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Improving Interprofessional Communication Skills in Nurses Transitioning to Practice

Emily Young
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Florida State University

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Abstract

**Title:** Improving Interprofessional Communication Skills in Nurses Transitioning to Practice

**Primary Investigator:** Emily Young, BSN, RN

**Purpose:** The purpose of this Quality Improvement project is to provide guidance to improve interprofessional communication between nurses transitioning to practice and experienced health care providers.

**Methods:** Participants include the director and manager of a nursing residency program (NRP) at a large hospital in Florida. A web-based presentation was developed to teach the participants how to use the proposed evidence-based toolkit. The toolkit includes a pre-test survey, educational flyer, PowerPoint, and post-test survey. The PI solicited feedback on the perceived usefulness of the toolkit, perceived barriers, likelihood for implementation, and implementation status through online surveys.

**Results:** Findings included mixed results on the perceived usefulness and barriers to implementation. However, the proposed evidence-based communication toolkit was partially implemented into the NRP.

**Discussion:** NRPs are encouraged to allow for interactive sessions on effective communication skills between colleagues. Provision of opportunities for the development of teamwork skills, critical thinking, and communication skills will increase job satisfaction and self-confidence, improve quality of patient care, and increase nurse retention rates.

**Conclusion:** Job dissatisfaction, self-confidence, quality of care, and retention have been linked to the preparation of new graduate nurses for practice. Incorporating communication content into existing NRPs could potentially improve the communication skills between new graduate
nurses and other health care providers increasing the likelihood of nurse retention, self-confidence, and job satisfaction, all contributing to better patient outcomes.

**Major Professor:** Tara Hayes, DNP, APRN, FNP-BC, CNE
Improving Interprofessional Communication Skills in Nurses Transitioning to Practice

Despite the increase in newly educated nurses, the stability of the nursing workforce is debatable. In order to immerse newly licensed registered nurses (NLRNs) into the nursing profession, nursing residency programs (NRPs) are set in place to support in the transformation process from novice to competent nurse (Garrison et al., 2017). The American Association of Colleges of Nursing (AACN), National Council of State Boards of Nursing, The Joint Commission, Robert Wood Johnson Foundation, and The Institute of Medicine (IOM) offer support for new graduate nurses by designing evidence-based (EB) academic encounters that enhance transition into practice (Camp & Chappy, 2017). NRPs permit nurses to practice skills without fear of harming patients, sharpen their critical thinking and decision-making capabilities, and allow collaboration with knowledgeable preceptors (Garrison et al., 2017; Wildermuth et al., 2020).

In the 2010 Future of Nursing report, the Institute of Medicine recommended that institutions establish transition-to-practice programs in the hopes to improve nursing retention, competency levels, and patient outcomes (The Future of Nursing Leading Change, Advancing Health, 2011). The National Council of State Boards of Nursing (NCSBN) also supports Transition to Practice programs (Transition to Practice, 2021). Graduate nurses have increased stress, anxiety, and a lack of confidence during the transition of student nurse to novice leading to decreased retention (Smith, 2021). Higher retention rates were correlated with NRPs such as the University Hospital Consortium (UHC)/American Association of College of Nursing (AACN) or Versant and Vizient versus organization-based programs (Asber, 2019). The UHC AACN Vizient program follows the AACN Essentials of Baccalaureate Education for Professional Nursing Practice and incorporates three important areas into their EB curriculum which are leadership, patient
outcomes, and professional development (Vizient/AACN Nurse Residency Program, 2022). The program consists of a one-year residency with monthly educational seminars, simulation case studies, guidance from a baccalaureate-prepared preceptor, and an assigned academic partner who assists with his or her professional role (Camp & Chappy, 2017; Vizient/AACN Nurse Residency Program, 2022). The benefits of an EB program include the development of decision-making competency, confidence, professional satisfaction, critical thinking skills, and an individualized plan for the nurse transitioning into practice (Vizient/AACN Nurse Residency Program, 2022). Additionally, EB NRPs incorporate a defined theoretical basis into the curriculum. Adversely, the length of an organizational-based program ranges from 16 weeks to one year (Ackerson & Stiles, 2018). Organizational-based programs are also developed without a defined theoretical basis, leaving it up to the organization to determine the curriculum (Ackerson & Stiles, 2018).

Health care providers and nurses are two of the most important parts of the health care team and communication between team members is of the utmost importance to maintain high quality care. Communication is a two way process that involves sending and receiving the correct message (Wang et al., 2018). Although there is evidence that illustrates the benefits of communication to improve patient outcomes, unfortunately, miscommunication continues to occur in health care (Perry, 2016). Upon analyzing numerous sentinel events, the Joint Commission determined that communication was the most recurrent cause of medical errors as opposed to a lack of medical competency (Harolds, 2021). The National Patient Safety Goals as indicated by The Joint Commission address the importance of improving effective communication (Hospital: 2022 National Patient Safety Goals | The Joint Commission, 2021). Poor communication leads to inadequate decision-making, diminished technical performance,
and a decreased reputation of the healthcare system (Harolds, 2021). Improper communication not only decreases trust and mutual respect between providers, it also destroys morale and hinders team-work building (Bae et al., 2020). Miscommunication increases nursing turnover and reduces quality of care resulting in poorer patient outcomes (Brewer et al., 2013). Wang et al. (2018) identified that poor nurse-physician communication leads to a lack of autonomy and work dissatisfaction. Improving the communication between health care providers is becoming increasingly important to improve the overall function of the health care system. This paper will explore interprofessional communication and the lack thereof that occurs between health care providers and how the lack of communication may negatively affect patient safety and patient outcomes.

**Purpose, Clinical Question, and Aims**

The purpose of this Quality Improvement project is to provide guidance intended to improve interprofessional communication between nurses transitioning to practice and experienced health care providers. The clinical question for the proposed project is as follows: Will an evidenced-based Communication Toolkit designed to improve interprofessional communication between nurses in a residency program and other health care professionals result in an action plan to enhance interprofessional communication skills among transitioning nurses by the director and manager of a nurse residency program?

The director and manager of a NRP released the current communication curriculum documents and feedback received from the nurse residents from prior sessions. The director and manager of the NRP were both interested in improving new graduate nurse’s communication skills between health care providers.
Aim 1: Identify the necessary evidence-based components of interprofessional communication through a thorough evaluation of the literature.

Aim 2: Identify practice gaps found in the current organizational communication curriculum documents in a large hospital in Florida’s Education Center Course Evaluation: November 2021, ‘RN/MD Communication’.

Aim 3: Evaluate the perceived usefulness of the developed communication toolkit to the director and manager of the NRP.

Aim 4: Determine perceived barriers to implementation of the toolkit.

Aim 5: Evaluate the likelihood of the director and manager implementing the toolkit into their nurse residency program.

Aim 6: Determine the status of implementation of the toolkit 2-4 months after presentation of the toolkit and gap analysis to director and manager of the NRP.

**Review of Literature**

A literature review using PubMed, Ovid, and ProQuest was conducted using the following terms: communication between nurses and physicians, factors affecting communication in healthcare, new graduate nurses, nursing residency programs, nurse-physician communication, communication skills, and interventions to improve communication. Only studies that discussed communication between health care providers were included. Articles older than five years, with the exception of some historically relevant pieces, were excluded. This literature review will discuss the causes of poor communication between healthcare providers, job satisfaction, self-confidence, quality of care, retention, and interventions for interprofessional communication.
Contributing Factors of Poor Communication Between Nurses and Healthcare Providers

Novice nurses with minimal clinical experiences often are unable to communicate effectively (Amudha et al., 2018). When nurses are unsure of patient information, poor case reporting and ineffective communication occur (Amudha et al., 2018). Inappropriate use of medical terminologies commonly used in the healthcare field can be seen in novice nurses leading to a breakdown in communication. Poor clinical communication affects trust, respect, and confidence in nurses and physicians (Amudha et al., 2018). Another factor contributing to communication gaps between nurses and physicians is nurse’s work readiness including knowledge of the specialty, time management skills and competency, work environment, and specific physician attributes.

In a recent study by Amudha et al. (2018), 63% of staff nurses felt that they needed to improve their work readiness by improving their level of medical knowledge at work. This included novice nurses who also admitted to the feeling of being treated differently by doctors compared to more experienced nurses due to a lack of competency. Time management is another factor that contributes work readiness to the quality of work and effective communication. Management of time and related stress are factors that are perceived to contribute to quality of work and effective communication (Amudha et al., 2018).

Specific attributes of physicians are an important factor that affects communication. This includes personality traits, power of authority, mood difference, and their handwriting quality. Twenty one percent of nurses felt scared to talk to physicians because of possible retaliation and a harsh response (Amudha et al., 2018). The attitude and behavior of the provider can set the tone for poor communication. For example, when a medication is ordered, but is not available on the unit, medication administration can become delayed. If the nurse does not relay this
information to the provider, he or she could become annoyed and raise his or her voice, thus contributing to faulty communication (Amudha et al., 2018).

Nurses with little experience is an important factor in ineffective communication. Novice nurses are less likely to communicate important patient health changes due to a lack of confidence (Hettinger et al., 2020). Pun et al. (2015) found that newer nurses were scared to ask for clarification from more experienced providers. Discriminating between noncritical and critical information and predicting future orders is a skill that novice nurses have yet to learn. New graduate nurses do not realize the importance of providing information and the valuable role that they play in assuring patient safety (Hettinger et al., 2020). A lack of knowledge of the specialty, time management skills and competency, work environment, and physician attributes may be due to the differences in educational status, experience, and professionalism of nurses and other health care providers (Jemal et al., 2021).

**Communication and Job Satisfaction**

Ineffective nurse-physician communication can lead to job dissatisfaction among nurses (Brewer et al., 2013; Esmaeilpour-Bandboni et al., 2017; Wang et al., 2018). Often, new graduate nurses have a realization that they are unprepared for their role and responsibilities. This may result in job stress and job dissatisfaction (Casey et al., 2021). In their systematic review, Camp & Chappy (2017) found that nurses described inconsistent scheduling, staffing, and physician disregard as dissatisfiers. Contributing factors to job dissatisfaction include a high workload, verbal abuse, and coworker incivility. Understaffed nursing personnel including registered nurses, certified nursing assistants, licensed practical nurses, and patient care techs and high patient-to-nurse ratios both contribute to a high workload (Brewer et al., 2013; Jemal et al., 2021). Workplace aggression has a significant negative effect on job satisfaction.
Nurses who experience moderate or high verbal abuse from providers have undesirable work environments thus contributing to job dissatisfaction (Brewer et al., 2013; Jemal et al., 2021). Laschinger (2012) found that incivility between colleagues had a negative effect on job satisfaction for new graduate nurses. Coworker incivility also has a negative effect on job satisfaction, especially new graduate nurses (Brewer et al., 2013). Examples of incivility in the workplace include berating a subordinate or coworker, making unfounded accusations, gossiping, bullying, and the use of demeaning language. New graduate nurses that experience workplace bullying or incivility face emotional exhaustion and poor mental health (Wildermuth et al., 2020). Conversely, a good working relationship between novice nurses and other health care providers were shown to have positive effects on work attitudes such as job satisfaction and commitment when verbal abuse did not occur (Brewer et al., 2013).

Poor communication among colleagues has caused nurses to leave their profession (Wang et al., 2018). For example, when physicians’ orders are not being executed in a timely fashion, frustration and work dissatisfaction occur. This aggravation can lead to faulty communication between providers and nurses. Due to this dissatisfaction, patient safety and quality of care can be affected (Wang et al., 2018).

Communication and Self-Confidence

An important factor in the success of nurses transitioning into practice is the development of self-confidence. Part of this development is the ability to communicate effectively with the health care team (Esmaeilpour-Bandboni et al., 2017). For effective communication to occur, a healthy work environment should be set in place, which includes promoting professionalism and creating a nurturing learning environment (Chant & Westendorf, 2019). New graduate nurses are often targets for incivility in the workplace because they lack confidence (Casey et al., 2021).
They may doubt their clinical knowledge and lack self-assurance when completing daily nursing tasks, skills, critical thinking, and communicating (Camp & Chappy, 2017). More recently, the completion of NRPs have shown an increase in confidence, leadership capabilities, communication skills, organization and prioritization skills, and providing safe care (Camp & Chappy, 2017). Nursing residents gain confidence in caring for patients and working on a team by using effective, EB communication techniques (Camp & Chappy, 2017). Adapting a positive attitude and an enthusiastic approach will also help new graduates improve their confidence and overcome communication barriers (Esmaeilpour-Bandboni et al., 2017). Camp & Chappy (2017) found that after NRP completion, nurses had a significant increase in confidence, leadership skills, organizational skills, and communication techniques.

**Communication and Quality of Care**

Effective communication can be a significant factor for ensuring high quality patient care. It is a well-known fact that working in the health care field brings a considerable amount of stress, and effective communication allows the team to overcome stressful situations that have the potential to decrease quality and effect patient safety (Esmaeilpour-Bandboni et al., 2017; Pun et al., 2015). When clinicians don’t take the time to effectively communicate with other providers adverse events can occur, therefore, decreasing the quality of care given to patients. Pun et al. (2015) found that health care providers only focus on treating the patient’s medical condition and found that it is difficult to effectively communicate with other providers due to time limitations and contextual constraints. The combination of high expectations and limitations can create a highly complex and demanding environment for communication. Pun et al. (2015) also noted that the lack of communication causes an increased number of readmissions, adverse events, and missed diagnoses. Contrastingly, clinicians recognized the
importance of communication, but found it impossible to address in large and busy hospitals (Pun et al., 2015).

Although communication is the foundation of transferring information between providers, there is still a lot of improvement needed in order to ensure effective communication is occurring in the health care environment (Pun et al., 2015). Patient safety and satisfaction are often affected by ambiguity in clinician’s roles seen in the hospital despite interdisciplinary communication protocols (Pun et al., 2015). For example, nurses and doctors may not have adequate time to discuss planned interventions with each other before speaking with the patient. This misstep can cause maldistribution of patient-related information leaving patients confused and vulnerable to clinician mistakes (Hettinger et al., 2020; Pun et al., 2015). Effective communication between nurses and other health care providers is crucial for patient safety and quality of care (Wang et al., 2018).

Hettinger et al. (2020) provided examples of interprofessional communication between nurses and health care providers. Nurses and other providers want to be notified for updates on patient progress, critical lab values, pathology, and psychosocial factors. Health care providers require nurses to alert them of information from initial nursing assessments that may influence or change treatment plans. One physician noted that they wanted to be informed of what the nurse was seeing on assessment versus what they have seen (Hettinger et al., 2020). Changes in vital signs, symptoms, level of pain, and the patient’s status are all examples that warrant communication between providers. Collaboration between nurses and providers is crucial when consults have taken place in order to provide the best quality of care. Collaboration includes communicating the diagnosis, plan of care, orders, and expectations with each other. Having a shared awareness allows both parties to prioritize tasks. Being proactive in the care plan,
supporting each other with effective communication and collaborating about pertinent changes are recommended for effective interprofessional communication (Esmaeilpour-Bandboni et al., 2017; Hettinger et al., 2020).

**Communication and Retention of New Graduate Nurses**

New graduate nurses face many work-related stressors that can have significant ramifications such as turnover and dissatisfaction (Camp & Chappy, 2017; Casey et al., 2021; Smith, 2021). Inadequate staffing increases stress levels causing new nurses leaving their profession by the second anniversary (Chant & Westendorf, 2019). Higher retention rates are correlated with programs such as the University Hospital Consortium/American Association of College of Nursing or Versant/Vizient versus organization-based programs that include robust communication modules as part of the curriculum (Asber, 2019). Poor nurse-physician communication have caused nurses to leave their profession thus making retention of nurses difficult (Chant & Westendorf, 2019; Wang et al., 2018). Brewer et al. (2013) found that nurses who experience verbal abuse from health care providers have lower job satisfaction and leave the profession at higher rates. Brewer et al. (2013) found when nurses who communicate clearly and effectively experience less verbal abuse from physicians. Wang et al. (2018) also discovered that for communication to be effective, it must be completed in a clear, brief, and timely manner. Although the general work environment does not allow for communication to be taught, it is recommended that effective interprofessional communication as part of the orientation process be included with novice nurses, thus ensuring better retention of new graduate nurses.

**Interventions for Effective Interprofessional Communication**

First and foremost, continuous professional development and education courses are recommended to enhance knowledge and opportunities for improvement of communication skills
A collaborative relationship versus an authoritarian relationship will assist in more effective communication. Physicians and nurses must collaborate to achieve the best patient care. Training on the importance of a healthy nurse-physician relationship can help solve relationship issues and improve communication within the health care team (Amudha et al., 2018).

Ineffective nurse-physician communication remains undervalued and insufficiently addressed. Strategies to support effective nurse-physician communication should be discussed in NRPs. Communication toolkits, team training, and multidisciplinary teamwork are all recommended to improve nurse-physician communication (Wang et al., 2018). A toolkit should include daily goals, examples of good and bad communication, and interventions that help improve communication amongst the team members. Use of an interprofessional model is recommended to use to improve communication skills and enhance professionalism among nurses and other providers (Bae et al., 2020). When interacting with each other with respect and trust, communication improved significantly between nurses and other providers (Wang et al., 2018). Verifying the health care provider’s plan of care and asking for clarification encourages the provider to reassess his or her orders and potentially correct an unforeseen error (Hettinger et al., 2020). By having a discussion with the attending, the nurse may be able to answer potential patient questions and clarify the plan of care. Without this form of communication, the nurse would have to decipher the physician’s plan, making it impossible to properly inform the patient and family members. Residency programs should include sessions designed to strengthen interpersonal skills with members of the health care team and allow for the practice of communication and collaboration (Bae et al., 2020). The implementation of shift evaluations could also have a positive effect on communication. Allowing the novice nurse to openly
express their concerns with their preceptor or unit manager would allow for constructive
criticism and an open-system feedback loop (Bae et al., 2020; Wang et al., 2018). Providing a
collaborative way for problem solving among the interdisciplinary team can help define the
member’s roles and responsibilities and develop respect for each other (Wang et al., 2018).

Solutions to job dissatisfaction include collegial communication that involves a shared
responsibility between colleagues and their designated responsibilities. Staffing levels must
match patients’ care needs to avoid nursing work overload, ultimately leading to job
dissatisfaction. Workplace zero tolerance policies should be respected amongst colleagues
(Brewer et al., 2013). In addition, a healthy work environment is essential. This should include
access to information, readily available resources, and peer support. This plays a vital role in the
transition of new nurses into practice and increasing the retention rate (Chant & Westendorf,
2019).

Esmaeilpour-Bandboni et al. (2017) found that nurses’ proficiency and level of skills
greatly enhanced confidence and professional communication. A nurses’ confidence of clinical
skills and procedural protocols, medical terminology, and proper disease treatment is a major
factor in effectively communicating with the health care team (Esmaeilpour-Bandboni et al.,
2017). With knowledge and gained expertise, a novice nurse will be better equipped to become
more confident in all aspects of their job performance.

Although the nursing profession has emphasized the development of hard skills, Song &
McCreary (2020) found in their integrative review that new graduate nurses were lacking in their
soft skills. Hard skills are comprised of technical skills and clinical knowledge. Soft skills
include the application of acquired knowledge, communication, organization skills,
professionalism, and leadership capabilities. The same review recommended nurse educators to
focus on improving the new graduate nurse’s communication skills. This can be achieved by incorporating exposure to content surrounding communication into their transition programs.

**Literature Discussion Summary**

Nurse-physician communication has positive effects on the patient’s quality of care, job satisfaction, self-confidence, and job retention (Brewer et al., 2013; Hettinger et al., 2020, Pun et al., 2015; Wang et al., 2018). Conversely, nurse-physician communication can have a negative impact on quality of care, job satisfaction, self-confidence, and retention. Hettinger et al. (2020) recommends that communication strategies be developed based on the health care providers’ experience level. A toolkit implemented into the health care setting at orientation may give new graduate nurses insight on how to properly communicate and handle their newfound responsibilities. When used properly, this toolkit can ensure that new nurses are equipped to handle sharing information in a timely manner, notify providers of critical changes in the patient’s status, and communicating changes or hold ups in patient care (Hettinger et al., 2020; Song & McCreary, 2020). Haykal et al. (2020) highlighted that the relationship between nurses and health care providers must be complimentary, but that in order for this too occur, education and the implementation of communication strategies are essential (Haykal et al., 2020).

**Theoretical Framework**

**Kurt Lewin’s Three-Step Change Model**

This project was guided by Kurt Lewin’s Change Theory of Nursing, specifically his Three-Step Change Model. Lewin, often regarded as the father of social psychology, developed this theoretical framework to address the communication challenges that nurses often face when transitioning into practice. The model explains three phases of change that people may encounter during their lives: unfreezing, changing, and refreezing. The three stages involve
unfreezing a person’s existing state, changing to a new form, and then refreezing into a new state entirely (Aktas, 2021b). Newly graduated nurses must go through these phases to correctly evolve from a new graduate to a professional nurse. A major part of this evolution includes unfreezing their old ways of communicating as a student and determining how to properly communicate with fellow health care providers as professionals. The newly applied knowledge must be conveyed via conversations with coworkers, as well as physicians, nurse practitioners, and other health care workers. As novice nurses, they often lack the confidence to communicate at this point but must get past this hurdle to adapt to their new role. Learning communication skills at this stage is imperative to ensure a smooth transition into their new working environment. Studies have shown that poor communication leads to inadequate decision-making, diminished technical performance, and a decreased reputation of the health care system (Harolds, 2021). Improper communication not only decreases trust and mutual respect between providers it destroys teammate morale, hindering team building (Bae et al., 2020).

The first step in the process of changing communication behavior is to unfreeze current habits related to communication. To unfreeze a situation is to step outside your comfort zone. When a new nurse is confronted with a difficult situation, she/he may rely on what was taught in nursing school or experienced previously which did not turn out well. It is imperative for a new nurse to be guided in addressing a difficult situation by unfreezing what was previously learned or experienced. A more experienced health care provider can assist the new nurse by the use of therapeutic communication. To begin this process, one must understand why change needs to take place by creating an awareness of the problem (Frabbiele, 2005). Motivation, trust, and recognition are all required for the need to change. To assist their new nurses, hospitals can
introduce effective communication education in nurse orientation programs. Effective communication plays a vital role in obtaining support during this change process (Juneja, 2022).

The second phase of this process is called Change. This phase includes the actual implementation of change. During this stage, participants can be fearful of the unknown and unwilling to adapt (Juneja, 2022). An example would be a new graduate applying his or her nursing knowledge, when communicating to a provider, and being fearful of retaliation. For example, fear of retaliation for making an improper call to the provider. To assist in the movement process, new nurses should be taught that this new norm is beneficial to them. Also, instructors and preceptors must try to view the problem with a fresh perspective, remembering their own adaptations, to support the change. Working together with important and relevant information will aide in connecting the views of both parties (Frabbiele, 2005). A toolkit could provide a newly graduated registered nurse the needed resources to help adapt different types of effective interprofessional communication, helping them to achieve the second stage of change. In this project, a presentation focused on the toolkit took place. The education session focused on how the toolkit can help mitigate the identified practice gaps found through evaluation of a large hospital in Florida’s Education Center Course Evaluation data. An EB toolkit was presented to the director and manager for use in the NRP. This project’s retrospective findings and EB communication toolkit lead to the incorporation of the toolkit into the hospital’s NRP.

The third step of Lewin’s Three-Step Change Model is Refreezing. People either accept or internalize the new ways of working, communication styles, and change. Integrating the newly learned effective communication strategies is crucial to solidify the desired effects. To strengthen the new behavior, policies and reinforcements should be incorporated in the workplace (Juneja, 2022). This can be accomplished on the administrative or management level
by providing positive reinforcements. Supporting new patterns through formal mechanisms is an essential part in this last step (Frabbiele, 2005). An EB communication toolkit would reinforce the effective communication strategies to the newly graduated registered nurses. This toolkit would provide concise information for maintaining effective communication and include hospital-specific policies and recommendations. An online survey was administered two weeks after the presentation to solicit feedback on perceived usefulness of the toolkit, perceived barriers to implementation, and the likelihood of implementation. An additional online survey was administered two months later to solicit feedback on implementation status and an opportunity for additional feedback.

This quality improvement project focuses on the development of effective communication skills in new nurses. Lewin’s Change Model is relevant to this project because change in communication skills and behavior has been shown to be essential for nurse retention, a cohesive workplace, patient satisfaction, patient safety and self-confidence (Brewer et al., 2013; Hettinger et al., 2020; Pun et al., 2015; Wang et al., 2018).

**Overview of Methodology and Implementation**

**Design**

The purpose of this quality improvement project is to provide guidance intended to improve interprofessional communication between nurses transitioning to practice and experienced healthcare providers. This project was designated for a NRP at a 772-bed private, not-for-profit hospital in Florida and involved using an EB toolkit that included a pre-survey, case studies/Powepoint, educational material, and a post-survey. The EB communication toolkit was designed after an extensive literature review based on the most current
recommendations for new graduate nurses. The Primary Investigator (PI) was responsible for the recruitment of subjects. No incentives were dispersed to any potential or actual participants.

**Participants**

Participants included the director and manager of the NRP involved in the program at a large hospital in Florida. The PI was responsible for the recruitment of participants and consent via email. The total number of anticipated participants was two.

**Settings and Resources**

The project took place at a 772-bed private, not-for-profit hospital in Florida. This hospital is designated as a Level II trauma center. Several web-based meetings took place with the participants which involved reviewing the communication toolkit, perceived usefulness, perceived barriers to implementation, and the likelihood of implementation.

**Instruments/Tools**

Qualtrics surveys (Appendices I & J), educational flyer/handout (Appendix C), and live web-based PowerPoint Presentation (Appendix K) was utilized during this project. Within the toolkit, a pre-test (Appendix A), post-test survey (Appendix B), educational flyer/handout ( Appendix C), and live web-based PowerPoint Presentation (Appendix K) were included. Survey questions were formulated to obtain prior knowledge about communication and an opportunity for feedback. Both surveys consisted of 10 questions which included multiple choice and short answer and were intended for the nurse residents. Both surveys were estimated to take 10-15 minutes to complete. A single-sided educational flyer (Appendix C) was created as an option for the participants to distribute throughout the hospital or at his/her own discretion. Lastly, a user manual (Appendix D) was created for the participants for quick reference on how to use the toolkit.
After teaching the participants on how to use the toolkit, via web-based meeting, two additional surveys were distributed. Survey questions were formulated to obtain information related to the proposed EB communication toolkit. The first survey (Appendix I), administered two weeks after web-based meeting, consisted of six questions. Multiple choice, short answer and five-point Likert scale were used. This survey was estimated to take 10 minutes to complete. The second survey (Appendix J), administered two months after web-based meeting, consisted of two questions. This survey consisted of multiple choice and short answer. The survey was estimated to be completed in less than 5 minutes.

**Intervention & Data Collection**

The aim of the toolkit was to improve interprofessional communication between nurses transitioning into practice and other health care professionals. The incorporation of a toolkit into a NRP can act as a guide for nurses transitioning into practice during their interactions with other providers. The PI was held responsible to administer and present the toolkit to the hospital NRP director and manager. The director and manager of the NRP were held responsible in implementing the intervention, upon the acceptance to do so. No incentives were dispersed to any potential or actual participants.

The PI received the Collaborative Institutional Training Initiative (CITI) training. Data collection was completed through anonymous Qualtrics surveys. There were no identifiers in the surveys. Data will be available to research team (i.e., PI, major professor). Data will be stored on a password-protected computer. The computer that has the study data on it will be password protected and only used by the PI. Data will be released to participants upon request and approval by HIPAA. We believe that the questions were not perceived as intrusive as they only addressed the intervention and its convenience for the participants. However, we highlighted
that there was no obligation to answer. We explained to the participants that they can complete questionnaires at their own pace and that if they feel that a question is making them uncomfortable, they have no obligation to respond. See Appendix E for the consent form prior to any questionnaires or surveys.

**Implementation Plan**

After retrospective evaluation of data pertaining to the organizational communication curriculum, the feedback and identified practice gaps were taken into consideration and a toolkit was developed. The EB interprofessional communication toolkit was also developed based on a literature review of interprofessional communication, especially related to NRPs. Within the toolkit, a pre-test survey, educational flyer, PowerPoint, and post-test survey was included. A presentation was developed to teach the participants on how to use the toolkit/curriculum. The PI solicited feedback from the participants on the perceived usefulness of the toolkit, perceived barriers to implementation, and the likelihood of implementation through an online Qualtrics survey two weeks after presentation. Next, the PI solicited feedback on implementation status and continued barriers to implementation via Qualtrics survey two months after presentation. The PI and her faculty advisor were responsible for the creation and distribution of the surveys and result analysis. A Gantt chart (Appendix F) was created that entailed major tasks, responsibilities, and timeline for the project.

**Human Subject and Informed Consent**

Application to the large hospital in Florida’s Institutional Review Board (IRB) (Appendix G) was required. Application to the Florida State University IRB (Appendix H) was required. The Florida State University Institutional Review Board (IRB) is an administrative body established to protect the rights and welfare of human research subjects recruited to participate in research
activities conducted under the auspices of the Institution with which it is affiliated. At Florida State University, the appointed University Human Subjects Committee serves as the IRB, and has the authority to approve, require modifications in, or disapprove all research activities that fall within its jurisdiction as specified by both the federal regulations and University policy (Porterfield, 2022).

All research or clinical investigations involving human subjects, regardless of funding source or sponsorship, must be reviewed and approved by the IRB. No intervention, investigation, or interaction with human subjects in research, including recruitment may begin until the IRB has reviewed and approved the research protocol. Specific determinations as to the definition of “research”, “clinical investigation”, or “human subject” and their implications for the jurisdiction of the IRB under Florida State University policy are made by the IRB. The IRB may rule a project “exempt”, but that designation must be made by the IRB and never by the researcher (Porterfield, 2022).

**Results and Findings**

This section presents the data collected from the surveys administered to the study participants at two weeks and two months, respectively, after web-based PowerPoint presentation was administered. The first aim of this quality improvement project was met by identifying necessary EB components of interprofessional communication through a thorough evaluation of literature. The second aim was met by identifying practice gaps found in the large hospital in Florida’s communication curriculum.
Demographics

Both participants were involved at a large hospital in Florida’s NRP. One of the two participants (50%) had four to five years of involvement in the NRP, whereas the other participant had six or more years of involvement in the NRP.

Survey Results Administered to Participants Two Weeks After Presentation

The third, fourth, and fifth aim of this quality improvement project was met after the administration of the first survey (Appendix I). The first survey (Appendix I), administered two weeks after a live web-based PowerPoint presentation, had two total responses for a response rate of 100%. One of two participants (50%) neither agreed nor disagreed with the implementation of the proposed toolkit, however, the second participant (50%) strongly agreed with the implementation. Participants were asked if the proposed EB communication toolkit was perceived to be useful in the NRP. One participant (50%) indicated that it would be useful, and the second participant (50%) indicated that it would not be useful in the NRP. Participants were asked if the proposed EB communication toolkit had any perceived barriers to implementation in the NRP. One participant (50%) indicated that there were no perceived barriers to implementation. One participant (50%) indicated that timing with sessions and previous feedback from residents on specific needs would be barriers to implementation. Participants were asked if they could change one thing about the EB communication toolkit. One participant (50%) indicated no change necessary, and the other participant (50%) wanted less time on the basics of communication, including inevitable factors (i.e., staffing ratios) and additional case studies for the participants to work through in small groups. The participants were asked to determine which format would be the most beneficial in the presentation of the EB communication toolkit. One participant (50%) indicated a brochure would be the most beneficial
format, whereas the other participant (50%) indicated that PowerPoint, brochure, and flyer was preferred.

**Survey Results Administered to Participants Two Months After Presentation**

The sixth aim of this quality improvement project was met after administration of the second survey (Appendix J). The post-test survey (Appendix J) administered two months after a live web-based PowerPoint presentation had one total responses for a response rate of 50%. Participants were asked to identify the implementation status of the proposed EB toolkit. The only participant indicated that the toolkit was implemented into the large hospital in Florida’s NRP.

The participants were asked to provide any additional feedback on the status of implementation of the proposed toolkit. One participant (50%) identified that a portion of the toolkit was implemented into the program but did not specify which aspects were used.

**Discussion**

Majority of the reviewed articles strongly encouraged the implementation of strategies to improve communication between nurses and health care providers. NRPs should be designed to allow for interactive sessions on effective communication skills among team members (Bae et al., 2020; Haykal et al., 2020; Wang et al., 2018). Song & McCreary (2020) concluded that new graduate nurses need to be provided with opportunities for further development of competencies such as teamwork, critical thinking, and communication skills.

The findings of this QI project had mixed results on whether an EB communication toolkit was perceived to be useful and if there were any associated barriers. The second survey reported that portions of the toolkit, albeit not specified, were implemented into the existing communication curriculum. Therefore, the proposed clinical question was satisfied as the EB
communication toolkit was partially implemented to enhance interprofessional communication
skills among transitioning nurses and other health care providers.

**Significance and Implications of Results**

The implications of this quality improvement project are relevant to nursing educators, administrators, and researchers for the following reasons. Directors, managers, and parties involved in NRPs should be encouraged to support the incorporation of EB communication toolkits into their existing programs as they increase job satisfaction, increase self-confidence, improve quality of care, and increase retention of new graduate registered nurses.

Job dissatisfaction, decreased self-confidence, decreased quality of care, and a reduction in retention have all been linked to the deficiency in the preparation of new graduate nurses for practice (Brewer et al., 2013; Casey et al., 2021; Chant & Westendorf, 2019; Smith, 2021; Song & McCreary, 2020). Incorporating content involving communication into existing NRPs could have the potential of drastically improving the communication skills between new graduate nurses and other health care providers (Amudha et al., 2018; Bae et al., 2020; Esmaeilpour-Bandboni et al., 2017; Song & McCreary, 2020; Wang et al., 2018). The health care field is always changing, but the importance of communication is resolute. As the health care system continues to progress, the commitment to high quality patient care should also transpire through effective communication. Therefore, the implementation of EB communication strategies is essential.

**Limitations and Suggestions for Improvement**

Some limitations of this study include the small sample size. This quality improvement project was designed to improve the communication skills of nurses enrolled in an NRP. This study does not measure the prior knowledge of EB communication skills of the nursing residents.
Additionally, the survey in this study was administered via email. Frequently, this method of administration results in a poor response rate. Even though the total response rate for this study was not 100%, it still gives an insufficient portrait of the current state of communication skills in new graduate NRPs. The second survey, administered two months after presentation of the toolkit, received a response that was not specific on which aspects of the toolkit were implemented. A suggestion for improvement would be expanding on the question by explicitly asking which portions of the toolkit was used, if applicable. It should be noted that the present quality improvement project included only one setting, a large hospital in Florida, so the results may not be generalizable to other hospitals in the community. Implementing this study at multiple hospitals would help decrease bias and would become more generalizable knowledge.

**Suggestions for Future Clinical Research**

Additional studies are needed to further understand communication strategies in new graduate nurses and other health care providers. Studies should be performed to assess what nurses transitioning to practice are looking for in a NRP and how these programs could better tailor to their consumer.

Furthermore, studies that identify the survey results intended for the nurse residents should be performed. This will provide information to assist in additional development of EB communication skills in new graduate nurses.

Information should also be obtained to determine the effectiveness of the EB communication toolkit from feedback from the nurse residents. Based on the results, the toolkit can be modified to improve the knowledge of communication skills for the nurse residents.
References


Wildermuth, M. M., Weltin, A., & Simmons, A. (2020). Transition experiences of nurses as students and new graduate nurses in a collaborative nurse residency program. *Journal of*
Appendix A

Pre-Test Survey for New Grad Nurses in NRP

1. Are you a new graduate nurse with less than 1 year of experience?
   o Yes
   o No

2. While you were in nursing school/clinicals, have you experienced a situation where there was poor communication?
   o Yes
   o No

3. If you answered “yes” to Question 2, what factor(s) below were associated with poor communication? If you answered “no”, choose N/A.
   o Inappropriate use of medical terminologies
   o Lack of knowledge of specialty
   o Time management skills
   o Competency
   o Work environment
   o Physician attributes
   o N/A

4. What factors can contribute to poor communication between healthcare providers? (Select all that apply)
   o Communication
   o Job satisfaction
   o Self-confidence
   o Quality of Care
   o Job retention

5. After initial assessment of a 60-year-old male in the emergency department with PMH significant for HTN, hyperlipidemia, diabetes, he is complaining of chest pain. The provider leaves the room and discusses the diagnostic plan with the RN and notes if the testing is negative, the patient should stay for observation. Was this an appropriate use of effective communication between the provider and RN?
   o Yes
   o No

6. An RN is reading their patient’s most recent progress note that an APRN dictated 20 minutes ago, where she mentioned waiting on a CXR and urinalysis. The RN notices there are no orders for either test and messages the APRN an hour later to put in the orders. Should the RN have communicated with the APRN sooner or did they use effective communication by waiting?
   o Yes
   o No

7. A nurse initiates a standing abdominal pain protocol that includes a urine and urine pregnancy test and wants to confirm with the physician if they want blood drawn and a line placed. Did the RN communicate effectively with the physician?
   o Yes
   o No

8. An orthopedic surgeon received a consult regarding a patient in the ED and informed the resident that the patient will need to be booked for surgery within the hour. An hour later, the nurse is rushing to get the patient ready for surgery and coordinating with the OR team because they were unaware of the plan. Did the surgeon communicate effectively with the RN?
9. After obtaining discharge vitals in the emergency department, the nurse expresses his/her concern to the provider about new onset tachycardia and shortness of breath (SOB). Even though the nurse is entering the vitals into the EMR, should they inform the provider?
   - Yes
   - No

10. Would you benefit from having case study examples of poor and effective communication in this session?
    - Yes
    - No
Appendix B

Post-Test Survey for New Grad Nurses in NRP

1. What factor(s) below were associated with poor communication?
   - Inappropriate use of medical terminologies
   - Lack of knowledge of specialty
   - Time management skills
   - Competency
   - Work environment
   - Physician attributes

2. What factors can contribute to poor communication between healthcare providers? (Select all that apply)
   - Communication
   - Job satisfaction
   - Self-confidence
   - Quality of Care
   - Job retention

3. After initial assessment of a 60-year-old male in the emergency department with PMH significant for HTN, hyperlipidemia, diabetes, he is complaining of chest pain. The provider leaves the room and discusses the diagnostic plan with the RN and notes if the testing is negative, the patient should stay for observation. Was this an appropriate use of effective communication between the provider and RN?
   - Yes
   - No

4. An RN is reading their patient’s most recent progress note that an APRN dictated 20 minutes ago, where she mentioned waiting on a CXR and urinalysis. The RN notices there are no orders for either test and messages the APRN an hour later to put in the orders. Should the RN have communicated with the APRN sooner or did they use effective communication by waiting?
   - Yes
   - No

5. A nurse initiates a standing abdominal pain protocol that includes a urine and urine pregnancy test and wants to confirm with the physician if they want blood drawn and a line placed. Did the RN communicate effectively with the physician?
   - Yes
   - No

6. An orthopedic surgeon received a consult regarding a patient in the ED and informed the resident that the patient will need to be booked for surgery within the hour. An hour later, the nurse is rushing to get the patient ready for surgery and coordinating with the OR team because they were unaware of the plan. Did the surgeon communicate effectively with the RN?
   - Yes
   - No

7. After obtaining discharge vitals in the emergency department, the nurse expresses his/her concern to the provider about new onset tachycardia and shortness of breath (SOB). Even though the nurse is entering the vitals into the EMR, should they inform the provider?
   - Yes
   - No

8. Did you benefit from having case study examples of poor and effective communication in this session?
9. Rate your feedback on the effectiveness of this communication session?
   - Dissatisfied
   - Somewhat dissatisfied
   - Neutral
   - Somewhat satisfied
   - Satisfied

10. What could be improved in this communication session? If you were satisfied, write “N/A” in the textbox.
Appendix D

User Manual for Director/Manager of NRP

USER MANUAL COMMUNICATION TOOLKIT

Reference this user manual to prepare for a communication session embedded into the nursing residency program.

1-3 TITLE - BACKGROUND
Slide 2: Quick facts about communication
Slide 3: Communication Influences 4 main factors: Job Satisfaction, Self-Confidence, Quality of Care, & Retention.

4-8 THEORETICAL MODEL
Kurt Lewin's Three-Step Change Model highlights the communication challenges that nurses transitioning to practice face. His model consists of three phases: Unfreezing, Changing, Refreezing.

9-16 JOB SATISFACTION
High workload, verbal abuse, and coworker incivility are contributing factors to job dissatisfaction that are discussed. Examples of coworker incivility are given with solutions.

17-20 SELF-CONFIDENCE
Factors contributing to self-confidence and solutions are given.

21-29 QUALITY OF CARE
This context involves the relationship between communication and quality of care. This scenario emphasizes the importance of communication in the operation and wound care setting involving correct counts. Evidence-based practice solutions are discussed at the end.

30-32 RETENTION
Three factors that decreased retention are explored with evidence-based practice solutions.

33 SUMMARY
This slide summarizes that nurse-provider communication can have positive effects on job satisfaction, self-confidence levels, quality of patient care and retention of nurses.

LET'S TALK ABOUT IT
After each session, there is a slide discussing evidence-based practice solutions that can be discussed with the nursing residents.
Appendix E

Informed Consent

What will you do to protect my privacy?

The results of the study may be published or presented, but no information that may identify you will ever be provided or released in publications or presentations. We will take steps to protect your privacy and confidentiality. These steps included de-identifying/anonymizing any questionnaires. Study data will be kept for a minimum of three years per federal regulations. Despite taking steps to protect your privacy or the confidentiality of your identifiable information, we cannot guarantee that your privacy or confidentiality will be protected.

Individuals and organizations responsible for conducting or monitoring this research may be permitted access to and inspect the research records. This includes the Florida State University Institutional Review Board (FSU IRB), which reviewed this project.

What will happen if I choose not to participate?

It is your choice to participate or not to participate in this research. Participation is voluntary.

Is my participation voluntary, and can I withdraw?

Taking part in this project is your decision. Consent will take place after the participant has read the introductory email and agrees to participate in the project by proceeding to the Qualtrics questionnaire. Consent will be implied by clicking on the link provided in the introductory email. Ongoing consent will be implied throughout the completion of the questionnaire. Your participation in this project is voluntary. You do not have to take part in this project, but if you do, you can stop at any time. Your decision whether to participate will
not affect your relationship with Florida State University or your hospital administration, directors, or managers. There are no consequences to which you are otherwise entitled if you do not participate.

You have the right to choose not to participate in any project activity or completely withdraw from continued participation at any point in this project without consequences to which you are otherwise entitled.

If you withdraw from the project, the data collected to the point of withdrawal will be used if it has already been integrated in our analysis, unless you specify otherwise. In that case, the information will be destroyed.
Consent Letter Sent Via Qualtrics

Hello,

My name is Emily Young. I am a Doctor of Nursing Practice (DNP) student in Florida State University's Adult-Gerontology Acute Care Nurse Practitioner program. You are invited to participate in my DNP project utilizing an evidence-based practice communication toolkit developed to improve interprofessional communication skills in nurses transitioning to practice.

**Purpose of the Project**

This quality improvement project aims to improve interprofessional communication between experienced health care providers and novice nurses while transitioning to practice.

**Project Design**

After retrospective evaluation of data pertaining to Education Center Course Evaluation: November 2021, 'RN/MD Communication'), user feedback and identified practice gaps were considered, resulting in the development of a Communication Toolkit. This timely, evidence-based interprofessional communication toolkit was heavily designed based on evidence found in a comprehensive literature review of interprofessional communication, especially targeted to nursing residency programs (NRP).

Please review the attached Communication Toolkit file. Within the file, you will find the following:

1. A flyer than can be displayed on your unit and throughout the hospital.
2. A pre-test survey to be dispersed to the nursing residents (Microsoft Word & PDF versions are provided).
3. User Manual on how to use the PowerPoint for the director/manager of the NRP.
4. A PowerPoint that reviews evidence-based practice communication skills. If you download the PPT, you can review speaker notes.
5. A post-test survey that will be dispersed to the nursing residents (Microsoft Word & PDF versions are provided).

**Timeline:**

In 1-2 weeks, a short survey will be emailed to you to obtain feedback on the:

- Perceived usefulness of the toolkit,
- Perceived barriers to implementation, and
- Likelihood of implementation through an online Qualtrics survey.

In 2-4 months, a second survey will be emailed to verify the implementation status of the toolkit with an additional opportunity to provide feedback.
Why are You Being Asked to Participate?
You are being asked to participate in this project because you are a director or manager at Tallahassee Memorial Healthcare and work with nurses from the nursing residency program.

Informed Consent
By completing the pretest, posttest and viewing the communication toolkit, you are agreeing to participate in this Quality Improvement Project. Your participation is completely voluntary. If you do not wish to participate, please disregard this email/survey.

If you have any questions or concerns regarding this project, please do not hesitate to contact Emily Young (student Co-PI) or Dr. Tara Hayes (faculty Co-PI/FSU Major Professor) (phone numbers and email addresses are provided below).

I appreciate your willingness to participate in this quality improvement project and look forward to receiving your survey responses.

Sincerely,
Emily Young, BSN, RN
**DNP-AG-ACNP Student**
Florida State University
941-894-8269
ey20l@fsu.edu

Dr. Tara Hayes, DNP, RN
**Major Professor**
Florida State University
850-644-5622
thayes@fsu.edu
Appendix F

Gantt Chart

DNP Timeline

|-------------------------|-------------------|-------------------|-------------------------------|-------------------------------|---------------------------|----------------------|-------------------------------|--------------|-----------------------------|-----------------------------|
Appendix G

Large Hospital in Florida IRB Approval Letter

October 21, 2022

Emily Young, BSN, RN
98 Varsity Way
Tallahassee, FL 32306

Protocol Title: Development of a Communication Toolkit Designed to Improve Interprofessional Communication Skills in Nurses Transitioning to Practice
IRB #: 2022-30
Reference #: 007265

Dear Emily Young, BSN, RN,

This letter is to acknowledge that the Institutional Review Board (IRB) reviewed the above referenced submission and determined the submission does not require IRB review and oversight. This determination has been made with the understanding that the proposed project does not involve a systematic investigation designed to develop or contribute to generalizable knowledge OR a human participant as defined by DHHS or the FDA. This determination applies only to the activities described in the above referenced submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are human subjects research in which the organization is engaged, please submit a new request to the IRB for a determination.

Documents reviewed with this submission:

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<th>Submission Components</th>
<th>Version</th>
<th>Outcome</th>
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<tr>
<td>Pre-Review Correction Form - IRB</td>
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Study Document

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<td>Updated User Manual for Toolkit PPT</td>
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<td>Communication Flyer</td>
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<td>Informed Consent</td>
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<td>Toolkit Outline</td>
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Additional information and resources are available under "MyProEC/Resources/Help" in [link].

You should retain a copy of this letter and all associated approved study documents for your records. Please refer to

IRB is organized and operated according to DHHS standards and applicable laws and regulations.
the assigned IRB number and Reference number in all correspondence with our office. A copy of this letter is retained within the IRB Office.

If you have any questions or require additional information, please contact the IRB at [redacted].
FLORIDA STATE UNIVERSITY
OFFICE of the VICE PRESIDENT for RESEARCH

NOT HUMAN RESEARCH

November 15, 2022

Emily Young
850-644-5260
ey201@fsu.edu

Dear Emily Young:

On 11/15/2022, the IRB staff reviewed the following submission:

<table>
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<th>Development of a Communication Toolkit Designed to Improve Interprofessional Communication Skills in Nurses Transitioning to Practice</th>
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<td>Emily Young</td>
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<tr>
<td>Submission ID:</td>
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<td>Funding:</td>
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| Documents Reviewed: | • CITI FSU Social/Behavioral, Category: CITI Training Completion Documentation;  
• Determination of Human Subjects Research Form, Category: IRB Protocol;  
• Post-Test Survey - NRP, Category: Survey/Questionnaire;  
• Post-Test Survey for Director/Leadership 1-2 Weeks After PPT, Category: Survey/Questionnaire;  
• Post-Test Survey for Director/Leadership 2-4 Months After PPT, Category: Survey/Questionnaire;  
• Pre-Test Survey - NRP, Category: Survey/Questionnaire;  
• CITI Biomedical, Category: CITI Training Completion Documentation;  
• CITI Human Subjects, Category: CITI Training Completion Documentation;  
• CITI Social/Behavioral, Category: CITI Training Completion Documentation; |

Page 1 of 2
The IRB staff determined that the proposed activity is not research involving human subjects as defined by DHHS and/or FDA regulations.

IRB review and approval by this organization is not required. This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these activities are research involving human subjects in which the organization is engaged, please submit a new request to the IRB for a determination. You can create a modification by clicking Create Modification / CR within the study.

COVID-19 Information for Research Involving Human Subjects: Note that the U.S. is operating under the national emergency Proclamation 9994 concerning the COVID-19 pandemic and that this national emergency remains in effect until rescinded or terminated by the President of the U.S. (go here for the Proclamation letter). Conditions are dynamic and related policies or guidance evolve accordingly; as applicable, refer to the U.S. Centers for Disease Control and Prevention website specific for universities or refer to our COVID-19 and Human Research Studies web page to learn more about how you should or may protect persons (whether vaccinated or unvaccinated) involved in any of your in-person research activities.

Sincerely,

Office for Human Subjects Protection (OHSP)
Florida State University Office of Research
2010 Levy Avenue, Building B Suite 276
Tallahassee, FL 32306-2742
Phone: 850-644-7900
Email: humansubjects@fsu.edu
OHSP Web: https://ohsp.fsu.edu
Appendix I

Post-Test Survey for Director/Manager of NRP Distributed 2 Weeks after PowerPoint Presentation

1. How many years have you been involved in nursing residency program?
   o 1
   o 2-3
   o 4-5
   o 6+

2. How strongly do you agree with the implementation of the proposed evidence-based communication toolkit?
   o Strongly disagree
   o Somewhat disagree
   o Neither agree nor disagree
   o Somewhat agree
   o Strongly agree

3. Was the proposed evidence-based practice communication toolkit perceived to be useful in the nursing residency program?
   o Yes
   o No

4. What perceived barriers to implementation of the evidence-based communication toolkit do you foresee?

5. If you could change one thing about the evidence-based communication toolkit, what would it be?

6. Which format would be the most beneficial in the presentation of the evidence-based communication toolkit?
   o PowerPoint
   o Brochure
   o Flyer
   o All of the above
Appendix J

Post-Test Survey for Director/Manager of NRP Distributed 2 Months after PowerPoint Presentation

1. What is the status of the implementation of the proposed evidence-based toolkit?
   o Not implemented into the program
   o In the process of implementation
   o Implemented into the program

2. Please provide any additional feedback on the status of the implementation of the proposed evidence-based toolkit?
Appendix K

Click on link below for the presentation within the evidence-based communication toolkit.

https://sway.office.com/wdcEIE72KMUu2hmO?ref=Link