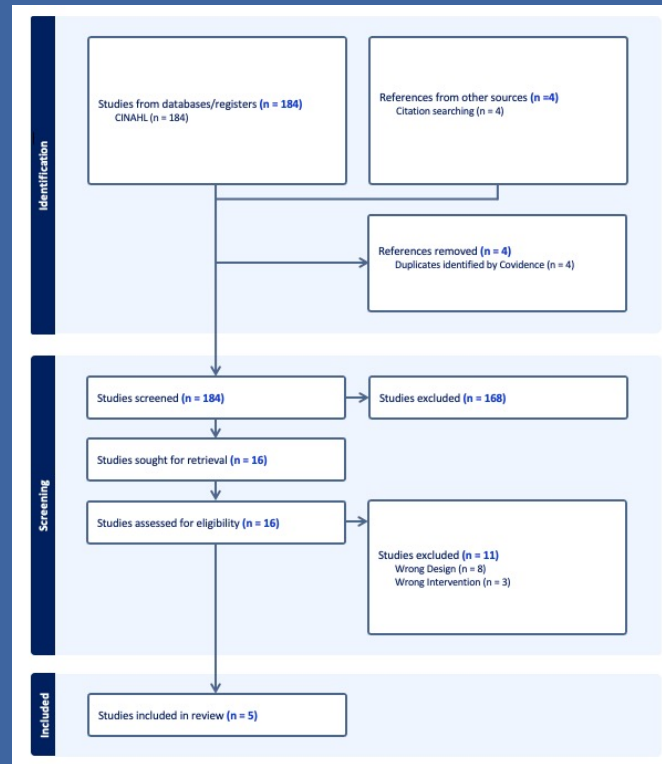
www.mun.ca



Speaker Notes:

Conducting a rapid literature review was crucial for the development of this transition to practice program. These reviews provide quick access to relevant evidence, which is especially beneficial in time-sensitive situations. They also help ensure that the program is based on current research and follows best practices within the field. This approach allows for the expedited creation of a site-specific program tailored to meet specific needs.

Slide 10:



(Covidence, 2023)

FACULTY OF NURSING

www.mun.ca



Speaker Notes:

In collaboration with an academic librarian, a search strategy was developed with 188 articles identified and uploaded into Covidence. A total of five studies were deemed to meet the inclusion criteria. A critical appraisal of the articles was completed, and data extracted. This PRISMA diagram outlines the articles found, those excluded at each step with the identified five indicated at the bottom of the diagram. As we have limited time today, I will not present the details of the critical appraisal. Key findings will be presented with in accordance with findings from the consultations in upcoming slides.

Slide 11:

CONSULTATIONS

- Essential in gathering valuable insights and feedback
- Promotes a collaborative approach to program development
- Create buy-in and support for initiatives, increasing the likelihood of successful program implementation



(Boaz et al., 2018)

FACULTY OF NURSING

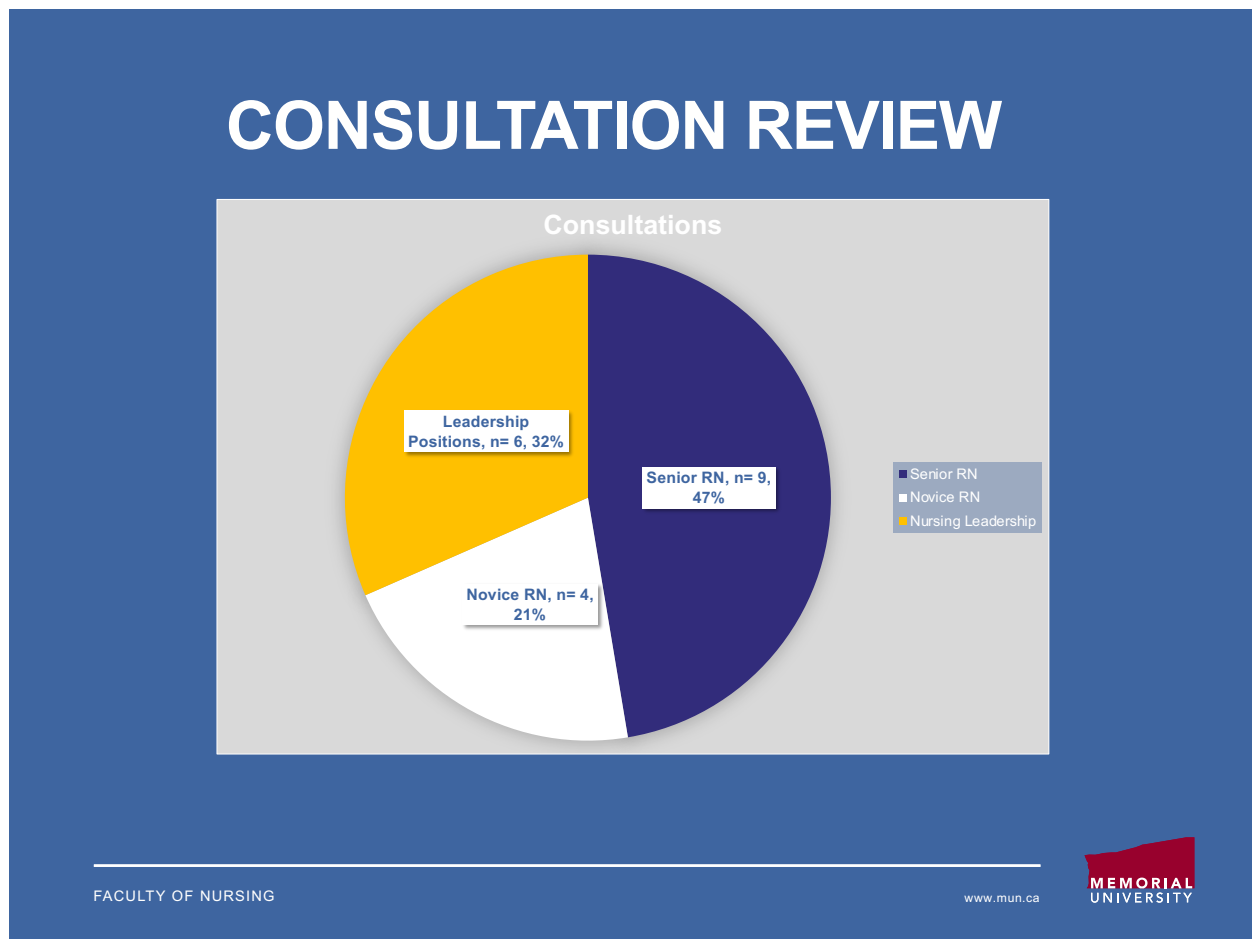
www.mun.ca



Speaker Notes:

Consultations with key stakeholders associated with the ICU were essential in gathering valuable insights and feedback for the development of this transition to practicum project. Involving key stakeholders promotes a collaborative approach to program development that aligned with organizational goals as well as the specific needs and priorities of the unit. Similarly, stakeholder involvement helps create buy-in and support for initiatives, ultimately increasing the likelihood of successful program implementation.

Slide 12:



Speaker Notes:

Consultations were conducted with key stakeholders associated with the St. Clare's MSICU located in the Eastern-Urban zone of Newfoundland and Labrador Health Services (NLHS). Key stakeholders included novice RNs, Senior RNs, and those in leadership positions.

A total of 19 consultations were conducted from October 2023- November 2023.

Novice nurses or newly hired nurses were defined as those who started working in the MSICU with in the last year.

Senior nurses were those who had more than one year of practice in the ICU and were routinely co-signed to newly hired RNs during the orientation period.

Leadership positions were defined as those in formal leadership positions both within or external to the MSICU and included positions such as Unit managers, clinical educators, and professional practice.

Slide 13:

KEY FINDINGS:

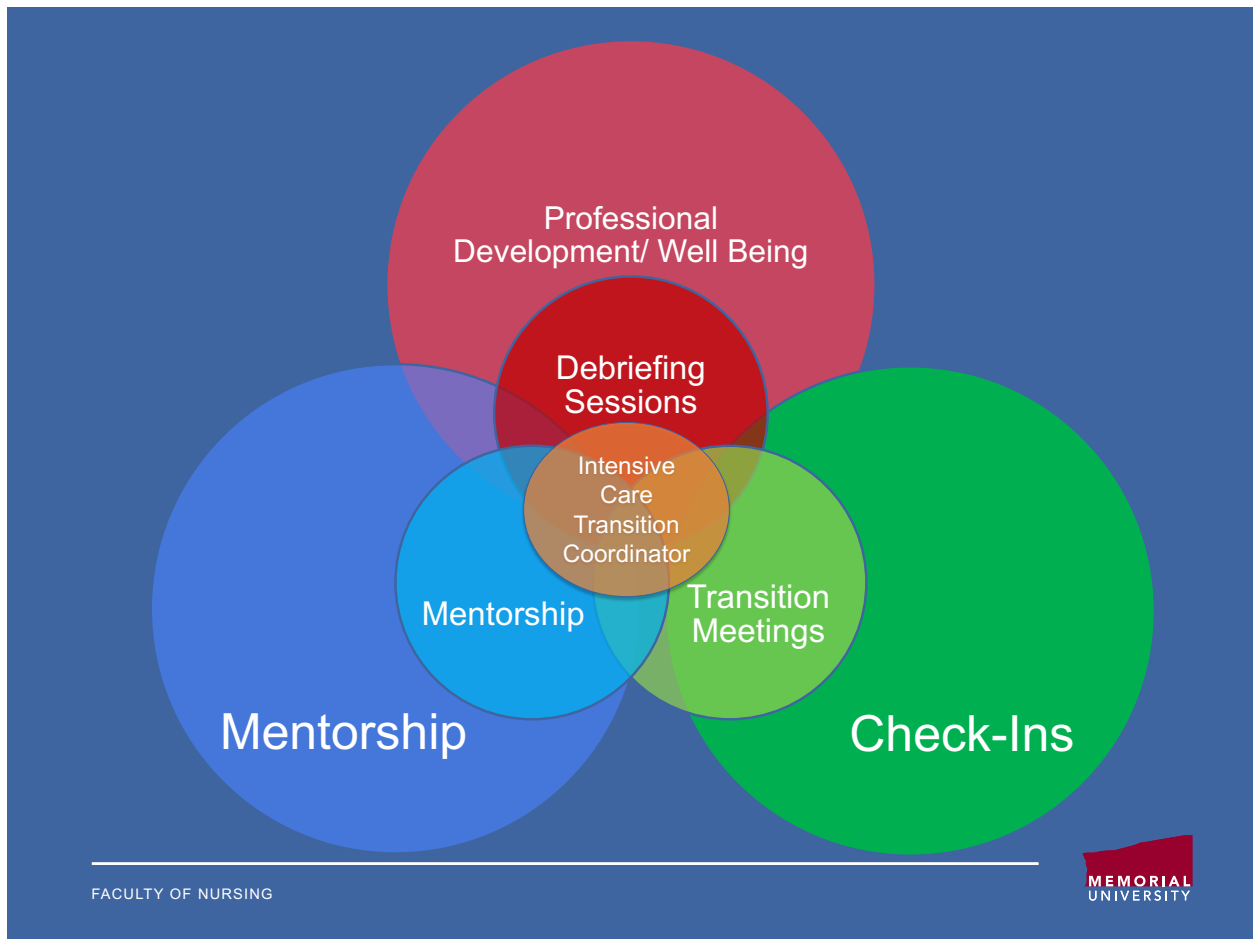
Rapid Literature Review	Consultations
Mentorship	Mentorship
Check-ins	Check-ins/Follow ups
Professional Development/ well-being	Professional Development/well- being
Program Structure	Unit Culture
Reflective Practice	Evaluations
RN Retention	Critical Thinking/Time Management
	Diverse Learning Needs

Speaker Notes:

As mentioned above the key findings of both the literature review and consultations are presented side by side to highlight the similarities and differences in the findings.

Three key findings emerged consistently throughout both the literature review and consultations and are represented by distinct colors in the table. These findings, mentorship, check-ins, and professional development/well-being significantly shaped the foundational elements of this program. Although all key findings played a role in its development, these three were the most pivotal.

Slide 14:



Speaker Notes:

This diagram reflects the three key findings and their influence on the development of different program components.

As you can see, the three key findings, mentorship, check-ins, and professional development/wellbeing are the foundational elements the transition to practice program is based on. The key findings are color coordinated with the program components they influenced.

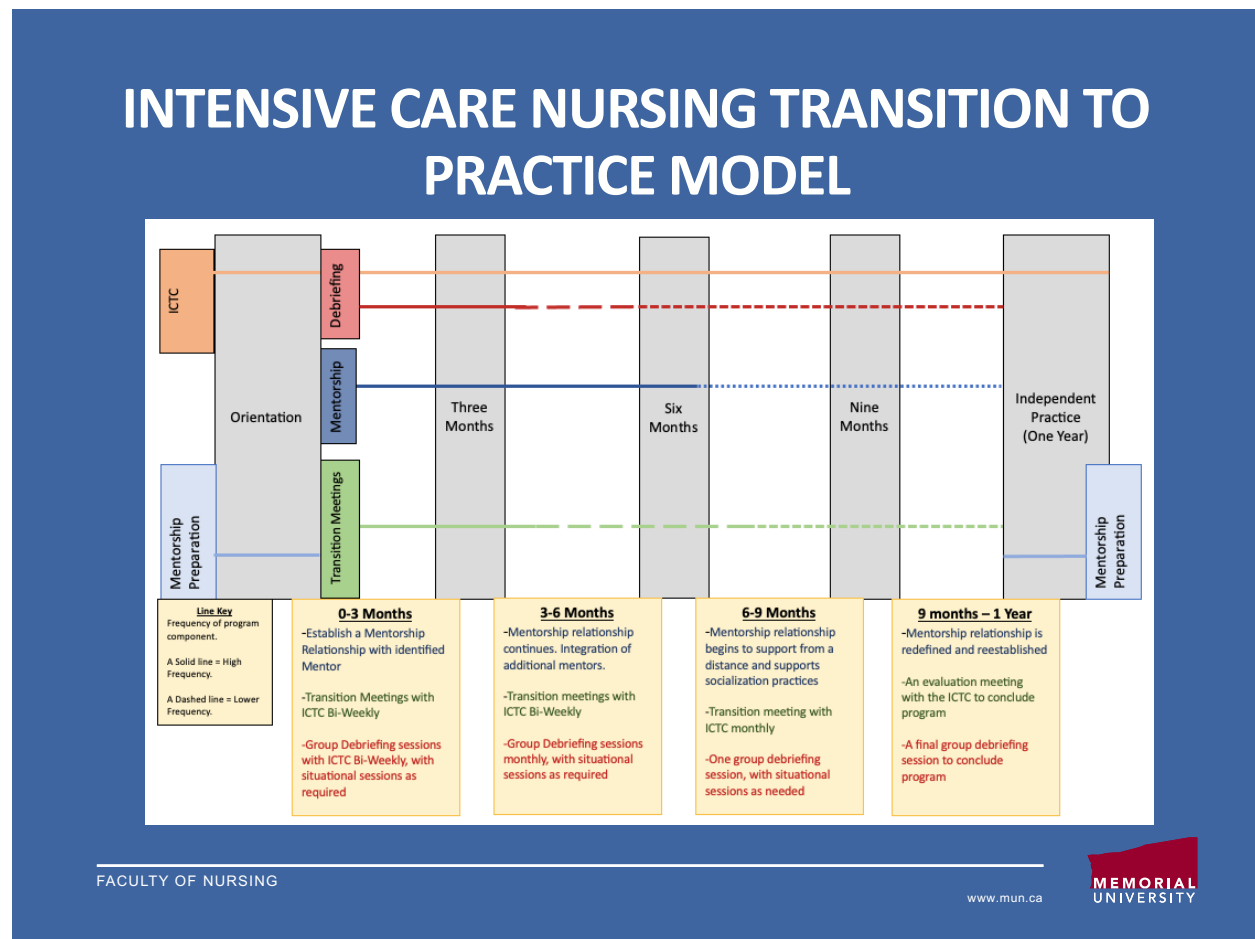
Blue is Mentorship and mentorship.

Green is Check-ins and transition meetings.

Red is Professional development/wellbeing and debriefing sessions

At the center of this depiction is the Intensive Care Translation Coordinator, which was developed for this program and embodies all program components and key findings.

Slide 15:



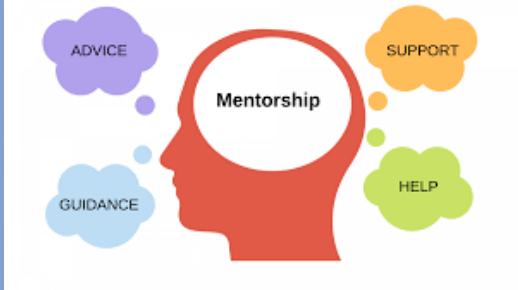
Speaker Notes:

This led to the formal development of the Intensive Care Nursing Transition to Practice Model that reflects the transition to practice program for registered nurses newly hired to the intensive care unit.

In the remaining presentation, I will discuss the individual program components and revisit this model before concluding. However, some key points to note at this time include that the transition to practice program spans one year and commences right after unit orientation is finished and that the program consists of four primary components: Mentorship, transition meetings, debriefing sessions, and guidance from the Intensive Care Transition Coordinator

Slide 16:

MENTORSHIP




- Developed in coordination with NL Health Services
- Focuses the preparing of mentors, pairing process and formal relationship
- Relationship is concentration, but tappers over the during of the program

(Adams et al., 2015; Blackmon et al., 2023; Gilroy et al., 2020; NL Health Services, 2024; Madhuva et al., 2018; Hu et al., 2023).

FACULTY OF NURSING

www.mun.ca



Speaker Notes:

Mentorship is the first component of the transition to practice program.

It is defined in the literature as a developmental relationship in which an experienced or more knowledgeable individual (the mentor) provides guidance, support, and advice to a less experienced or knowledgeable person (the mentee) with the goal of helping them achieve their personal or professional goals. This relationship typically involves providing feedback, sharing knowledge, offering encouragement, and serving as a role model for the mentee. In accordance with NL health services, mentorship is not preceptorship or providing clinical orientation. The mentor's role is to support the mentee in their maturation and socialization to the organization and profession.

Mentorship was a prevalent theme noted in both the literature review and consultations. All five articles included in the literature review utilized a mentorship component, while all three key stakeholders identified the needs for mentorship.

Similarly, mentorship is a prevalent topic for NL health services and the registered nurse's union of Newfoundland and Labrador. NL health services is currently in the process of piloting a

mentorship program; therefore, this aspect of the model will align with the work completed by NL health services.

In keeping with NL health series, this component is multistage, focusing on mentor preparing, pairing processes of mentors/mentees and the development of the mentor/mentee relationship over the duration of the program.

To start, emphasis is placed on the development of mentors. This ensures that mentors are well-prepared and equipped with the necessary skills and knowledge to effectively guide and support their mentees.

The pairing process of mentors and mentees is important as it sets the foundation for a successful relationship. By carefully considering factors such as compatibility, shared goals, and communication styles during the pairing process, organizations can ensure that both mentors and mentees derive maximum benefits from their partnership.

Throughout the duration of the program, the formal mentor/mentee relationship gradually evolves and transitions into a redefined mutually agreed-upon relationship by the end of the year.

Slide 17:

TRANSITION MEETINGS



- To create a supportive environment where the newly hired RNs can discuss clinical experiences, educational experiences, skill development and goal setting.
- Conducted with the Critical Care Transition Coordinator
- Incorporated throughout the duration of the program ; concentrated from months 0-6 months with decrease in frequency from 6-12 months

(Adams et al., 2015; Blackmon et al., 2023)

FACULTY OF NURSING

www.mun.ca



Speaker Notes:

The second component developed was the use of transition meetings.

Transition meetings are held with the intensive care transition coordinator to provide a supportive environment for newly hired nurses as they navigate their way into an ICU nursing role. These one-on-one sessions focus on clinical experiences, educational growth, skill development, and goal setting to facilitate a successful transition. During these meetings, patient assignments are reviewed, completed skills and learning opportunities are discussed, and goals are set to ensure continuity throughout the program.

Like mentorship, the frequencies of these meeting are concentrated initially and decrease in frequency as the program progresses.

The rationale for these meetings was primarily based on the key finding of check-ins. Research in the literature consistently supports the use of regular check-ins and performance evaluations as beneficial tools during the transition period for newly hired nurses, providing them with guidance, support, and opportunities to monitor their progress. Consultations with senior nurses and nurse leaders further confirmed these benefits, noting that formal evaluations such as check-

ins, self-assessments, performance evaluations, and checklists are effective ways to assess new nurses' knowledge and skills. These assessments offer a structured framework for identifying both strengths and areas for improvement among new nurses.

Slide 18:

DEBRIEFING SESSIONS



- Supports reflective learning, emotional support and contributes to continuous professional development.
- Two separate capacities;
 - - **Situational**
 - - **Grouped Peer**
- - Incorporated throughout the duration of the program ; concentrated from months 0-6 months with decrease in frequency from 6-12 months

(Adams et al., 2015; Hu et al., 2023 ; Cantrell, 2008).

FACULTY OF NURSING

www.mun.ca



Speaker Notes:

Debriefing sessions was the third component developed for this program.

Debriefing sessions within nursing practice typically involve formal group discussions that occur following a notable event, such as a challenging situation or critical incident like a code. These sessions provide nurses with the opportunity to review the event, contemplate their emotions, actions, and decisions, and ultimately utilize these reflections to enhance future performance. By engaging in debriefing sessions, nurses can promote their emotional well-being while simultaneously fostering professional growth and development through reflective practice.

This program utilizes debriefing in two distinct capacities: Situational and Grouped Peer, both of which are facilitated by the intensive care transition coordinator.

Situational debriefing sessions- follow traditional debriefing methods commonly used in critical care settings. These sessions involve a guided discussion with the intensive care transition coordinator following a significant event or situation experienced by a newly hired nurse. The debriefing may be conducted one-on-one or expanded to include other newly hired nurses who were involved. The frequency of these sessions is determined on an as-needed bases.

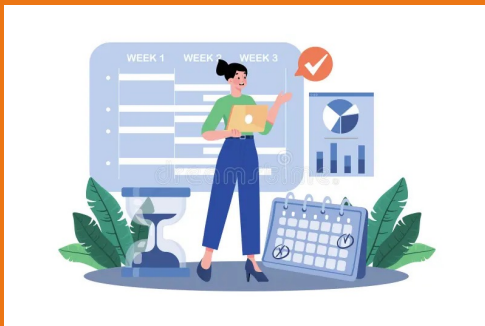
Grouped peer debriefing sessions involve regularly scheduled meetings with the Intensive Care Transition Coordinator (ICTC) and newly hired nurses. These group sessions offer a platform for nurses to openly discuss their thoughts, emotions, and challenges, while also benefiting from each other's experiences. The collaborative nature of these sessions promotes shared learning, and a sense of support among newly hired nurses as they navigate the transition process.

Like mentorship and transition meetings, these sessions would be concentrated during the initial start of the program and decrease as the program progressed.

The rationale for these sessions was primarily based on the key finding of professional development/well-being. According to existing literature established supports are crucial for enhancing the emotional well-being of newly hired nurses as they transition into their professional roles. The emotional well-being of nurses during the transitional period can significantly impact their job satisfaction, retention rates, and overall performance. In consultations with novice nurses, it was evident that the period of transition can be overwhelming and stressful for them. The pressure to adapt to new responsibilities, work environments, and expectations can take a toll on their emotional well-being. Solidifying the need for a component to support the holistic well-being of newly hired nurses during the transition process.

Slide 19:

INTENSIVE CARE TRANSITION COORDINATOR (ICTC)



- Position developed specifically for the transition to practice program
- Responsible for the development, implementation and evaluation of the program

(Anderson et al., 2012; Charette et al., 2022)

FACULTY OF NURSING

www.mun.ca



Speaker Notes:

The final component introduced in this program is the intensive care transition coordinator position. This role was created to work closely with key stakeholders in developing, implementing, and assessing the transition to practice program. By assuming the responsibility of overseeing the transition program, the intensive care transition coordinator can ease the burden on other ICU stakeholders while ensuring the program's sustainability. The duties of this position include selecting and pairing mentors with mentees, monitoring their progress, organizing transition meetings, facilitating debriefing sessions, and evaluating the overall effectiveness of the program.

The development of the intensive care transition coordinator role is rooted in key findings from both the literature review and consultations. All five studies in the literature review demonstrated that a multicomponent approach is necessary to address the complexities of transition programs. Similarly, the key stakeholders identified a multitude of requirements they felt were beneficial in a transition program. The magnitude and complexity of these programs underscores the importance of having a dedicated position to facilitate communication, coordination, and evaluation.

While no direct research from the literature review specifically addressed this role, existing evidence emphasizes the significance of structured programs with dedicated leadership in supporting newly hired nurses during their transition period. Such programs have been proven to enhance job satisfaction, reduce turnover rates, and promote professional development.

By investing in the intensive care transition coordinator role, newly hired nurses are better equipped to successfully transition into ICU environment.

Slide 20:

EVALUATIONS			
Component	Focus	How	who
Transition to Practice Program	-Competency -Confidence -Retention Rates	-Organizational Data -Surveys -Stakeholder focus group -Exit Interviews	MUN FON, CCTC & the department of research and innovation, NLHS
Mentorship	-Socialization -Relationship	-Mentorship Effectiveness Scale (MES)	CCTC
Transition Meetings	-Confidence -Professional Development	-American Association of Critical-Care Nurses (AACN) Knowledge Assessment Tool -Reviewing Goal Progression	CCTC
Debriefing Sessions	-Emotional Well-Being	-Mayo Clinic Wellbeing Index	CCTC
Critical Care Transition Coordinator (CCTC)	-Position Effectiveness	-Organizational Data -Exit Interviews -Stakeholder Interviews -CCTC Interview	MUN FON, The department of Research and Innovation, NLHS

(AACN Knowledge Assessment Tool - AACN, 2024; Berk et al., 2005; Kim & Shin, 2019; Mayo clinic, 2024)

FACULTY OF NURSING

www.mun.ca

MEMORIAL UNIVERSITY

Speaker Notes:

Before revisiting the transition model, I would like to first address the importance of developing an evaluation plan for this program. Evaluating a program is essential in order to assess its effectiveness and make improvements where necessary. This process allows organizations to identify areas for enhancement and ensure that the program is meeting its intended goals.

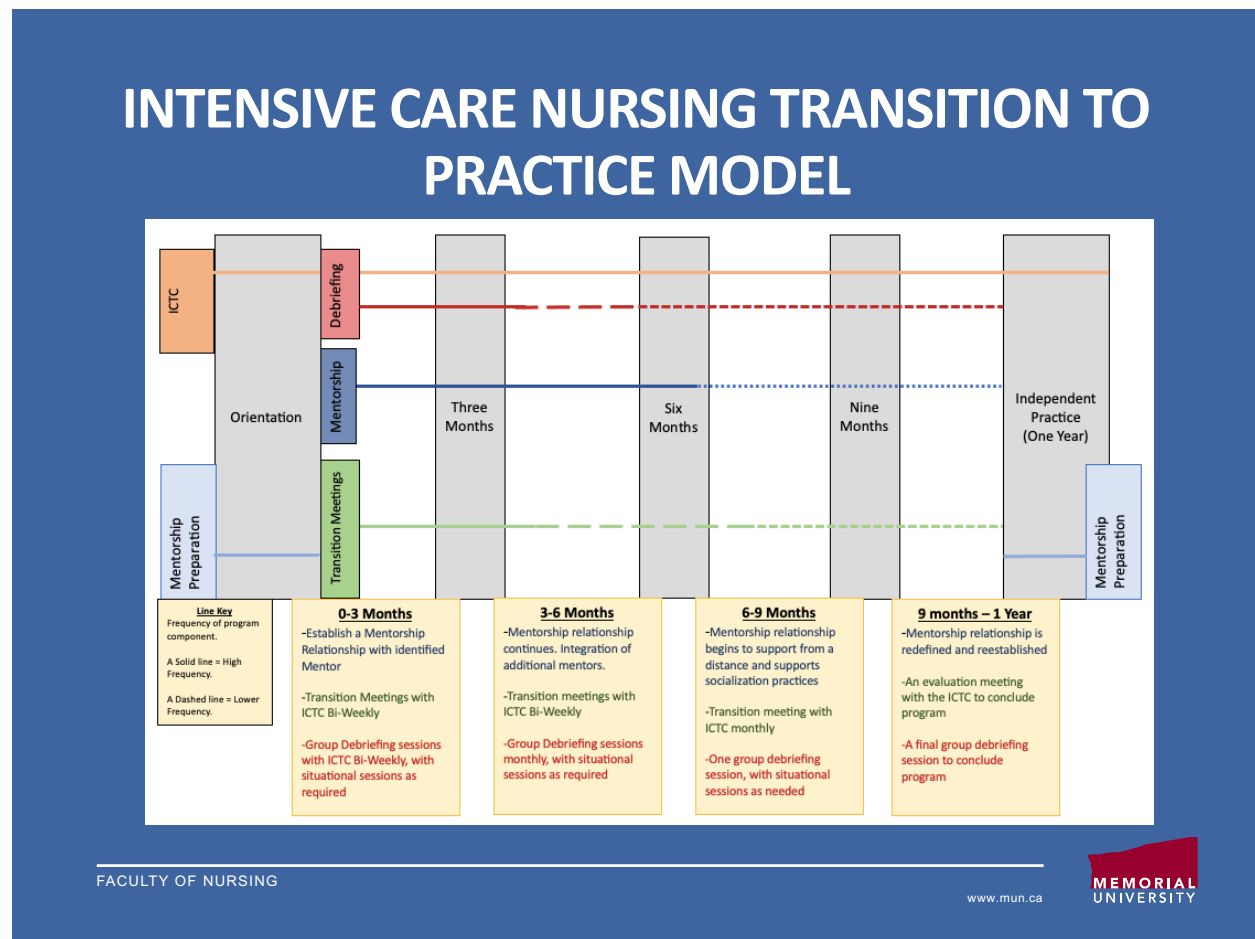
The evaluation plan for this transition to practice program would evaluate the program as well as its individual components. It is crucial to verify that each component is effective and positively impacting the program's overall effectiveness. Evaluations would be conducted in collaboration with the intensive care transition coordinator, MUN faculty of nursing and the department of research and innovation at NL health services.

I will not go into extensive detail on the specific evaluation processes for each component, but it is important to mention that the program components of mentorship, transition meetings, and debriefing sessions will be assessed using existing tools that are available for this purpose.

In contrast, the intensive care transition coordinator and overall program will be assessed through the review of organizational data (i.e., retention rates, job postings, organizational transitions,

etc.), surveys and focus groups specifically tailored to this program. Since these entities are new, it would be necessary to develop and evaluate a tool that is specifically designed for those components to further complete the evaluation process.

Slide 21:



Speaker Notes:

Before concluding, I would like to revisit the Intensive Care Nursing Transition to Practice Model discussed earlier in this presentation to ensure a comprehensive understanding of all program components.

The intensive care transition coordinator, depicted by the orange line at the top of the diagram, is actively engaged throughout the entire program, as indicated by a continuous solid line. This continuous involvement is essential because the coordinator plays a pivotal role in all stages of program development, including design, execution, and assessment.

The light blue line outside of the program timeline represents the preparation and pairing stages of mentorship. Inside the program timeline are the components of mentorship, including mentoring meetings and debriefing sessions, represented by blue, green, and red lines respectively. These lines transition from solid to dashed to indicate the level of engagement associated with each component during the program. A solid line symbolizes high levels of engagement, while a dashed line indicates lower levels of engagement. The yellow boxes at the

bottom of the chart represent the levels of engagement with program components throughout the program duration. Each box is color-coded to match its corresponding component.


Slide 22:



Speaker Notes:

To conclude, I would like to discuss the next steps for this program. Firstly, further efforts are necessary to fully elaborate on each program component and develop a comprehensive evaluation plan. Subsequently, ongoing conversation with leadership and key stakeholders within NL health services will be essential in moving towards implementing a pilot model for trial in a clinical setting, ideally the MSICU at St. Clare's Mercy hospital.

Slide 23:



ANY
QUESTIONS?

FACULTY OF NURSING www.mun.ca **MEMORIAL UNIVERSITY**

Speaker Notes:

At this time, I would like to encourage any questions or feedback regarding the information presented here today, as your input is greatly appreciated and valued.

Slide 24:



Contact Information:

Robyn French BN, RN
rlf638@mun.ca

Speaker Notes:

If there are no further comments or questions, I would like to thank everyone for taking the time to attend my presentation and for giving me the opportunity to share this information with you. Thank you!

Slide 25:

REFERENCES

- AACN Knowledge Assessment Tool* - AACN. (n.d.). AACN. <https://www.aacn.org/education/knowledge-assessment-tool?tab=Single-Site%20LearnCenter>
- Adams, J. M., Alexander, G. A., Chisari, R. G., Banister, G., McAuley, M. E., Whitney, K., & Erickson, J. I. (2015). Strengthening new graduate nurse residency programs in critical care: recommendations from nurse residents and organizational stakeholders. *Journal of Continuing Education in Nursing*, 46(1), 41–48. <https://doi.org/10.3928/00220124-20151217-01>
- Anderson, G. B., Hair, C., & Todero, C. (2012). Nurse Residency Programs: An Evidence-Based Review of Theory, Process, and Outcomes. *Journal of Professional Nursing*, 28(4), 203–212. <https://doi.org/10.1016/j.profnurs.2011.11.020>
- Berk, R. A., Berg, J., Mortimer, R., Walton-Moss, B., & Yeo, T. P. (2005). Measuring the effectiveness of faculty mentoring relationships. *Academic Medicine*, 80(1), 66–71. <https://doi.org/10.1097/00001888-200501000-00017>
- Blackmon, E., Floriano, H., Fazio, S., & Doroy, A. (2023). Improving Staffing in the ICU with New Graduate Nurses: A Novel Critical Care Fellowship Program. *International Journal of Critical Care*, 17(2), 11–22. <https://doi.org/10.29173/ijcc65>
- . <https://doi.org/10.3928/00220124-20220907-05>

Slide 26:

REFERENCES

- Charette, M., McKenna, L., McGillion, A., & Burke, S. (2022). Effectiveness of transition programs on new graduate nurses' clinical competence, job satisfaction and perceptions of support: A mixed-methods study. *Journal of Clinical Nursing*, 32(7–8), 1354–1369. <https://doi.org/10.1111/jocn.16317>
- Gilroy, H., Maixner, M. A., & Ziesemer-Girouard, Y. (2020). Helping experienced pediatric nurses bridge the gap between intermediate and intensive care. *Journal for Nurses in Professional Development*, 36(6), 349–352. <https://doi.org/10.1097/nnd.0000000000000639>
- Government of Canada, Statistics Canada. (2023, July 24). *Nurses: Working harder, more hours amid increased labour shortage*. Statistics Canada. <https://www.statcan.gc.ca/o1/en/plus/4165-nurses-working-harder-more-hours-amid-increased-labour-shortage>
- Hu, F., Ding, X., Zhang, R., Li, S., Cao, R., Deng, L., Jin, L., Xing, F., Zhu, X., & Chen, J. (2022). A transition programme to enhance ICU new graduate nurses' professional identity and intention to remain employed: A pre- and postevaluation. *Nursing Open*, 10(3), 1517–1525. <https://doi.org/10.1002/nop2.1401>
- Kim, S. Y., & Shin, Y. S. (2019). Validity and reliability of the Transition shock Scale for undergraduate nursing students. *The Journal of Korean Academic Society of Nursing Education*, 25(1), 17–26. <https://doi.org/10.5977/jkasne.2019.25.1.17>

Slide 27:

REFERENCES

- Langlois, É. V., Straus, S. E., Antony, J., King, V., & Tricco, A. C. (2019). Using rapid reviews to strengthen health policy and systems and progress towards universal health coverage. *BMJ Global Health*, 4(1), e001178. <https://doi.org/10.1136/bmjgh-2018-001178>
- Sign in. (n.d.). <https://app.covidence.org/reviews/374035/prisma>
- Wazonis, A. R. (2014). Methods and evaluations for simulation debriefing in Nursing Education. *Journal of Nursing Education*, 53(8), 459–465. <https://doi.org/10.3928/01484834-20140722-13>
- Weller-Newton, J., Murray, M., Phillips, C., Laging, B., & McGillion, A. (2022). Transition to practice programs in nursing: A rapid review. *Journal of Continuing Education in Nursing*, 53(10), 442–450. <https://doi.org/10.3928/00220124-20220907-05>