

*Much to absorb, one month in*

# New Grad Nurses Learn the Ropes

*By Tyler Smith*

*This is the first in a periodic series of articles following the progress of two members of the February 2015 cohort of University of Colorado Hospital's Graduate Nurse Residency Program. We spoke with Sarah Doble and Maggie O'Connor March 25 after their first month on the Surgical/Trauma Intensive Care Unit and Transplant Unit, respectively.*

Sarah Doble and Maggie O'Connor are part of the same Graduate Nurse Residency Program (GNRP) cohort of 50, but beyond that there are more differences between them than similarities.



*A month after starting on the Transplant Unit, new grad Maggie O'Connor, RN, said when it comes to getting patient care right, she worries about everything.*

Yes, they both work with nurse preceptors who are there to teach them, answer their questions, and generally serve as go-to resources as they learn the ropes on their units. Both are juggling a challenging schedule that combines clinical care and classroom work. They will each complete orientation periods before taking on progressively greater patient-care responsibilities, Doble for six months in critical care, O'Connor for three months in the medical/surgical setting.

But they followed distinct paths to UCH. O'Connor, 31, graduated from Kansas State University in 2008 with a degree in finance. She

moved to the Denver area and spent a few years as an accountant. She liked using her math skills, but hated the lack of interaction with people. After an unexpected hospital stint as a patient in 2011, she found herself gravitating to nursing, a career she said she'd always considered.

"I had great care as a patient," O'Connor said, "and I liked the nurses I came in contact with. I thought, 'I can do that.'"

**Back to Transplant.** She started nursing school with no health care experience at all. She joined the Transplant Unit a year ago as an advanced care partner (ACP), a role that includes the duties of a certified nursing assistant and other responsibilities, such as starting IVs, drawing blood, and inserting and removing Foley catheters.

The ACP experience was a nice start to her new career, but O'Connor said it only went so far in preparing her for life as a nurse.

"I didn't know everything that nurses do," she said. One big revelation: the time required to complete medical charting, including documenting lab values, medical contraindications, patient intake and output levels, and more, and updating the record when new orders come in.

"There are many things that have to be documented for physicians to make big decisions about patient care. Everything takes longer than expected," O'Connor said. "You want to make sure that you tie everything up nicely for the nurses on the next shift. Time management is very important."

Asked in an email to list the biggest challenges so far, O'Connor wrote, "Learning curve!"

**In the swim.** Doble, 23, a native of Oregon, said she knew early on she wanted to be in health care. Several family members are

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nurses, another is a physician. A self-described adrenaline junkie, Doble said she gravitated to nursing in general because she wanted to deliver hands-on care, and to critical care specifically, because she likes the challenge of caring for patients with complex medical issues and conditions.

After completing a senior practicum at nursing school in Portland that included 228 hours in a cardiac and a general intensive care unit, Doble applied to five graduate programs, including UCH and four others in the Pacific Northwest. She'd never been to Colorado, but chose UCH in part because of its brief, clear mission statement, its Magnet accreditation, and its national reputation. Most important, she would be allowed to start directly in critical care.

"I love learning, and the opportunity to keep learning while getting paid to become the best critical care nurse I can be seemed too good to be true," Doble wrote in an email.

For now, Doble typically works two 12-hour shifts each week, with a third devoted to a full day of classes. "There is a lot to learn and a lot to do," she said, "but I have good preceptors and resources. I think it's like 'Finding Nemo.' You have to just keep swimming."

**Solid support.** For now, both nurses care for two patients each, always with access to their preceptors, who teach, observe, give feedback, and answer questions.

Doble said she felt welcomed by her preceptors and the entire SICU staff. "I was surprised that people were actually excited by my being here," she said. "I've had legitimate conversations and have been getting along with everyone."

O'Connor said she's not hesitant to ask questions of her preceptors, who are ever-present on the unit but don't hover over her as she works. "They give me space, but they are always available," she said.

She freely admits she feels the burden of responsibility for the complex transplant patients she cares for. "Right now, I'm worried 100 percent of the time," O'Connor said. "I am constantly double-checking to make sure there are no mistakes."

**Learning to fly.** During a break in a seminar for the February 2015 class last week, Nurse Residency Program Coordinator Mandy Moorner, RN, said speaking to the new grads "brought back

a flood of memories." Moorner was in the program's second year of infancy in 2003, and was based in the SICU, where she continued to work after her residency as a charge nurse and preceptor before moving into her current position in 2012.

"I remember a constant head-down, overwhelming feeling," Moorner said. "My brain was tired from constantly thinking and re-evaluating what went well and what I could have done better."



*Sarah Doble, RN, was thrilled to begin her residency on a critical care unit.*

But Moorner stressed that Doble, O'Connor and their classmates aren't alone as they begin their new careers. About half the nurses at UCH were new grads here themselves. That means it's very likely that members of any new cohort will have preceptors who previously walked in their shoes on the same units.

"Preceptors are monumental to the new grads' success," Moorner said. "They are the foundation for their upbringing." It is vital, she added, that new grads recognize their preceptors as their guides through a year that can at times produce "sensory and intellectual overload" and a feeling of being overwhelmed.

"It's so important that they feel comfortable to ask questions if they are unsure or hesitant," Moorner said. "They are never alone and they don't have to know everything. There is a sense of relief in knowing that you are well-supported."

At the same time, the units' nurse educators take care in pairing new grads and preceptors. They try to match personality types,

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using as one tool the “DISC Behavioral Profile,” which identifies personality traits that affect how people relate to one another: dominant, interactive, supportive, and conscientious.



*Speaking to the February cohort of new grads brought memories flooding back for Nurse Residency Program Coordinator Mandy Moorer, RN.*

The idea is not to match new grads and preceptors who are exactly alike, but rather to help educators find a healthy balance that encourages productive interchanges, Moorer said. “It’s a tool that can benefit new grads with all types of personal interactions as they begin in a new organization,” she said.

Doble and O’Connor said they are ready to meet an ever-evolving challenge.

“I’ve encountered a lot of new things,” Doble said, “but nothing that is completely contradictory to what I know. Critical care is what I love to do.”

O’Connor acknowledged that the new experience has required some adjusting. “I’m an independent person and it’s hard for me to need [the help],” she said. “I’m not comfortable yet to be on my own, but every shift, I’m getting more comfortable.”