Onboarding: Laying the foundation

Third in a series on selecting and hiring perioperative nurses and integrating them into the staff.

So far, this series has taken us from developing selection criteria to making a job offer. In the September and October 2010 issues, we looked at the first 9 steps for identifying suitable participants for an OR training program at St Luke’s Boise Medical Center in Idaho. The program has achieved a long-term retention rate, and 50% of the present perioperative clinical RN staff are a product of this process. In the past year, the training program attracted over 100 applicants.

Now we will focus on successfully integrating the candidate into the OR, including cultural integration and providing the necessary skill set.

Onboarding process

The onboarding process for new OR circulators involves 14 steps in 3 categories:
- identification
- integration
- perpetuation.

The first article covered Steps 1-4: developing selection criteria, advertising, initial screening, and the phone interview. The second article addressed Steps 5-9, from OR observation through the interview and job offer.

This article focuses on Steps 10-12 in the integration category: the new employee’s first day, foundational instruction, and preceptor selection.

St Luke’s Boise has 17 ORs and a perioperative staff of over 160 who support the daily schedule of 55 to 80 cases. The ORs are staffed around the clock.

10. Start on day one

The participants who make it through the screening process are assembled for their first day of training. As adult learners, their vulnerabilities need to be addressed. These are adults with mortgages, families, and previous career comforts and expertise, which they have jeopardized for the sake of becoming an OR circulator. I acknowledge this fact along with the understanding that they have placed themselves in a vulnerable position.

I reassure them by reaffirming that the screening process is over, and we are now partners in the success phase.

Breaking the ice

We spend a portion of the first day getting to know each other and meeting departmental leaders, from service care coordinators to administrators.

Becoming part of the culture is key to sensing the likelihood of success.
The upcoming instruction will seem more relevant if the person has a sense of security in this new role.

Though some may see it as an unnecessary expense, I believe it is valuable to spend several hours on the first day getting to know each other. This is especially true if there are a dozen or more in the class. The new employees will spend up to 3½ weeks together in the didactic and lab environment.

Icebreaker exercises are helpful. For example, I have them mingle for 10 minutes and then come back together to introduce 2 people to the rest of the group. Next we focus on self-introductions. Topics are pets, family, former careers, most memorable moment in life, and “If money were not an issue, I would . . . .”

As instructors, it is important for us to do the same self-introductions. This begins to build the trust and understanding that will help in times of self-doubt. When I need to point out a shortcoming, I would rather do it in the context of having an understanding relationship than as an overly demanding instructor.

11. Foundational instruction
A solid perioperative theoretical foundation is another success component for integrating an RN new to the OR. Adult learners need to know the “why” before learning the “how.”

Though a program can’t cover every eventuality a circulator could encounter, enough time should be provided to teach the foundational standards that can be applied to different situations. The AORN standards and recommended practices are the evidence base for the instruction. Other texts as well as hospital policies are included.

Learning styles
Instruction should have a blend of presentations to appeal to various learning styles, including visual, auditory and kinesthetic (Johnson, 2009). Lecture, videos, and hands-on labs should all be used to enhance learning.

I believe even post-tests should focus less on testing and serve more as an additional form of instruction. Wrong answers are not wrong. They are an opportunity to explore the thought processes that led to the wrong answer and address this in a supportive manner so the learner will come to the correct conclusions the next time.

Learning resources
Some resources we use are standard items for every OR educator (sidebar). AORN’s Periop 101 core curriculum is the anchor of any perioperative training program, with 25 online modules. Videos from AORN supplement the curriculum.

Having led over a dozen perioperative training classes, I know online modules and videos alone will not prepare the participant for success. There is no substitute for classroom and lab time.

As lead clinical educator for our OR, I often find myself more of a facilitator than an educator. We call on as many as 20 other individuals to share their expertise, including educators, physicians, administrators, the infection preventionist, sales representatives, and others.

As instructors, we usually have a daily “debriefing” where we answer questions, go through post-tests, or use creative methods such as a game to reinforce learning.
While I emphasize the importance of theory, theoretical knowledge is not enough. On one occasion, for example, we had gone over a simple patient surgical prep with an in-depth lecture, multiple demonstrations, and a video. When we got to the lab portion, one participant was in tears before she got half way through a simple prep. I conversed with her alone to find the reason for these emotions. She said: “It made so much sense, and you made it look so easy when you demonstrated it. But as soon as I put on the gloves, it was like my mind went blank, and I only had thumbs.” Some reassurance and supportive comments during her next attempt got her to success.

**Applying learning**

Lab time is coordinated with the lecture almost daily. This helps the new employees prepare to apply their learning in the precepted phase of onboarding.

Towards the end of the didactic and lab phase, we conduct a Saturday event where we draw many components together. We have a morning of skills stations where the learners need to show their abilities at counting, prepping, positioning, and so forth. We take a break for pizza before beginning a mock operation.

These are teachable moments from opening the room to interviewing the patient, prepping, positioning, counting, problem solving, dealing with interruptions, and delivering the patient to the recovery area. It’s amazing how an inguinal hernia can take over 3 hours! The participants always look back to this day as a formative portion of their training.

We spend a total of about 3 ½ weeks with classroom, lab, and online learning. This is spread over 5 ½ to 6 weeks with other orientation mingled in. These experiences include shadowing professionals such as a CRNA, an orderly, our technical support coordinator, a preop nurse, and a recovery nurse. New circulators also spend about 3 days in the central sterile department and 5 days in our main core. Scavenger hunts round out this initial period.

The overall goal is to provide a gradual process for new circulators from observer to observed to independence. The security of a nurturing environment is important to success. This leads to our next step in onboarding new RNs to the OR.

**12. Preceptor selection**

There is no substitute for providing the newly hired RN with a positive introduction to the OR with a preceptor. Some old-timers may still believe nurses should get a 3-week orientation like they got 30 years ago. Those days are gone. The complexity of the OR today demands a gentler and prolonged introduction.

An experienced individual recently joined our OR team part time. When I laid out the educational orientation calendar I had compiled for her, she was impressed. She went back to her other facility and mentioned this to a colleague. He responded that at his facility, “We just give you a knife and tell you where your room is.” She called me that afternoon to ask if she could work full time with us! You’re more likely to err by shortening your orientation and preceptorship than by taking a little too long.

The typical perioperative training program is 6 to 9 months, depending on the size and complexity of the facility. Serving as a preceptor for this time can be stressful and challenging. It takes a dedicated individual who is will-
ing not only to gain professional ladder points but also to make a difference in the development of a new colleague.

**Components of preceptorship**

The preceptorship has 2 components. The novice spends about 2½ months with a primary preceptor or sometimes a primary and secondary preceptor. The goal is to gain general experience and skills.

This is followed by a 15-week specialty rotation where novices spend 3 weeks in each of 5 specialty areas. The service care coordinator for the specialty spends 1 week with the novice. In the second and third weeks, novices are semi-independent, with the service coordinator monitoring them periodically.

We have realized there are 2 advantages to this approach. First, novices build confidence in specialty areas sooner than if we waited until the end of all precepting to allow them to exercise some independence.

If they doubt themselves when they get into the next specialty, they can at least realize they already have some cases in which they are able to perform independently.

Second, administrators, while supportive of this process, are also eager to see returns on their investment. We have been able to show that the “semi-independent” weeks in this 15-week rotation model factor positively into productivity numbers.

**A good match**

It’s up to the educator or manager to make a good match between preceptor and novice.

At our facility, there are a number of options for preceptors to be educated on this role. Our health system has an in-depth program taught by qualified educators. I have also used the AORN online preceptor module, although the facility contract typically provides only for 4 complimentary learners.

I have developed a preceptor program with OR specific examples that I teach to 3 to 6 staff members at a time. This training has a learner assessment tool identical to the one used with the perioperative training participants on their last day of didactic training. The tool is not intended to match 2 identical people but to allow both novice and preceptor to better understand each other and their learning or teaching styles.

Precepting out of duty is not usually a recipe for success. Because our success with the perioperative training program is around 85% at the 2-year mark, preceptors have willingly taken on this challenge, confident they will not be pouring their efforts into someone who will quit in a few months. While they do collect points towards their professional ladder advancement, the most successful preceptors do it for the joy of nurturing a new OR circulator.

Matching a novice and preceptor is not easy. It is a combination of evaluating their temperaments, backgrounds, years of experience, hobbies, marital status, cultural compatibilities, etc.

I believe it is more important for the 2 individuals to bond on a relational level than for the preceptor to take an additional preceptor class. Two to three months of daily precepting can take a toll on a relationship if it is not strong to begin with. Additionally, a preceptor who guides the novice purely on a clinical level will seem intimidating when pointing out a flaw. But if...
the preceptor is trusted as a friend, the novice is likely to view the guiding as a gentle nudge.

**Relational precepting**

Relational precepting is the key to the success of new RN circulators and is something I nurture with both the novice and preceptor. Evaluation of this relationship and its outcomes falls back to the educator or manager. This will be the focus of the next article, which addresses the third category of onboarding new RNs to the circulator role, the perpetuation phase.

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The fourth article will explore the perpetuation phase of onboarding, focusing on career planning, evaluation, and competency validation.

**Reference**


**Perioperative education references**

www.aorn.org

