

The Rhode Island Healthcare Industry

Skills Gap Analysis

New Graduate Nurse Transition into Practice

Completed by:

*The Center for Health Professions
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The Rhode Island Healthcare Industry: A Skills Gap Analysis

Background

The Governor's Workforce Board-RI (GWB-RI), under the Industry Partnership Grant, charged the Center for Health Professions (CHP) to conduct a Rhode Island healthcare industry skills gap analysis. Data from this analysis will assist the GWB-RI with on-going and future healthcare workforce development initiatives.

The Center for Health Professions (CHP), established in 2007, serves as a repository for health workforce data, researches and promulgates best practices in workforce initiatives and provides professional development opportunities. Housed at the Hospital Association of Rhode Island (HARI), the CHP has 1.75 FTE staff positions. The Health Partnership Council (HPC), a CHP workgroup, determines areas of need and sets the direction for CHP efforts. The HPC is a consortium of healthcare employers, trade associations, professional organizations, higher education, state agencies and other health care workforce stakeholders.¹ The CHP Advisory Board, representatives from healthcare employers, post-secondary education, state regulatory agencies and labor, oversees the Center's activities.²

The shortage of healthcare professionals in this state and across the nation is well documented. Rhode Island Department of Labor & Training, Labor Market Information Unit (DLT/LMI) publications³ identify the industry's workforce shortages. DLT/LMI recently released report, Rhode Island Employment Trends

¹ Appendix 1 – Health Partnership Council Members List

² Appendix 2 – Center for Health Professions Advisory Board Members List

³ Source: 2007 Job Vacancy Survey; <http://www.dlt.ri.gov/lmi/jvs.htm> and 2006 Healthcare and Social Assistance in the Ocean State; <http://www.dlt.ri.gov/lmi/publications/healthsocial.htm>

and Workforce Issues.⁴ delineates concerns regarding Rhode Island's ability to grow and retain its emerging workforce.

⁴ Source: 2007 Rhode Island Employment Trends and Workforce Issues;
<http://www.dlt.ri.gov/lmi/publications/trends.htm>

Rhode Island's Healthcare Industry Overview

An understanding of the changing patterns of occupational growth and the requirements of work is perhaps one of the most important considerations for two pivotal groups, students and policymakers. It is essential for today's students, Rhode Island's future workforce, to learn which occupations they should prepare for, which occupations will be in strong demand in the state and which occupations will offer them a high quality of life. Decision-makers in government and education need to know if Rhode Island is keeping pace in its workforce development efforts; meeting the changing occupational demand and skills requirements demanded by employers.

Rhode Island's health care industry requires highly skilled and dedicated workers if it is to continue to provide the citizens of the state with quality healthcare. Insuring a supply of highly skilled and dedicated workers for this state requires an understanding of the skills needed both today and over the next several years.

Regional demographic shifts and the aging of the population are combining to create a growing deficit of young workers. The entire Northeast is "aging." Over the past decade the population in Rhode Island between the ages of twenty and thirty-four has declined by nearly 20,000 – or more than 10%.⁵ Faced with an aging population and a shrinking number of available workers, employers encounter serious competition for workers. Escalating industry wages in Rhode Island and nationally reflect the level of competition for scarce resources.

Rhode Island, and the nation as a whole, has transitioned from a manufacturing-based to a services-based economy. Unlike some other industries that typically employ the part-time, low-wage workers, the health services sector needs an educated workforce. The healthcare industry's effort to retain its quality

⁵ Source: US Census 2000; <http://www.census.gov>

healthcare worker in Rhode Island is reflected in the annual wage growth that increased by 41.8 percent between 1999 and 2006. Total wages paid to healthcare workers in Rhode Island exceeded \$2.8 billion in 2006. This was the most paid by any major growth industry and accounted for more than 17% of all private sector wages paid in the state.⁶ The healthcare industry is identified by the Rhode Island Department of Labor & Training as a high wage sector. In 2006 the average annual wage paid to a healthcare worker was \$46,000.00.

The Rhode Island Department of Labor & Training, Labor Market Information forecasts the healthcare industry will add more than 10,000 new jobs between now and 2014. In addition, as older workers retire the demand for healthcare workers is exacerbated. Annual openings due to replacement are estimated at 19% of current workforce.

Just about every healthcare job requires some level of post-secondary training or education. Education requirements are mandatory in the fifteen healthcare occupations that are facing the most critical shortages, including but not limited to dental hygienists, physical therapists, nurses, technicians and pharmacists. Rhode Island's long-term ability to compete successfully will be directly related to the quality and rigor of education at all levels; K through 12 and post-secondary. In the near term, the availability of post-secondary education with sufficient capacity to meet swelling demand is essential to meeting the growing demand for health care workers in the face of current and growing worker shortages.

Overall, high paying jobs requiring more education are growing faster than lower paying jobs that require less education, despite the sheer number of opportunities in lower-wage industries. Rhode Island is well-positioned to educate its future workforce for these positions, provided post-secondary education capacity issues are addressed and students entering post-secondary

⁶ Source: RI Department of Labor & Training – Labor Market Information 2006; www.dlt.ri.gov/lmi

education are adequately prepared for the demands of post-secondary education.

The Rhode Island high school graduation rate is currently 71%. College enrollment services report that only 40% of Rhode Island's high school seniors graduate with college ready transcripts. Remedial study prolongs post-secondary education two to four semesters and sometimes discourages students from continuing their education. Any delay in streamlining students through post-secondary education not only causes a backlog of matriculating students, but ultimately delays their entry into the workforce.

Economic and demographic shifts present significant challenges to any industry striving to meet workforce needs. The healthcare industry needs skilled workers now and an assurance of an on-going future supply of healthcare professionals in order to meet population demands.

Rhode Island's Nursing Workforce

Registered nurses (RN) are the backbone of the healthcare industry, representing 17% of its total workforce. While vacancy rates for RN positions have decreased slightly, to a current rate of 7.8% from a high of 10.2% in 2001, the rate is expected to increase between now and 2012 due to both growth and replacement needs. By 2020, it is anticipated that Rhode Island will need an additional 5000 new nurses.

Rhode Island has five well established schools of nursing that employ 203 faculty⁷, enroll approximately 1,260 students and graduate 450 new RNs each year. While the number of nursing schools may be adequate, there are serious limits on the number of enrollees that can be accepted due to faculty shortages, budget constraints and limited physical space. This is particularly unfortunate since the number of students seeking enrollment has skyrocketed since 1999. In 2007, 2385 students applied to Rhode Island's five nursing programs. More than

⁷ Appendix 3 – The Center for Health Professions Faculty Survey Data Sheet

75% were turned away from nursing programs due to capacity issues. In the same year, schools of nursing graduated 506 new nurses. Although the number of 2007 RN graduates was a 17% increase over the 2006 graduation rate and a 23% increase from 2005, it was still not enough new graduates to fill the more than 800 vacant RN positions identified by Rhode Island healthcare employers.

Students	2006	2007
Applied	BSN: 1288 ADN: 654 Diploma: 118	BSN: 1269 ADN: 944 Diploma: 172
Total	2060	2385
Graduated	BSN: 170 ADN: 223 Diploma: 23	BSN: 252 ADN: 225 Diploma: 29
Total	416	506

This gap between the number of new graduate nurses and vacant positions requires the healthcare industry to seek creative solutions. Healthcare employers utilize agency (travel) nurses and recruit overseas nurses to fill these gaps. Not only are these practices costly⁸, they are unsustainable long-term workforce strategies. The number of nurses licensed in the Rhode Island by endorsement (a Rhode Island nursing license issued to a nurse who holds a nursing license in another state) continues to grow each year. In 2007, 70% (1,109) of all Rhode Island registered nurse licenses were granted through endorsement. By comparison, the number of licenses issued to first time test takers (initial license) was 467 (30%). On a positive note, when comparing 2007 Rhode Island RN graduation data (506) and 2007 RN licensing data (467) it appears a majority of new graduates (92%) from Rhode Island schools of nursing are seeking their first RN license in Rhode Island.

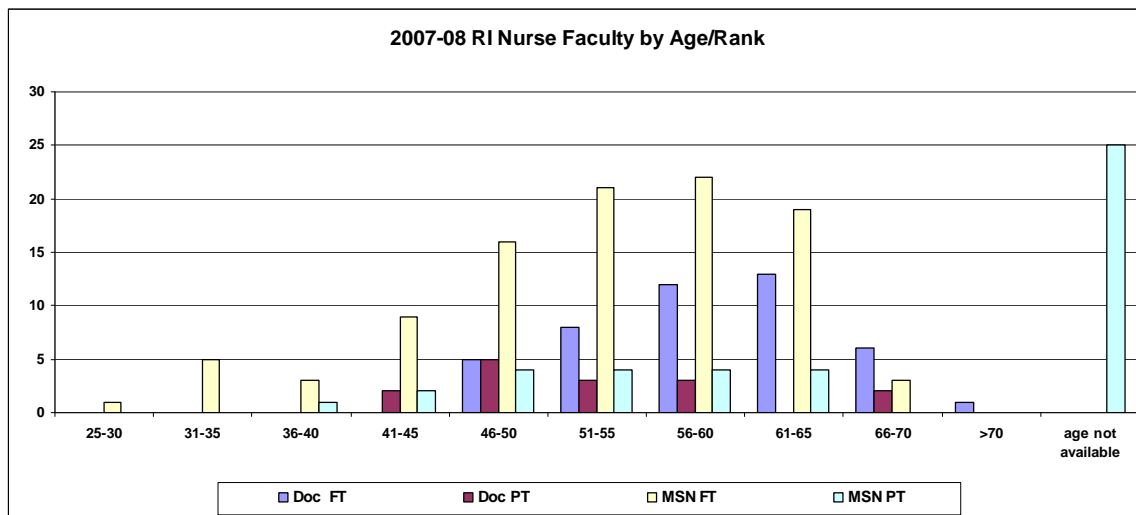
⁸ Source: RI Welcome Back Center - International recruitment costs estimated at \$20-45K plus salary and benefits (\$84K); Agency nurse fees = \$170K based on annualized cost of short-term assignments.

Shortage of Qualified Nursing Faculty

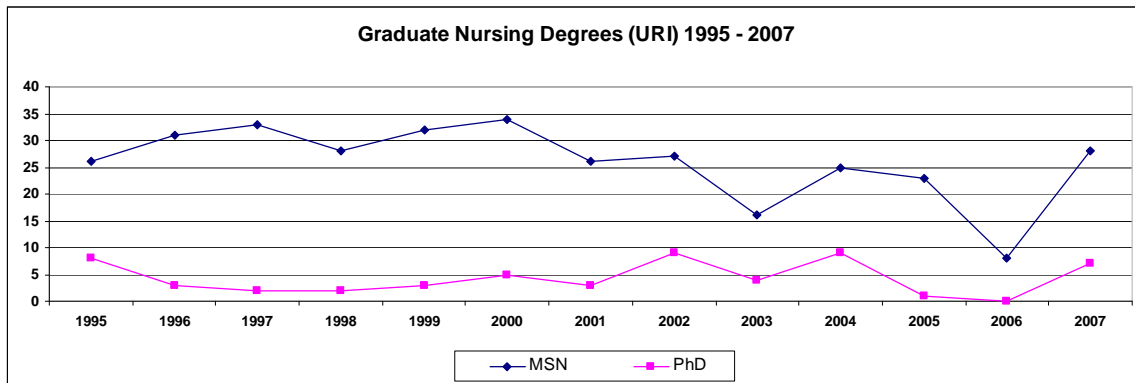
One of the most significant challenges impacting nursing education program capacity is a growing shortage of master prepared nurses, an increasing shortage of qualified faculty available to teach nursing. The Rules and Regulations for the Licensing of Nurses and Standards for the Approval of Basic Nursing Education Programs require nursing faculty to have a master's degree in nursing. Currently, Rhode Island schools of nursing employ a total of 203 faculty members, utilizing both full time and part time faculty in clinical and classroom settings according to each program's needs.

The shortage in the number of qualified nurse educators in Rhode Island is attributed to a combination of factors. Masters and doctoral nursing programs are not graduating enough to meet the demand for new faculty. The shortage is further heightened due to aging of the faculty workforce and the need to replace retiring faculty. Almost half (49%) of nurse faculty in Rhode Island are over the age of 56. Over 20% of the incumbent faculty is eligible to retire immediately and an additional 20% will be eligible within the next 5 years. The pool of potential faculty is further diluted as masters prepared nurses choose employment in non-academic areas where compensation is more appealing.

Faculty Age Demographics



MSN & PhD Graduation 2007

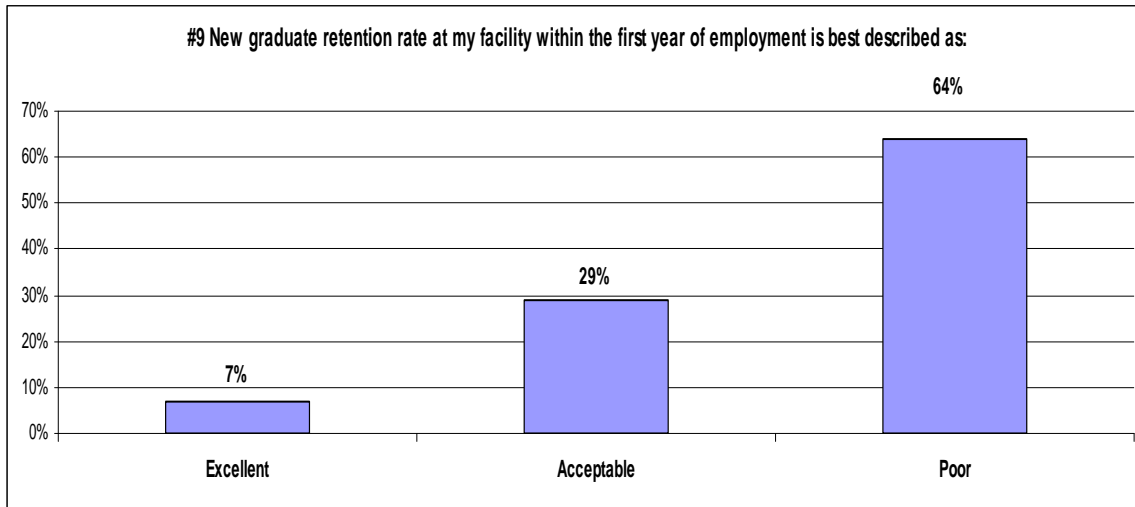


Retention/Turnover/Vacancy

The real and projected shortage of nurses will have a detrimental effect on the health and economic development of the state. Building our nursing workforce pipeline is critical, but just as important is the need to work collaboratively to retain both new graduates and seasoned, incumbent workers. The retention rate for new graduate nurses during their first year of employment is poor.⁹ More than 69% of vacant positions have been identified as being “constantly recruited”. Turnover cost to replace a registered nurse is estimated at \$32,226.00.¹⁰ Baseline data suggests that hospitals spent more than \$10,000,000 in 2007 on RN turnover. The healthcare industry must work to address retention and turnover issues as well as concentrate on growing new nurses in Rhode Island.

⁹Source: New Graduate Nurse Survey- The Center for Health Professions-2008

¹⁰Source: HR Solutions Inc Volume 4, Issue 1, Winter 2008 www.hrsolutionsinc.com



While there may be many factors associated with high turnover and low retention rates, one factor continues to be prevalent within the nursing workforce. Lateral violence and verbal abuse is so common in healthcare settings that the Center for American Nurses recently released a position statement¹¹ calling for zero tolerance in nursing work environments. In many cases the victim or target of the abuse is often a new graduate nurse. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) conducted a national survey to determine the scope and prevalence of lateral violence within the healthcare setting. The survey found that more than 50% of nurses have been the target of some form of abuse at work and more than 90% reported having witnessed abusive behavior. More than 75% of nurses who responded believed that this type of behavior can reduce patient satisfaction and disrupt patient care. JCAHO took the survey findings seriously and has recently proposed new standards that will require organizations to develop codes of conduct that define and address inappropriate workplace behavior.

¹¹ Source: The Center for American Nurses;
www.centerforamericanurses.org/positions/lateralviolence.pdf

The Center for Health Professions has sponsored professional development seminars addressing this critical issue. The seminars bring industry based nurses, faculty and students together to discuss lateral violence. Experts in the field offer participants practical approaches to deflect violent situations and suggest creative solutions to end the practice all together.

New Graduate Nurse Transition into Practice

The readiness of new graduate registered nurses to transition into the clinical setting has been the focus of many national studies. Most employers and faculty would agree there is a learning curve with all new employees. Employers have expressed concern about the increased resources needed to assist the new graduate nurse transition into practice. Nationally, employee orientation programs have increased from two week periods to as much as a full year in some healthcare settings. This comes with a hefty price tag. Faced with a finite amount of time for academic coursework and the increasing complexity of today's healthcare environment, faculty recognize that the new graduate nurse is not a *finished product* ready to hit the ground running upon graduation. Nurse educators and employers of new nurses play key roles in the development of the novice nurse. Nursing preceptorships are one example of collaborative efforts to promote seamless transitions from the academic environment to the clinical setting.

Governor's Workforce Board-RI Skills Gap Analysis

The Governor's Workforce Board approved a request from the Center for Health Professions' to focus attention on a major profession within the healthcare industry and to conduct a skills gap analysis of that profession. Nursing was selected as the initial focus of CHP's work since it is the largest profession within the healthcare industry and is facing severe shortages, both current and projected through 2020. Recognizing that nursing competency, patient safety and retention of new graduate nurses are intertwined, CHP initiated data

collection regarding identified skills gap of new registered nurses as they transition into practice. Survey findings, identified strengths and identified skills gaps, will be shared with nurse leaders in both the academic and care delivery setting. The CHP goal is to promote meaningful dialogue and ultimately to create an action plan to address identified issues.

In January 2008, the five schools of nursing in the state (University of Rhode Island, Rhode Island College, Salve Regina University, Community College of Rhode Island and Saint Joseph Hospital School of Nursing) provided CHP staff with sample surveys used to measure employers' perceptions of their new graduate employees' preparation as they transition into the nursing workforce. CHP reviewed each survey and selected questions based on their ability to assist the CHP in measurement of readiness skills, quality improvement, leadership skills and workplace retention. A survey was developed in February 2008. In March 2008, a survey tool was selected¹². Members of the Health Partnership Council collaborated on this effort and promoted survey participation to nurses employed at their facilities. The on-line survey tool allowed for 100 questionnaires and the CHP received 100 responses. Respondents included chief nursing officers, nurse managers, directors of nursing services and staff nurses. Acute care hospitals¹³ as well as long-term care facilities participated.

Ten survey statements were selected for this gap analysis. Statements one through eight focused on the entry level skills of new graduate nurses. Respondents were asked to preface each statement with the phrase, "New graduate nurses at my facility typically..."

¹² Note: Survey Monkey was utilized because of the low economic impact (\$0) and its ability to generate reports.

¹³ Note: Large healthcare systems with more than 10,000 employees and community-based hospitals with less than 1,000 employees were included.

Respondents were asked to select the most appropriate answer based on their specific facility with a reply of:

- | | |
|-------------------|----------------------|
| 1) Strongly Agree | 3) Disagree |
| 2) Agree | 4) Strongly Disagree |

Statement nine asked the responder to rate new graduate nurses retention at their facility as being:

- Excellent
- Acceptable
- Poor

To ensure that all levels of nursing participated and that responders were an appropriate mix of co-workers and supervisors, the tenth statement was used to identify the responder's position at each facility:

- Chief Nursing Officer
- Nurse Administrator
- Nurse Manager
- Staff Nurse

Survey results, a skills gap analysis, are presented on the following pages.

Each survey question had a ***Comment*** option¹⁴. Comments are presented in Appendix #4.

¹⁴ Optional Survey Comments

SURVEY

New Graduate Nurses:

Rhode Island Health Care Employer Perceptions of Nursing Skills

New Graduate Nurses:
Rhode Island Healthcare Employer Perceptions of Nursing Skills

Please preface statements one through eight with the following phrase:

New graduate nurses at my facility typically...

1. Provide age appropriate and culturally/ethnically sensitive care.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

2. Demonstrate the ability to function as a member of the healthcare team.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

3. Communicate effectively with patients, families and co-workers.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

4. Use appropriate technologies within the healthcare facility when providing care to patients.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

5. Manage information; analyze data and document effectively.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

6. Demonstrate critical thinking skills to utilize research and apply theory in professional practice.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

7. Effectively delegate and oversee licensed and unlicensed personnel in practice.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

8. Systematically evaluate and then initiate ways to enhance quality and effectiveness of care.
 - a. Strongly Agree
 - b. Agree
 - c. Disagree
 - d. Strongly Disagree

9. New graduate nurse retention rate at my facility within the first year of employment is best described as...
 - a. Excellent
 - b. Acceptable
 - c. Poor

10. My job is best described as...
 - a. Nurse Executive
 - b. Nurse Manager
 - c. Nurse Administrator
 - d. Staff Nurse
 - e. Other: please specify

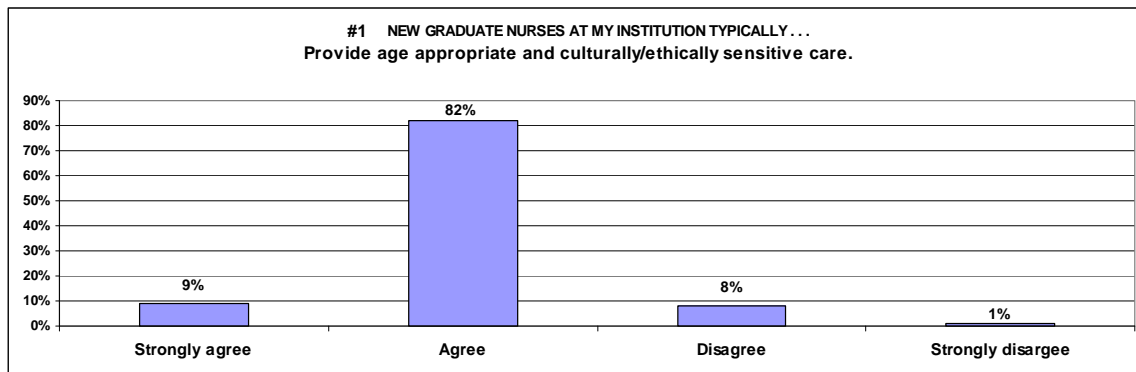
ANALYSIS

New Graduate Nurses:

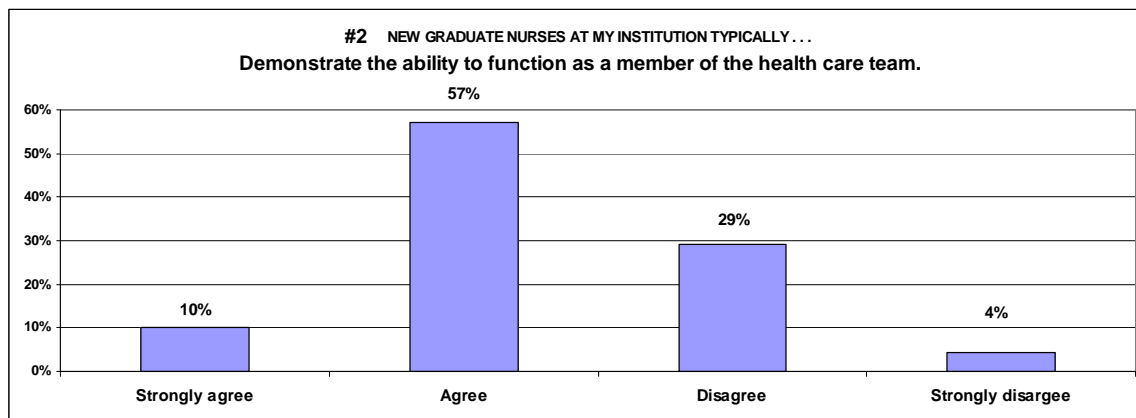
Rhode Island Health Care Employer Perceptions of Nursing Skills

IDENTIFIED STRENGTHS

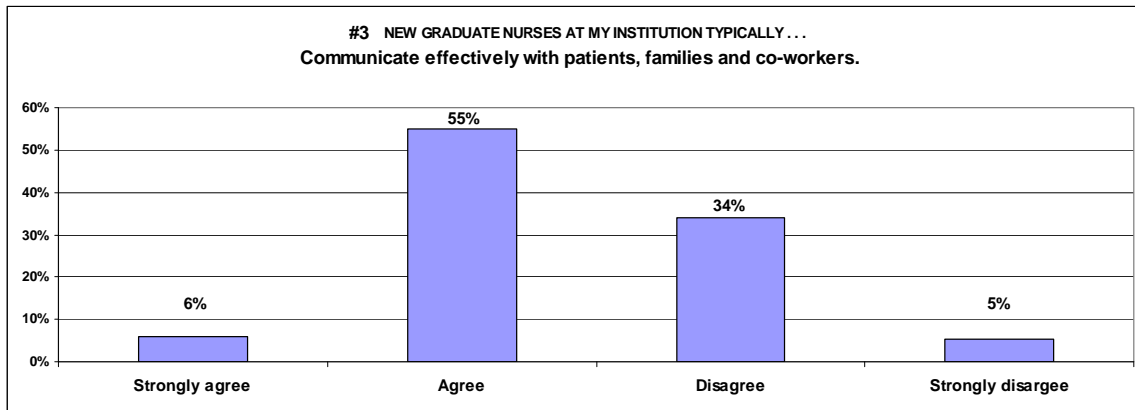
- 1) Ninety-one percent of responders strongly agree/agree that new graduate nurses provide age appropriate and culturally/ethnically sensitive care.



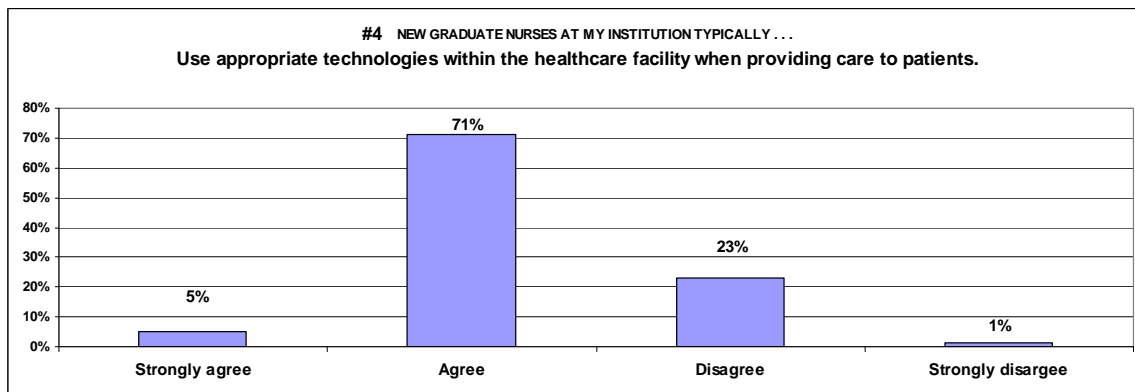
- 2) Sixty-seven percent of responders strongly agree/agree that new graduate nurses demonstrate the ability to function as a member of the healthcare team. Comments suggest there could be some improvement in this area.



- 3) Sixty-one percent of responders strongly agree/agree that new graduate nurses communicate effectively with patients, families and co-workers. Comments identified that communication improves with coaching and as the nurse becomes more confident.

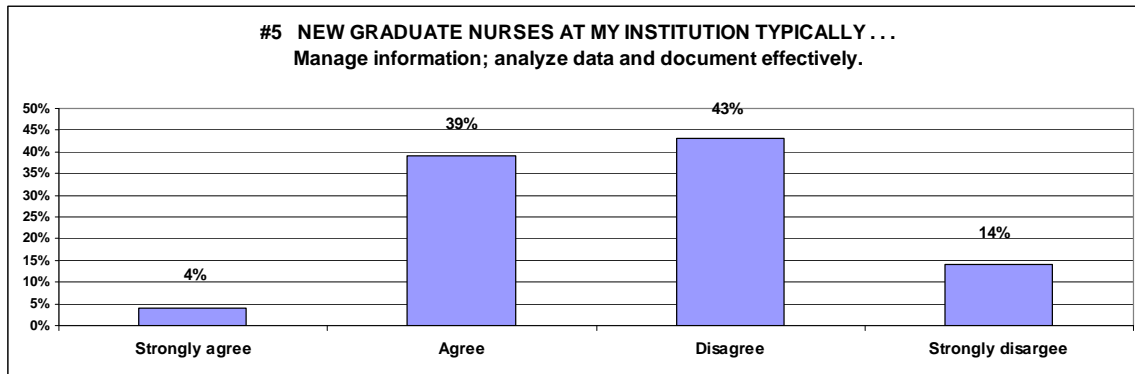


- 4) Seventy-six percent of responders strongly agree/agree that new graduate nurses use appropriate technologies within the healthcare facility when providing care to patients. Comments identified this was accomplished/facilitated at facilities utilizing preceptors.

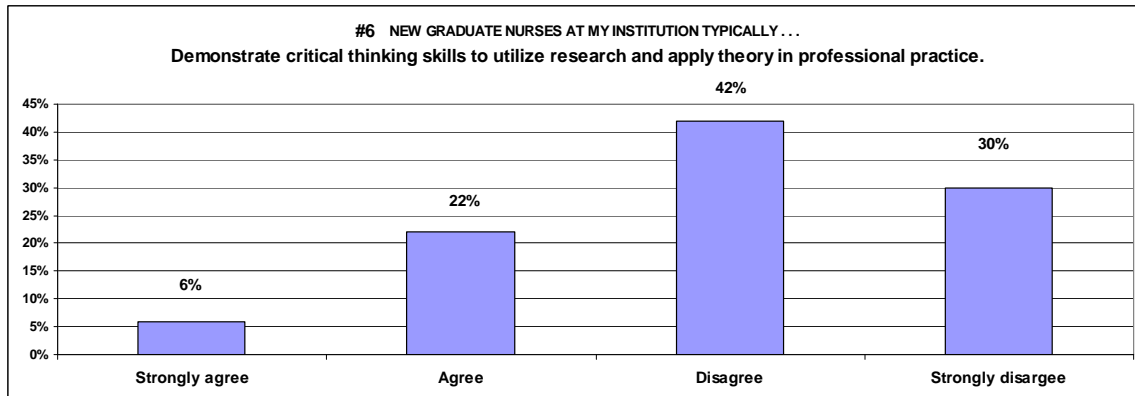


IDENTIFIED GAPS

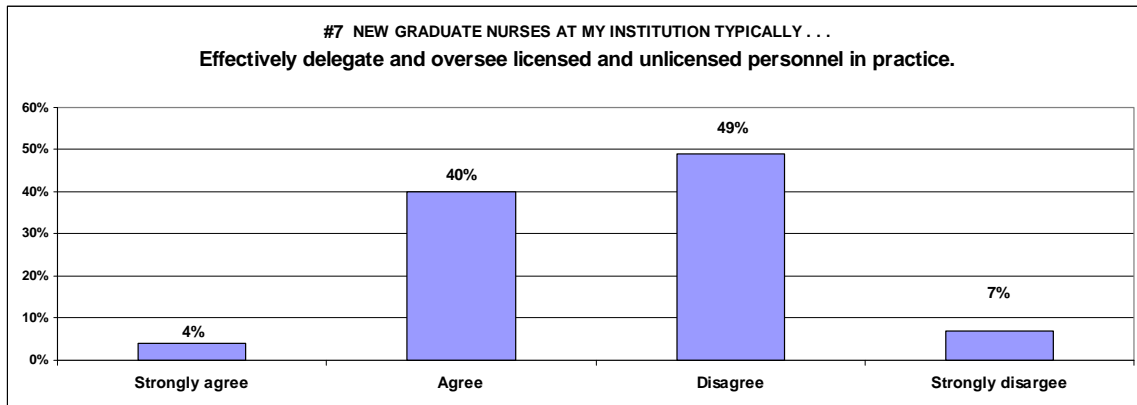
- 5) Fifty-seven percent disagree/strongly disagree that new graduate nurses manage information; analyze data and document effectively.



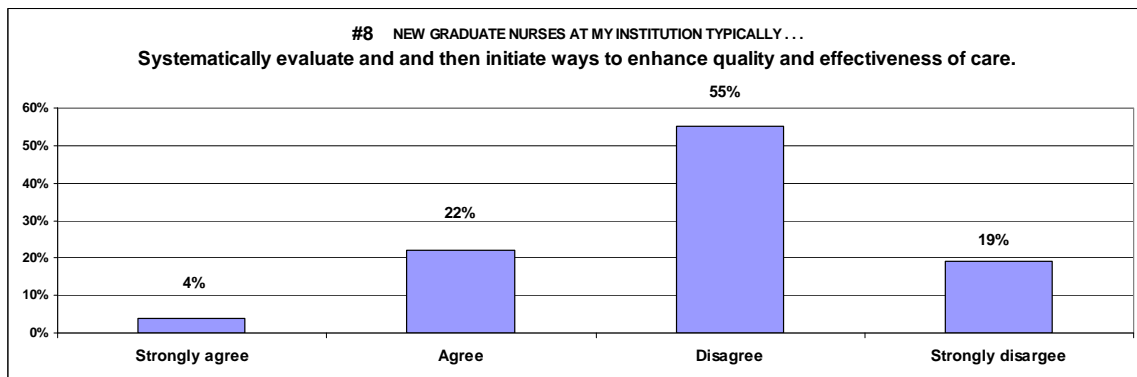
- 6) Seventy-two percent disagree/strongly disagree that new graduate nurses demonstrate critical thinking skills to utilize research and apply theory in professional practice.



7) Fifty-six percent of responders disagree/strongly disagree that new graduate nurses effectively delegate and oversee licensed and unlicensed personnel in practice.

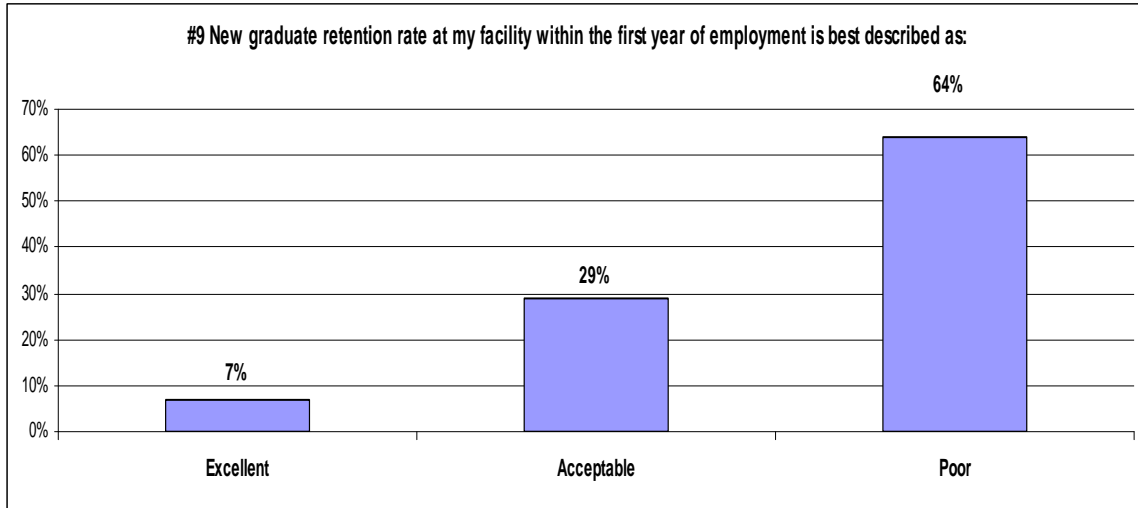


8) Seventy-four percent of responders disagree/strongly disagree that new graduate nurses systematically evaluate and then initiate ways to enhance quality and effectiveness of care.

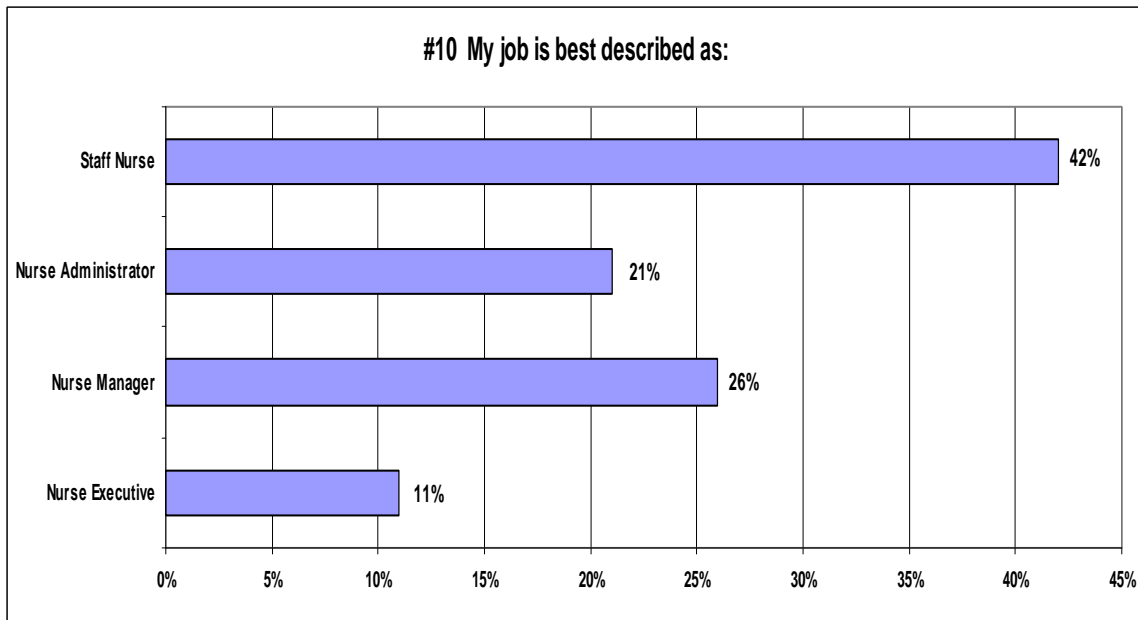


RETENTION

- 9) Sixty-four percent of responders rate new nurse retention at their facility as poor.



RESPONDERS



Conclusion

This is not just an industry problem

An inadequate supply of nurses may mean that access to specific health services may be denied or limited. What is less appreciated is the effect an inadequate nursing workforce will have on Rhode Island's economy. When healthcare facilities reduce the number of available beds or operating hours because there are too few nurses to provide safe care, they incur a revenue loss. If the revenue losses are sustained, it risks the healthcare facility's closure, thereby reducing access to health services in the community. Moreover, the cost of care increases as staffing shortages create wage-related expense inflation. Expense inflation is one of the foremost areas of uncertainty in the assessment of an organization's credit quality. Credit quality affects providers' ability to upgrade current operations to meet regulatory or patient demands or to expand services in response to technological improvements or patient needs. Healthcare is a labor intensive business where salary and benefit expenditures are key determinates of health facilities' financial viability.

Collaboration has a significant role

Improved alignment of human resources and capitol investment needs to happen. The quick fix to support short-term staffing is not financially feasible nor is it a sustainable, long-term workforce investment plan. Recruitment efforts need to focus on building our homegrown workforce. This needs to include the pre K- 16 system. A better prepared and informed high school graduate will lead

to a successful college graduate. In turn, colleges and universities must have the infrastructure to build capacity within their institutions and better prepare graduates for transition into practice. At the end of the pipeline, healthcare employers must use creative strategies to attract and retain new graduates. This includes the use of preceptors appropriately selected and trained to provide new graduates with the skills and confidence necessary for success. Advancement opportunities to move seasoned professionals up a career ladder have the potential to not only increase retention but also create openings in entry-level positions¹⁵. It is imperative that a means to address lateral violence needs to be included in any nursing workforce retention plan.

¹⁵ Source: The Seattle Times; March 23, 2008 – Hospital Offers Nurses Training for OR Jobs

Appendices

Appendix #1. Health Partnership Council (HPC) Membership

Appendix #2. THE CENTER FOR HEALTH PROFESSIONS: Advisory Board

Appendix #3. Faculty Data: Rhode Island Schools of Nursing 2007-2008

Appendix #4. *Optional* Survey Comments

Appendix #1

Health Partnership Council (HPC) Membership

Government

Governor's Workforce Board
Office of Higher Education
Economic Development Corp
Department of Health
Department of Labor & Training

Health Care Industry

Kent Hospital
Landmark Medical Center
Lifespan Corporate Services
Memorial Hospital of Rhode Island
Newport Hospital
Our Lady of Fatima Hospital
Providence Community Health Centers
Rhode Island Hospital
Hasbro Children's Hospital
Roger Williams Medical Center
Saint Joseph Health Services
Saint Joseph Hospital For Specialty Care
South County Hospital
The Miriam Hospital
Veterans Administration Medical Center
Westerly Hospital
Women and Infants Hospital

Labor

United Nurses and Allied Professionals

Post-Secondary Education Nursing and Allied Health

Community College of RI
Rhode Island College
Saint Joseph School of Nursing
Salve Regina University
University of Rhode Island

Trades/Professional Organizations

Association of Healthcare Human
Resources Administration of RI
CareLink
Hospital Association of RI
Ocean State Chapter of the Hispanic
Nurses Association
Quality Partners - RI
RI Association of Facilities and
Services for the Elderly
RI Black Nurses Association
RI Chapter of the American Physical
Therapy Association
RI Chinese Nurses Association
RI Health Care Service Association
RI Health Information Management Assoc.
RI Occupational Therapy Association
RI Partnership for Homecare
RI State Nurses Association

Insurers

Neighborhood Health Plan

Appendix #2

THE CENTER FOR HEALTH PROFESSIONS

Advisory Board

Charles Alexander, Chief-Professional Regulations, RI HEALTH

Rick Brooks, Director, United Nurses & Allied Professionals

Virginia Burke, President & CEO RI Health Care Association

Marie Ghazal, VP Patient Care, Providence Community Health Centers

Paul Harden, Assistant Director, RI Economic Development Corporation

Brian McKaig, Workforce Development Officer, CareLink

Nancy Olson, Operations & Development Coordinator – DLT

Edward Quinlan, President, Hospital Association of RI

Alan Tavares, Executive Director, RI Partners for Homecare

Jack Warner, Commissioner, Office of Higher Education

Appendix #3

Faculty Data
Rhode Island Schools of Nursing
2007-2008
(Age, Academic Preparation, Employment Status)

		25-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>70	Total
CCRI	Doc FT					2	1	1		2		6
	Doc PT											0
	MSN FT		2	1	4	11	15	13	13	1		60
	MSN PT											7*
URI	Doc FT					1	2	7	5	2		17
	Doc PT									1		1
	MSN FT	1	3	2	1	3	4	5	2	1		22
	MSN PT						1	1				2
SJSON	Doc FT											0
	Doc PT											0
	MSN FT				4			4	4			12
	MSN PT						1	1	1			3
RIC	Doc FT					2	5	4	5	2	1	19
	Doc PT				2	5	3	3		1		14
	MSN FT											0
	MSN PT			1	2	4	2	2	3			14
SRU	Doc FT								3			3
	Doc PT											0
	MSN FT					2	2			1		5
	MSN PT											18*
Sub-Total	Doc FT	0	0	0	0	5	8	12	13	6		45
	Doc PT	0	0	0	2	5	3	3	0	2		15
	MSN FT	1	5	3	9	16	21	22	19	3		99
	MSN PT	0	0	1	2	4	4	4	4	0		44
Total		1	5	4	13	30	36	41	36	11		203

* Age data not available

Appendix #4

New Graduate Nurses: RI Health Care Employer Perceptions of Nursing Skills

Optional Survey Comments

New graduate nurses at my facility typically...

1. Provide age appropriate and culturally/ethically sensitive care.

** need a lot more development in this area*

** at entry level with oversight*

2. Demonstrate the ability to function as a member of the health care team.

** at entry level with oversight*

** teamwork skills have deteriorated over recent years*

** aware of the concept however have not had the opportunities*

** teamwork could improve*

** maybe not on first day, but within a few weeks*

3. Communicate effectively with patients, families and co-workers.

** some do very well, but many lack good communication skills*

** at entry level with oversight*

** not effective with senior coworkers*

** often flippant*

** limited exposure while in nursing school; however with coaching and confidence, this improves*

** need guidance, depends on person*

** borderline - some much better than others*

4. Use appropriate technologies within the healthcare facility when providing care to patients.

** with great assistance . . . learning curve*

** at entry level with oversight*

** big learning curve here*

** precepted*

** post grad - preceptorship*

** preceptorships*

** precepting helps*

** need guidance*

** not really applicable in this LTC facility*

5. Manage information; analyze data and document effectively.

** manage and analyze pretty well, but need much help in documentation*

** at entry level with oversight*

** staff nurses spend inordinate amount of time teaching*

** there is a learning curve for new graduate nurse*

** preceptors needed in this area*

** takes time*

** important! Preceptors need to be dedicated by employer*

** precepting helps*

** need guidance*

6. Demonstrate critical thinking skills to utilize research and apply theory in professional practice.

- * at entry level with oversight*
- * preceptorship would help*
- * there is a learning curve for the new graduate nurse*
- * limited due to experience*
- * after the first month or so*
- * preceptorships would help; need resources to implement*
- * so overwhelmed first year / need strong interventions*
- * so overwhelmed first year / need strong interventions*
- * need guidance*
- * mentoring helps this process*

7. Effectively delegate and oversee licensed and unlicensed personnel in practice.

- * at entry level*
- * very limited but expect that w new nurse*
- * not prepared enough for this at this point. They are developing their own skills.*
- * within 6 months*
- * takes time*
- * need supervisor training*

8. Systematically evaluate and then initiate ways to enhance quality and effectiveness of care.

- * at entry level*
- * preceptorship would help here*
- * there is a learning curve for new graduate nurse*
- * with the assistance of the preceptor*

9. New graduate retention rate at my facility within the first year of employment is best described as:

- * I provide all new grads with a minimum of six weeks orientation and then still pair them with an experienced nurse if necessary.*
- * I haven't hired any grads recently.*
- * in-house issues, union, not related to novice nurse preparedness*

10. My job is best described as:

- * preceptor*
- * educator*
- * administrator*