Orientation Redesign: Using Orientation as The Initial Preceptor
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Problem:
• Expansion and growth in the organization taxed our current Preceptor Pool
• Newly Licensed RN Listening Sessions Revealed:
  • Varying onboarding strategies within departments
  • Lack of ownership over Organizational Orientation
  • Absence of hands on learning
  • Unit preceptors were inundated with having to teach basic skills and search policy during patient care
  • Inconsistent/Inexperienced Preceptors teaching new RNs

Background:
• Unit preceptors’ feedback uncovered a need for consistent onboarding, review of policies, and a standardized approach to basic skills.
• Regulatory content was presented by two consistent coordinators with interactive games, audience polling, videos, etc.
• Addition of 3 simulations and 2 case studies prepare the RN with policy review, application of nursing standards, and critical thinking
• Review of equipment and supplies prior to patient care

Theoretical Model:
Reflective Practice Theory (Teekman, 2000) through Simulation
• The case studies and simulation were conducted at a generalized learning level so each RN could take away what was important to their area of practice. Concepts covered in simulation include: emergency response, recognition of skin breakdown, pain assessment/reassessment, documentation, and identifying a possible blood transfusion reaction. Debriefing sessions allowed for additional learning and application to one’s own practice.

ABMC Findings:
Case Study Effectiveness Question – “Using Case studies has helped reintegrate a consistent message of patient safety.”

Significance to Nursing:
• Turnover is costly; the average cost to replace a bedside RN is $49,500. (Nursing Solutions, Inc. 2017)
• A new RN’s orientation is critical when it comes to retaining the newly licensed RN. “An effective orientation has the potential to boost the Newly Licensed RN’s confidence, to promote effective role transition, and to increase job satisfaction.” (Gavlak, 2007)
• ABMC’s turnover data for 2015 was 15.8% or 69 RNs out of total 435.38 RNs. Orientation was redesigned to provide new nurses a standardized approach – using orientation as the initial preceptor. Implementation August 2016.

Instructional Design:
• Orientation was based off of Edgar Dale’s “Cone of Learning” with the goal of Active learning achieved through discussion and simulation.
• The program achieves active learning through 4 phases of orientation.

Evaluation Comments:
“These real-life scenarios and simulations were a great way to get familiar with documentation and ABMC policies. Out of all of the orientation received, simulations are by far the most beneficial, in my opinion.”
“Case studies seem to have helped me a lot with getting that extra knowledge you need that I didn’t get from documentation and on-the-floor training.”
“Loved simulation to put it all together.”

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Acknowledgements:
ABMC Leadership, Education Team, Human Resources, and Orientation Redesign Team Members

References:

Recommendations:
• Continue to evaluate and revise session content based off of regulatory bodies
• Continue to review program evaluations
• Achieve a higher level of evaluation and ROI. (Ex: Decrease in HAPI and Decrease in failure to rescue situations due to awareness of emergency response)