Onboarding: Evaluating new RNs

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

So far, this series on onboarding has taken us from developing selection criteria to making a job offer through the initial phase of employment.

The onboarding process for new OR circulators involves 14 steps in 3 categories:

• identification
• integration
• perpetuation.

The first 3 articles looked at 12 steps for identifying and integrating suitable participants for an OR training program at St Luke’s Boise Medical Center in Idaho (sidebar).

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 nearly 200 applicants.

Now we will focus on the last 2 steps, perpetuating the success and longevity of the candidate through ongoing evaluation and career planning.

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.

13. Ongoing evaluation and competency validation

An evaluation of participants’ competencies begins early. Towards the beginning, it may be as simple as noting their willingness to be involved and engaged in a skills lab. In the didactic portion of the program, I seek to draw each individual into discussions. I often have a group post-test and go around the table allowing them to answer the questions. If one individual frequently gets the wrong answer, it begins to alert me to a potential problem. At times, I mix things up so the process appears random when I actually may be testing particular individuals.

In another exercise that can be telling, I have them do a variety of assignments to be presented to the class. A standardized study of a policy or article tells me a lot about their depth of preparation or understanding.

One of the major assignments is to present an in-service to the class on the last day of didactic classes. There is often a stark contrast in the depth and quality of the presentations.

Checking online learning

AORN’s Periop 101 recent online format allows me as the administrator to check in to see how long someone took to do a module and how the person
scored. If the person is cruising through too quickly and not scoring well, he or she is likely not retaining the information they need.

The lab is another opportunity to evaluate the grasp of concepts and techniques. When I notice an individual hold back while others are jumping in, I begin to make mental notes and look for patterns. The inverse is also true. The eager person stands out as someone who will be easy to educate. I will attempt other techniques first, but if necessary, early face-to-face conversations can stimulate the person to move in the right direction.

**Learning styles**

I am cognizant of the variety of learning styles and don’t expect that all novices will learn in the same way in a group setting. It is up to me to get to know the participants personally to ascertain their learning styles and look for the right learning opportunities and the most appropriate preceptors to match with them.

Periodic check-ins with preceptors are essential to get the pulse of their progress. If I sense a hesitation by the preceptor, I follow up with probing questions or tips on how to evaluate the individual’s progress. It may also lead to a one-on-one conversation with the participant. Their participation in weekly class meetings during the precepted portion of the program tells me whether they are getting it or not. Some have great stories to tell of what they saw this week or what they were able to do. If another person is holding back, I seek to draw him or her out and see if it’s shyness or lack of actual experiences.

**When help is needed**

When it becomes apparent that the person is struggling with skills or the theoretical framework, it’s time for me as the clinical instructor to get more involved. I may work on individualized skills labs with them and give them assignments. I may have a 3-way discussion with the preceptor, novice, and myself. We explore what the obstacles may be and what each one could do differently to produce better outcomes. All the while, I am monitoring the individual’s personal drive or motivation to be successful in this program. I have already pledged my commitment to “pull them over the finish line kicking and screaming if need be.” This assumes their continued commitment to success.

**An action plan**

Based on the outcomes of these discussions, it may be necessary to move in one of two directions:

- I may develop a measurable daily or weekly evaluation tool that is completed by the preceptor.
- I ask the participant to write up a personalized action plan addressing the issues we have identified. Items in the action plan need to be measurable and attainable.

On some occasions, the individual’s reluctance has led me to write the action plan. One person knew he was struggling and wrote an action plan and brought it to me for review before I even had a chance to bring up the topic. A person taking ownership of his or her own success is a thrill for an educator. As with all my interactions with employees, the goal of even stringent action plans is not to weed out people but to get them to a place where they will be the productive, safe, and competent individual we believed we had interviewed and hired.
90-day evaluation

A perioperative training program needs milestones to establish progress. At the 90-day point, we complete a formal evaluation that looks predominantly at the new employees’ fit to our corporate and departmental values. Are they who we believed them to be when we interviewed them? There is minimal performance or competency assessment in this tool, although comments are often added by those who contribute to the evaluation.

The participant also contributes a written self-evaluation, which is compared to the comments from their evaluators. This is an important time to discuss their progress and how they see themselves compared to how others perceive them. It is also a time to begin priming them for the 6-month competency-based evaluation as well as how their annual evaluation differs from the 90-day evaluation.

6-month evaluation

The next major milestone is at about the 6- to 7-month mark. At this point, the new employees will have completed their time with their preceptors and a 3-week rotation with each of our service care coordinators. Each completes a competency-based evaluation on the individual using a 0-10 point scale.

I record the average of all scores and align these with how the participants scored themselves. This will either point out consistency with the preceptors or a contrast that needs to be discussed. Seldom do we get to this point without having remediated the disparities between the participants’ actual competency and that perceived by their preceptors.

Our goal at this point is to move the training participant into an advanced beginner role, giving safe and independent care to our general patient population. It will take time and support before they will be considered competent, proficient, or expert. We continue to provide support and resources daily to ensure safe practice as well as continued personal growth.

14. Career planning

My first director surprised me when, early in my orientation, he made it clear he was planning to give me skills I would someday use elsewhere. The attitude of my director gave me a freedom to openly develop skills I may otherwise have been more reserved in displaying. I realize now that my director was aiding me in my career planning. I felt great freedom to take leadership courses at his expense preparing me for roles beyond the scope of that first small OR. That same freedom is important to give new employees.

Providing opportunities for career growth gives employees the sense that they can accomplish all their goals in one location without moving to another facility to pursue the next step in their career path. I postulate that this freedom for career advancement may actually contribute to job satisfaction, loyalty, and ultimately the longevity of the individual’s employment.

Support development early

OR novices need to know that you support their development even beyond the position that they were hired for. My goal is to identify early where each novice may go in his or her career. Some will develop within the role of the circulator to become our future experts. Others have the gift for leadership roles.
One new recruit showed great leadership attributes within the first week. I mentioned that I anticipated that she would likely be my boss someday. She has proven my early impression by moving to a charge nurse role and more recently to the position of nurse manager. Others have moved into roles such as service care coordinator, clinical supervisor, clinical educator, and shared governance team captains and coaches.

One effective tool in developing employees is to include them early on shared governance teams. These teams allow for staff-level decision making related to the work environment. Team members are led by staff captains who are coached by a member of the OR leadership team. Often there is progression from team member to captain to coach.

While the informal approach to career planning may work, it is also important to include a formal process. In the 90-day and 6-month evaluations of novices, I formally explore their career aspirations. Do they want to be a team leader someday? Do they see themselves being a manager or supervisor? If they are an associate degree graduate, can I help them work on a BSN? If a BSN graduate, then how about an MSN?

**Pursuing certification**

We expect them to pursue their CNOR certification at the 2-year mark. Our tuition reimbursement program is generous. I seek to reassure them that any such educational aspiration will be supported. Even the CNOR certification exam will be covered in advance. Study tools are made available. A professional ladder further recognizes achievements with a financial incentive. This formal approach to career planning is further promoted in their annual evaluation with the nurse manager.

After I have completed the 6- to 7-month competency evaluations, I submit a formal report to the OR leadership team at which time I hand over managing their development to the nurse manager and clinical supervisor. I am already working on recruiting the next eager participants to be the future stars lighting our OR department!

**Conclusion**

Training the OR circulator of the future is a journey, not a destination. Training is perpetual. With a large percentage of the OR circulator population within 15 years or less of retirement, a proactive stance of backfilling those positions is needed. It is not wise to wait for someone to retire before deciding to train their replacement. As seen here, the timeline from recruitment to independent care at an advanced beginner stage takes at least a year. That is too long to wait after someone has retired. The wise OR director will invest early. Rather than paying a traveler’s fees for 6 months, that same money could be invested in recruiting and training a new circulator through the process to the stage of advanced beginner.

The steps outlined here have been tested with scores of individuals with great results. While these steps may not work in all settings, they have proven to be beneficial, especially in environments where the direction of the organization and department are futuristic in their planning and vision.

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*A sample evaluation tool for new RN circulators is in the OR Manager Toolbox at www.ormanager.com*
Onboarding articles

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Steps 1-4:
• Developing selection criteria
• Advertising
• Screening
• Phone interview

October 2010
Steps 5-9:
• OR observation
• Conversation with candidate
• Behavioral interview
• Evaluation and analysis
• Job offer

November 2010
Steps 10-12:
• Employee’s first day
• Foundational instruction
• Preceptor selection

December 2010
Steps 13-14:
• Ongoing evaluation
• Career planning