



Medical Progressive Care Unit (MPCU) Orientation program supported by Lead Orientation Instructor (LOI)

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Background

- The initial weeks of orientation are traditionally the most labor intensive for both the preceptor and new graduate nurse (NGN) as foundational information must be provided/learned leading to:
 - Preceptors reporting increased workload and stress
 - NGN being exposed to large amounts of information and environmental factors that lead to physical and psychological stress (Perregrini, 2021; Kim & Shin, 2020).
- Varying practices amongst inexperienced preceptors lead to inconsistent transfer of clinical knowledge and nonstandard orientation processes.
- Implementing mechanisms that help preceptors feel supported on their role is essential.
- A key factor in decreasing NGN physical and psychological stress is the implementation of well-structured and supportive transitioning programs that provide the NGN with the right resources and training (Kim & Shin, 2020).

Aim of the Project

- Aim #1:** Develop the role of the Lead Orientation Instructor (LOI) to improve:
 - NGN competence, confidence and satisfaction.
 - Preceptor satisfaction and perceived support, and decrease stress associated with precepting NGN's.
- Aim #2:** Standardize the unit orientation process.

Intervention

Pre Implementation

- Develop the role of the Lead Orientation Instructor (LOI) to standardize the first five days of all NGN orientation to allow the NGN to focus on foundational concepts, skills, and processes.
- Develop workshop for preceptors to attend prior to precepting to learn about new orientation practices and introduce the new orientation program.

Pre Orientation

- Survey NGN at the start of orientation for perceived level of competency and confidence.
- Survey MPC preceptors prior to implementation of new orientation program to measure their satisfaction, perceived support, and stress.

During Orientation

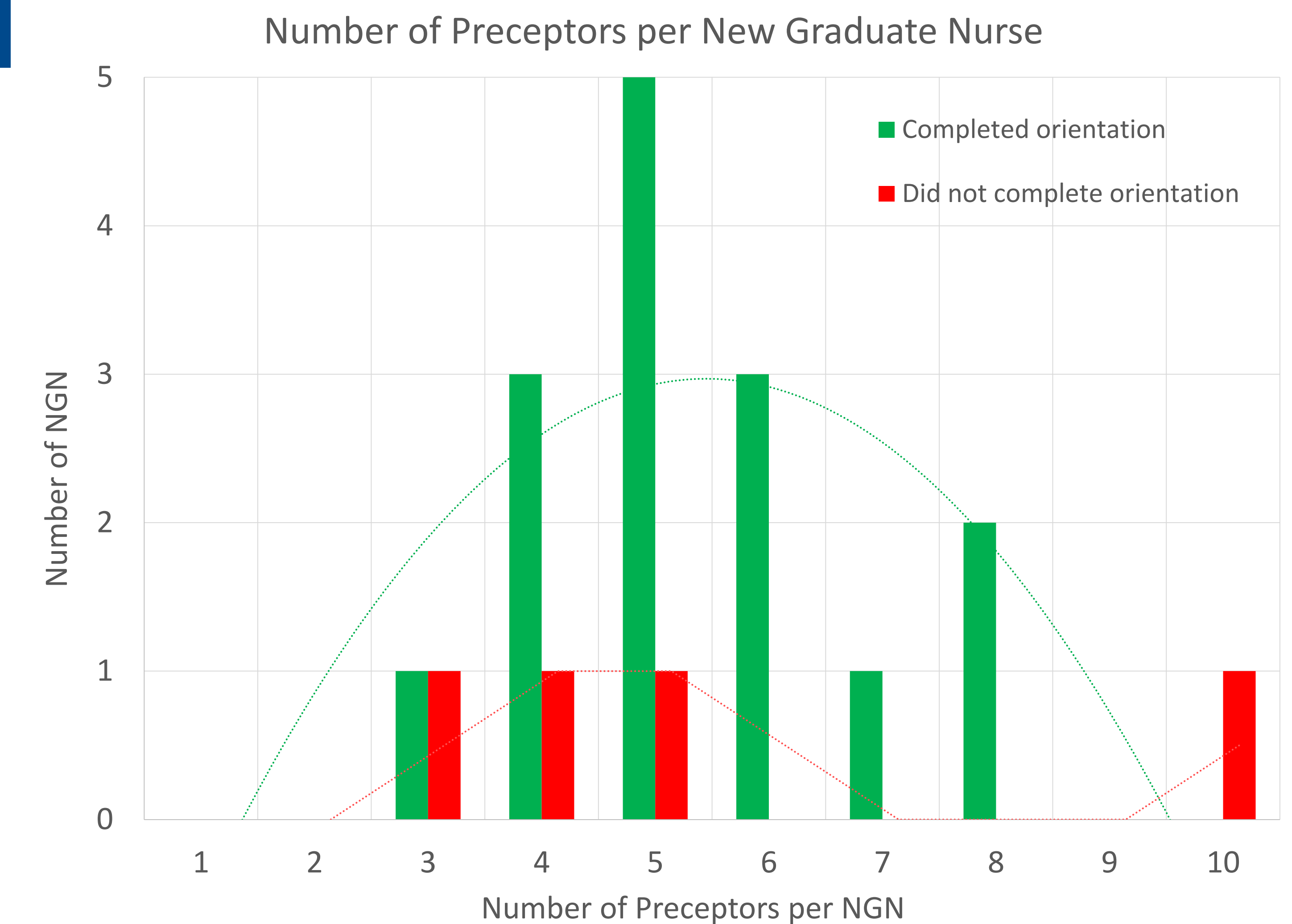
- The first five 8-hour days of orientation are spent with the LOI on the unit; the NGN does not have a direct patient care assignment.
- Simulation day about half-way through the NGN's orientation to evaluate the NGN hard (technical) and soft (critical thinking, communication & teamwork) skills.

Post Orientation

- Repeat survey of new graduate cohorts on their perceived level of competency and confidence, and satisfaction with orientation process.
- Repeat survey of MPC preceptors
- Evaluations are completed at the end of each NGN orientee cohort and compared to the pre-implementation data.

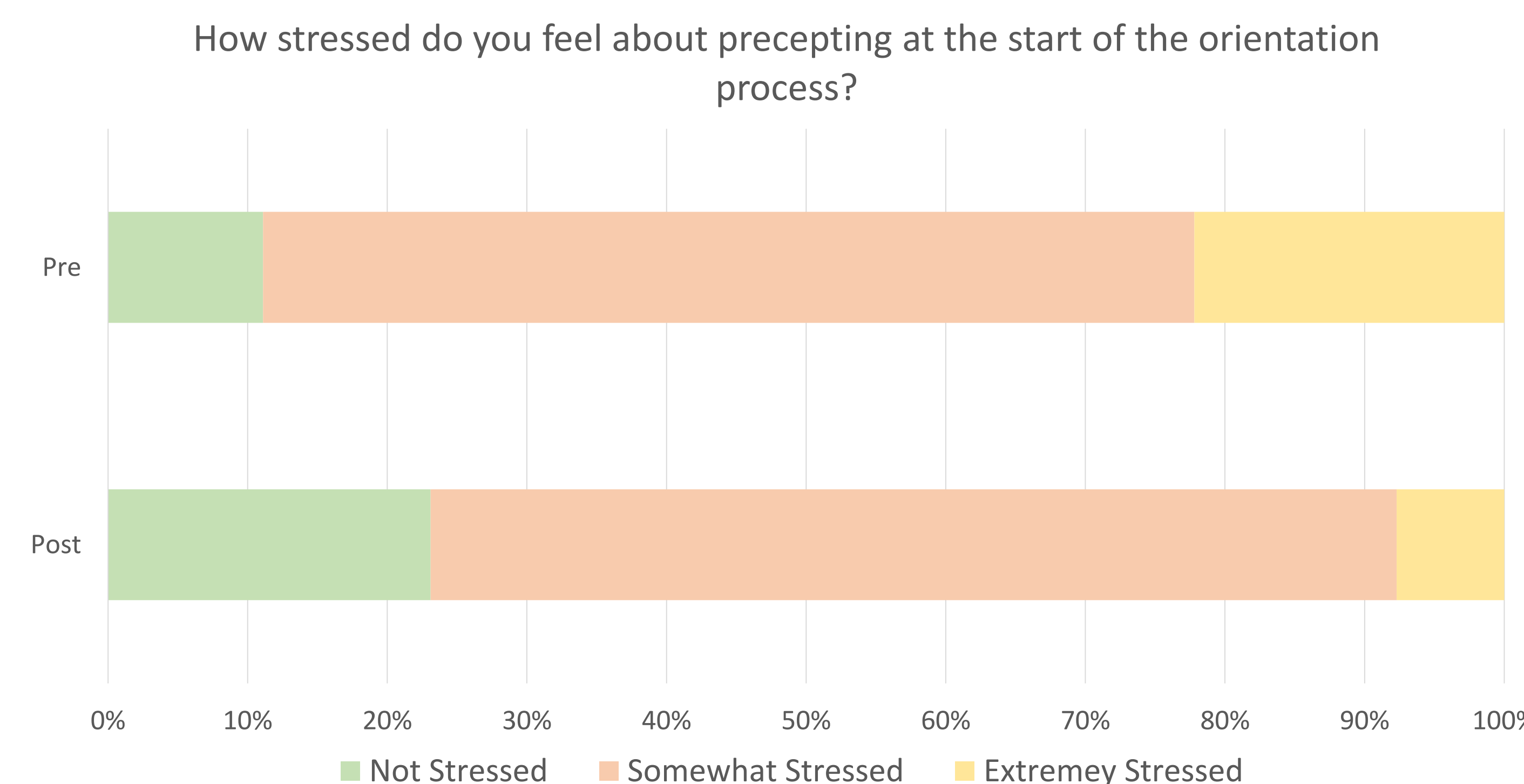
Data Collection and Analysis

- NGN survey evaluated the following items before and after orientation:
 - Competence in managing a variety of skills
 - Confidence in caring for three IMC patients independently, utilization of resources, and whether they have skill set and knowledge to be successful
 - Satisfaction with the orientation process
- Preceptor survey evaluated the following items before and after LOI implementation:
 - Preparation to be a preceptor including clear role responsibilities
 - Satisfaction with role including workload and stress
 - Perceived support from various roles (e.g., Charge Nurse, Nurse Manager, Clinical Nurse Specialist) on the unit
 - Preceptor evaluation of orientee's competence managing variety of skills
- Orientation documentation evaluation
 - Type of assignments including skills and complexity of assignment
 - Shift analysis for number of shifts and number of patients per shift
 - Preceptor documentation completion and consistency of feedback provided NGN
 - Preceptor analysis including total number of preceptors and presence of primary preceptor



Results

NGN's perceived level of competency and confidence increased over time. Through analysis of the orientation process, the total number of preceptors per orientee was significantly higher than anticipated, 68% (n=13) of orientees had 5 or more preceptors. Total length of orientation including weeks and number of shifts was consistent amongst all cohorts. NGN cared for 3 patients 68% of their orientation shifts. 79% of NGN completed orientation (n=19).



Implications for Practice

- The number of preceptors per NGN may not be related to orientation success.
- Preceptors need more education on documentation practices, assignment selection, and addressing difficult situations (e.g., NGN not progressing though orientation).
- Allowing NGN to focus on specific processes without full patient care responsibility at the start of orientation may enhance skill performance supporting competency achievement. This in turn may lead to preceptors feeling less stressed as they no longer must focus on teaching basic skills but only on reinforcing them

Lessons Learned

- Number of preceptors per NGN varied more than anticipated.
- Sustainability of program was difficult for one orientee, forcing shortening of LOI days from five to three.
- With more than one person managing orientation between LOI days and precepting, it was difficult to keep track of each NGN's progress consistently.
- Documentation of NGN's progress was inconsistent between preceptors and NGNs. It lacked structure and guidance as an open/blank format

References available upon request