Managing people

Mastering a steep learning curve: Trends in perioperative orientation

A solid orientation is a cornerstone for successful perioperative nursing. Choosing the right candidates and giving them the knowledge and skills to adapt to the surgical environment are essential to safe practice and to retaining staff. The learning curve for perioperative nursing is steeper than ever—83% of hospitals are hiring RNs without OR experience, and 55% are hiring new graduates, according to this year’s OR Manager Salary/Career Survey. We interviewed perioperative directors and educators from 5 organizations about orientation and how they prepare new recruits. And because they often don’t have OR experience to go by, we also asked how they select candidates they believe have the right qualities to become successful perioperative nurses (page 14).

Among the challenges:
• balancing the need for classroom education with an introduction to clinical practice
• getting orientees up to speed as quickly as possible while still giving them a grounding in the specialties
• building a bridge to practice by combining practical skills with adult learning and nursing theories
• collaborating across a hospital system for perioperative orientation
• seeking solutions for orienting nurses to constantly changing technology.

Building enthusiasm
Columbia Hospital
West Palm Beach, Florida
250 beds, 7 ORs
Gary G. Reardon, RN, MSN, MS, CNOR, director of surgical services

Just 1 year after graduating from nursing school, I became an OR manager. I took on the responsibility of opening a new hospital in Canada where I had to hire and train all the staff. That was where I developed my orientation program. Based on that history, it did not bother me when I came to Columbia Hospital 10 years ago that nurses weren’t coming through the door prepared for the OR.

I have been meeting with schools in the area to help them see the importance of having a perioperative course for nursing students. I have told them I am willing to develop an OR program for their students, such as a 6-week internship.

Here at Columbia, I had to work to remove the fear that staff and administration had about hiring nurses without OR experience. I pointed out that I was confident I could train them to become great OR nurses.

New nurses begin with a general orientation to the hospital and then start the orientation to surgical services. They go over policies and procedures. They then spend time in all the departments that report to surgical services and have relationships with surgical services, such as admitting, the lab, and sterile processing.

We do it in bite-size pieces. One week they concentrate only on the admission of the patient to the preop holding area. Another week they just focus on preop preparation and documentation. I want to make sure they understand the process their patients go through before they see them in the OR.
By the end of the first month, they are rotating through the services with their preceptors—scrubbing and circulating.

Once they rotate through all of the services, they are placed on call with a backup team member. When called in, they have the choice to call their backup in or not. If they feel comfortable doing a case without a backup person, that’s fine because I believe it gives them self-confidence and autonomy. The staff also self-schedule.

If nurses excel in certain cases, we try to assign them to those cases, but if not, they understand. Everybody has to be able to perform any case on call.

We have no vacancies at the present. We have a high retention rate, with some staff here for 20 years.

I love what I do, and I like to help get people enthusiastic about what they’re learning.

**Periop internship pays off**

Christiana Care Health System

Wilmington, Delaware

4 surgical sites, 52 ORs

Beth Fitzgerald, RN, MSN, CNOR, perioperative nurse internship manager

In response to a growing shortage of perioperative nurses, Christiana Care Health System developed a “grow our own” perioperative internship program in 2000. It was costly but has paid off. Our internship program has staffed 56% of the OR positions in 4 facilities in the Christiana system, and we have an 83% retention rate for the orientees. Our 6-month program starts in September and March, and we offer 6 college credits through Delaware County Community College. We have taken 2 to 16 interns through the program at one time.

The first 2 weeks begin with classes on aseptic technique, policies and procedures, and AORN recommended practices. I teach scrubbing, gowning, and gloving in a simulation lab in the shell of two 2 ORs that were never finished.

After the first 2 weeks, we begin to practice what has been taught in the lab. On Mondays and Fridays, we have classroom time to review subjects such as electro-surgery, positioning, or malignant hyperthermia. On Tuesday, Wednesday, and Thursday, we move into the clinical setting and begin scrub rotations. Interns scrub with a dedicated preceptor in one service for 4 weeks, then circulate with a dedicated RN preceptor in the same service for 4 weeks. Every week features a different competency, such as counting or specimens. It sounds elementary, but it works because interns can focus on one subject at a time.

Following this classroom and clinical segment, we have a graduation party. Then the interns enter a 3-week scrub rotation with surgical technologist preceptors who have been carefully chosen. They scrub for 3 weeks in one service such as general surgery or gynecology, and follow their preceptors’ schedules. Because we are a trauma center, this schedule allows the interns to work all shifts and weekends. Then they move into the circulating role and are with RN preceptors for 3 weeks, again following their preceptors’ schedules.

The rotation builds confidence and solid knowledge of the services. After this rotation is completed, they begin another 6-week rotation in another service.

At the end of this 6-month orientation, the interns leave the internship cost center and move to the OR site to continue specialty orientations. After completing the program (from 9 to 11 months, depending on the site), we ask the new graduates to select a first and second choice of service to specialize in. The interns sign a 2½ year contract and are obligated to pay back $7,500 if they don’t complete it. With our high retention rate and having staffed the majority of OR positions in the system, we think we have been successful.
**Bridge to practice**

Northwestern Memorial Hospital
Chicago
744 beds, 52 ORs in 3 pavilions

*Christine Bloomfield, RN, MS, CNOR, program manager for perioperative education*

Northwestern Memorial Hospital and Northwestern Academy, the teaching arm of the hospital’s human resources department, have integrated surgical services with professional education, forming what we call a “bridge to practice.”

The program, created a year ago, combines the expertise and practical knowledge of the OR educator with the adult learning theories used by the academy to build a new approach for OR orientation. The program is based on the premise that an orientation program needs to integrate practical expertise with adult learning theory and nursing theory.

We start with 6 weeks of AORN’s Periop 101 curriculum, with a half a day in the classroom and half a day in the OR. Two OR educators teach the classes with me, as well as preceptors.

After this phase, new nurses choose a service to specialize in and spend 2 weeks scrubbing and 2 weeks circulating in that specialty.

We have specialized call teams for each service, so there is no need for them to learn all services.

The bridge-to-practice concept combines Periop 101 with kinesthetic learning, an adult teaching and learning style in which the student learns by actually carrying out a physical activity. That enables nurses to apply the principles they learn in Periop 101.

With this approach, we believe orientees will retain information at a much higher rate.

Our major focus is on evidence-based practice. We want nurses to know why they are practicing a certain way and not just do things because that is the way it’s always been done.

Because we just started this program, we don’t know the effect on retention. One of my goals is to make our retention rate our indicator of success.

**System effort**

Memorial Hermann
Houston, Texas
11-hospital system

*Deborah Alpers, RN, administrative director of perioperative services, Memorial Hermann Southwest*

About 5 years ago, the majority of hospitals in the Houston area had stopped their training programs for OR nurses. As it became more difficult to fill vacancies, at Memorial Hermann Southwest we knew we needed a breakthrough. I convinced the administration that my part-time educator should be made full time, and we launched an OR internship program.

The program is now part of the Memorial Hermann system’s educational and recruitment plan.

Based on AORN’s Periop 101 curriculum, the program consists of 4 weeks of classroom instruction followed by 18 weeks of clinical experience in which the interns rotate through the specialties. Every other Monday for the 18 weeks, orientees return to the classroom to discuss a specific specialty and share progress. This gives them the opportunity to work in a specialty before hearing the lecture specific to that specialty. We found this to be more helpful than including all of the specialty lectures in the initial 4-week classroom component.
After the 18 weeks of clinical experience, the interns are working in the ORs with their preceptors. Usually, within 6 months from the beginning of the program, interns are taking call with a buddy.

The classroom is set up with a mock OR in a central location. The classes have had 12 to 16 interns each. The interns sign a 2-year contract to continue working with the Memorial Hermann system. So far, only one nurse has broken the contract because her husband was transferred. She did pay the $2,500 fee.

The program is a collaborative effort, with education staff from multiple facilities working together to plan and teach the course. As a result, OR education is now standardized throughout the system. Hospitals have participated whether they have a participant in the program or not. The system effort has been especially valuable to the smaller hospitals.

Many of us look for nurses within our own facilities who want the opportunity to become OR nurses.

**Orienting by technology**

Massachusetts General Hospital

Boston

900 beds, 42 ORs

Marion Freehan, RN, MPA/HA, CNOR, nurse director, main ORs

With so much new technology, we had to look at what would be a realistic orientation. How much can we teach orientees and expect them to maintain competency in? We finally decided to organize orientation around technology rather than service.

We divided the department into 2 parts, or pods, based on the technology used. Orthopedic, neuro, plastic, and oral and maxillofacial surgery are in 1 pod, and all abdominal and thoracic surgery are in the other pod. Though there’s huge difference between a head and a hip, a lot of the same instrumentation, power equipment, and technology are used across services such as neuro- and orthopedic spinal surgery.

New employees are hired for a particular pod and rotate only through services in that pod. We often have 30 nurses in orientation at one time.

Orientation begins with 1 month of classroom instruction with observation in the OR. The orientation is generic at the beginning. Orientees learn table setups, draping, and scrubbing, although RNs do little scrubbing.

After the first month, they begin clinical rotations through the services in their pod. For the next 8 weeks, they have full-time preceptors. If all competencies have been met during this 12- to 13-week phase, they move into orientation for the entire pod. The first 2 to 3 weeks of an 8- to 9-week service rotation is with a preceptor. For the remaining time, the orientee transitions to a novice level and is expected to support staffing numbers independently on identified novice cases.

When they transition to the next service in the pod, they again have a preceptor for 3 weeks and then become novices in that service. When orientees have rotated through all services (usually 21 to 24 weeks), they join a “home team” and continue to develop their practice. The total core education and service orientation takes 36 to 38 weeks.

The expectation is that they then can do any case within their pod. Even then, technology and new procedures present challenges. It is usually a year before a person is able to take call. But we’re staffed around the clock, plus we have teams for night call and weekend call, so they aren’t called in often.

To me, learning the services has to happen in orientation. If you don’t give nurses the time they need in orientation, it’s too hard to play catch-up when you have them in the staffing numbers and count on them to staff rooms.

—Judith M. Mathias, RN, MA