

A Critical Review of Transition-to-Professional-Practice Programs: Applying a Standard Model of Evaluation

Peter Mellor, RN, DipT (NEd), BEd(NursSt), Grad Dip Ed Admin, MCLinEd, MCNA; Carolyn Gregoric, PhD, Grad Cert TESOL, BEd (Hons); Lucy M. Atkinson, RN, BNg, BA; and Jennene A. Greenhill, GradDip AppSc Nursing, BA, MSPD, PhD

Introduction: Although transition-to-professional-practice programs (TPPPs) for newly graduated registered nurses are considered beneficial, no consensus exists about their ideal components. Thus, evaluating the effectiveness of TPPPs and identifying the components that strongly influence outcomes is important. **Aim:** The aim of this critical review was to demonstrate the usefulness of applying the Kirkpatrick model to evaluate the effectiveness of TPPPs. **Methods:** A review of the literature between 2010 and 2016 was conducted, and TPPPs were assessed using the Kirkpatrick model for evaluating educational outcomes. Additionally, all selected studies were analyzed for risk of bias in reporting results or inferences claimed as a consequence of new registered nurse participation in a TPPP. Risk of bias was designated as high, medium, or low. **Results:** The database search identified 86 studies, and 26 met the inclusion criteria for critical review. Through their analysis, the authors found that TPPPs are often evaluated by their respective organizations, not by an independent body. Therefore, most study findings reported that TPPPs achieve their aims, but the analysis revealed a high risk of bias in those findings. **Conclusion:** The Kirkpatrick model revealed a high risk of bias in the reporting of TPPP outcomes, indicating a need for evaluations based on rigorous research.

Keywords: Kirkpatrick model, transition-to-practice programs

Despite the significant need for new graduate registered nurses (RNs) (World Health Organization, 2017; RCN Labour Market Review, 2016), the advanced beginner status of new graduates raises concerns about patient safety (Clarke & Donaldson, 2008). As a consequence, employers may perceive new graduate RNs as unprepared to provide safe, effective patient care (Spector & Li, 2007). Furthermore, the clinical environment is unpredictable, and new RNs can experience reality shock as well as a high level of anxiety about making errors in clinical practice (Mellor & Greenhill, 2014; Kramer, 1974). Stress and anxiety alone can contribute to poor decision making (Benner, 2004; Lea & Cruickshank, 2007; Spector, 2011; Spivak, Smith, & Logsdon, 2011).

Transition-to-professional-practice programs (TPPPs) can help new RNs and the organizations they serve. However, no consensus regarding the ideal components or interventions of TPPPs exists (National Council of State Boards of Nursing [NCSBN], 2013; Rush, Adamack, Lilly, & Janke, 2013; Strauss, Ovnat, Gonen, Lev-Ari, & Mizrahi, 2016; Tuckett, Eley & Ng, 2017). Some TPPPs provide educational activities and no other supports (Kaddoura, 2010). Others are intricately designed with elaborate networks of tangible and intangible supports for new nurses (Kawolski & Cross, 2010; Kramer, Lindgren, High, Ocon, &

Sanchez, 2012). Therefore, evaluating the effectiveness of TPPPs and identifying the interventions that have a stronger influence on outcomes is critical.

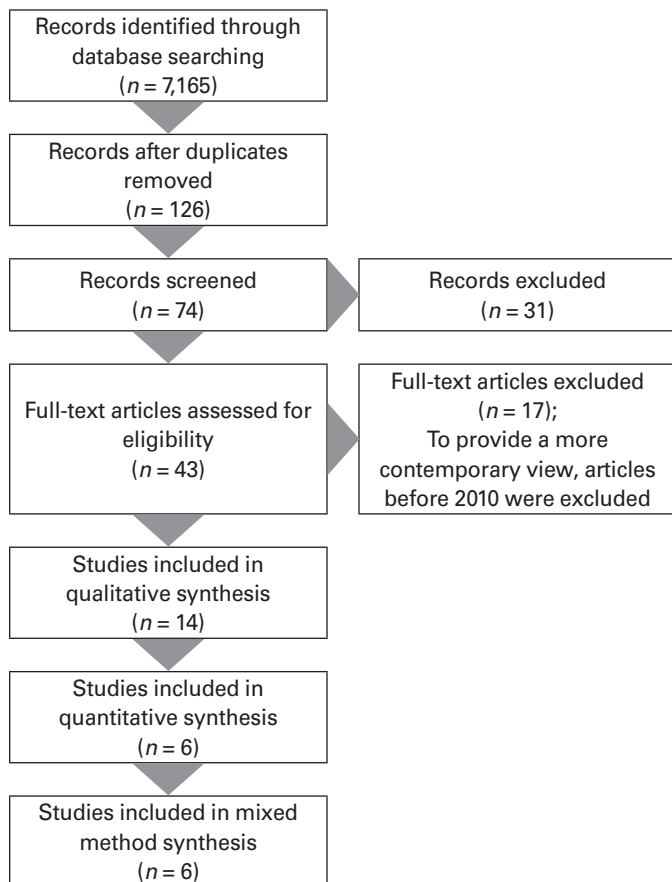
In 2011, NCSBN responded to documented concerns about patient safety and studied the idea of completion of a TPPP as a requirement of relicensure after the first year of practice (Bratt & Felzer, 2011). NCSBN (2013) collaborated with 35 organizations to develop a transition-to-practice (TTP) model. Then, a multisite, randomized comparison of existing TPPPs with the NCSBN TTP model was undertaken. Although the results were insufficient to promote the NCSBN requirement, they provided evidence that high-quality, evidence-based TPPPs have a beneficial effect on new RN safety outcomes (Spector et al., 2015).

Critical Review of Programs

For many years, TPPPs were used without routine impartial evaluation (Rush, Adamack, Lilly, & Janke, 2013; Parker, Giles, Lantry, & McMillan, 2014; Edwards, Hawker, Carrier, & Rees, 2015). Today, with resources declining internationally, ensuring learning effectiveness is essential (Morgan & Astolfi, 2015). Thus, the aim of this critical review was to demonstrate the effectiveness of using

FIGURE 1

Literature Search Results



a standard model of evaluation, the Kirkpatrick model, to evaluate TPPP interventions and program outcomes.

Literature Search

An initial search was conducted using the term “graduate nurse program.” Additional keywords plus subject headings were identified from the titles and abstracts of the retrieved articles. Next, a formal search of the academic literature was conducted using all permutations of the identified synonyms for “graduate,” “nurs*,” and “program.”

CINAHL, Science Direct, Google Scholar, Medline, Science Citation index, Social Science index, Informit, and Proquest were searched for articles published between 2001 to 2016. Keywords were as follows: graduate OR neophyte OR “newly registered” OR novice OR transition OR “transition to practice” OR TTP AND nurs* AND [program OR residency OR mentorship OR preceptorship]. The search yielded 43 full-text articles, which were assessed for eligibility ($n = 43$); however, the authors decided to provide a more contemporary view by excluding articles from before 2010 ($n = 26$) (See Figure 1).

Studies were included if the participants were new graduate RNs. Articles were reviewed using the title only and retrieved if they were descriptive accounts or evaluative accounts or if they reported the lived experience of graduates in any aspect of a program. These articles were considered most likely to yield sufficient detail about the elements of the graduate program to contribute to the review. Articles were included if they were primary research reports of programs aiming to assist transition from undergraduate nursing education to professional nursing practice (See Table 1).

Evaluation of Programs

Program characteristics, including the location of the TPPP, duration, follow-up, and educational strategies, were recorded to provide context. In accordance with the aims of this review, analyses for both educational outcomes and risk of bias were undertaken to determine the reliability of the evaluations.

Educational Outcomes

For more than 40 years, the internationally recognized Kirkpatrick Model of Evaluation (Kirkpatrick & Kirkpatrick, 2006) has been used to evaluate educational and training programs (Galloway, 2005). The model allowed for reported outcomes of each TPPP to be aggregated and analyzed according to four progressive levels of evaluation. Regarded as an appropriate model for transition programs, the Kirkpatrick model was recently used in the construction and implementation of a comprehensive evaluation plan for the Wisconsin Nurse Residency Program (Meyer Bratt, 2013).

The four levels of evaluation are as follows (See Table 2):

1. Reaction: Studies measure new graduate RNs’ views of the learning experience, organization, presentation, content, teaching methods, and quality of instruction.
2. Learning: Studies consider the extent of learning. Level 2A refers to learning measured with regard to changes in the new graduate RN’s attitude, and level 2B refers to learning measured with regard to the new graduate RN’s knowledge and skills.
3. Behavior: Studies report changes in the new graduate RN’s behavior resulting from the TPPP.
4. Results: Results are reported as changes in organizational climate (level 4A) or improvement in the new graduate RN’s performance (level 4B).

Some consider the four-level model too simplistic (Bates, 2004). Also, concern exists regarding the subjective nature of levels 1 and 2 as well as claims that the model does not include contextual influences when assessing the transfer of behavior or skills to the workplace, such as the learning culture of the organization (Bates, 2004; Galloway, 2005). However, the revised Kirkpatrick model (2006, p. 24) that was released after these critiques describes five different types of organizational climate or contextual influences on learning outcomes: preventing, discouraging, neutral, encouraging, and requiring. After careful consid-

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