Opening OR doors for new graduate RNs

Hiring RN new graduates for the OR was almost unheard of 15 years ago. Now 74% of OR directors and managers in the 2011 OR Manager Salary/Career Survey say they accept new grads and RNs without OR experience.

To help ease the transition, some organizations are using innovative approaches like perioperative immersion programs and nurse residencies. Here are two examples.

Perioperative immersion gives students a leg up in a tough job market

When he first observed the circulating role while in nursing school, Ryan Gaudreau, BSN, RN, admits he didn’t think it seemed that intriguing. But his view changed when he participated in the University of Minnesota’s semester-long immersion program in perioperative nursing.

“When I got into it, I was surprised at how much they had to do and how intense it was,” he says.

Today Gaudreau is a circulating nurse in Fairview Health Services (FHS), a large Minneapolis-based health system with 7 hospitals.

The program has helped FHS and the University of Minnesota School of Nursing address obstacles to getting new graduate nurses into perioperative nursing:
• a lack of opportunities for students to experience the OR while in nursing school
• a need for new nurses to replace senior perioperative RNs who will be retiring
• the ability of schools to place nurses in a lagging economy
• a need to ease the transition of new RNs into the clinical setting.

The 5 students who participated credit the program with giving them a leg up in the job market. Gaudreau and another student, Christa Watson, BSN, RN, are employed as circulating nurses by FHS. A third participant landed a slot in the University of Wisconsin’s competitive perioperative residency program. Two others accepted nursing positions outside the perioperative setting.

Intense immersion

The perioperative immersion is intense, with 300 clinical hours, double that of other nursing specialties. There are also 2 weeks of didactic and lab instruction with 15 modules from AORN’s Periop 101 course. Students are in clinical practice with a dedicated preceptor for 24 hours a week. They have the option to complete additional Periop 101 modules on their own.

“We took what we felt was essential for them to get a clinical experience,” says Sheila Sullivan, MHA, RN, clinical learning specialist. “There were also modules we felt they could do on their own, such as latex allergy, where they really didn’t need an instructor.”
Both Gaudreau and Watson finished all of the modules.
The students were assigned dedicated preceptors. “With nursing students, we felt this was imperative,” Sullivan says.
The immersion covered only the circulating role. Though students wanted to explore broader aspects of perioperative nursing, such as scrubbing and postanesthesia care, it would have been hard to fit more in, the instructors note.

Building bridges
FHS worked with the school of nursing to develop the program over 6 to 7 years.

For FHS, the advantage is that the students are introduced to perioperative nursing as part of their academic preparation, saving 2 to 3 months of salary for orientation, notes Carol Hamlin, MSN, RN, director of departmental performance for perioperative services at the University of Minnesota Medical Center, Fairview, in Minneapolis. FHS estimates a $30,000 savings in orientation costs for the 2 students. The course and books were subsidized by Fairview.

The drawback is the added demand on preceptors and other clinical staff. In 2010, FHS was challenged by the need to cross-train and hire new staff for a new children’s hospital. Once that is over, Hamlin anticipates perioperative services will be able to accept more immersion students.

Perioperative staff who evaluated the students said they found their performance “outstanding” and “comparable to the performance of RNs new to perioperative nursing,” Hamlin and her colleagues reported in a poster presentation.

Building bridges between schools and clinical practice will require this kind of creativity, given the capacity issues both face, observes Mary Rowan, PhD, RN, the School of Nursing’s director of prelicensure programs.

Though prelicensure programs typically prepare generalists, Rowan says the school seeks to give interested students focused experiences, particularly in areas of need. That way, by the time they graduate, they have experience beyond what is typically expected in a new graduate. That serves everyone’s interests.

Experience ‘opens doors’
What did the students think?

Though the 24 hours of clinical practice a week was difficult, all said they would recommend it to others.

For Watson, who came into nursing as a nontraditional student in her 30s, the biggest surprise was the technical skill needed.

“It’s not just a caring hand, you need to be technologically savvy,” she says.

She says she found the immersion to be “a great experience. It really opens doors. You see a different side of nursing that not many students may know about.”
Periop residency sets tone for learning and leadership

Three perioperative nursing residents—new grads in their first year of practice—developed an evidence-based presentation on the health hazards of surgical smoke that they shared in an in-service with their colleagues. They also gave the presentation at nursing grand rounds and in a national webcast.

It’s one example of opportunities the residents have had at the University of Wisconsin (UW) Hospital and Clinics in Madison.

UW, which has had a perioperative nursing residency since 2004, participates in the national residency program through the University HealthSystems Consortium (UHC) and the American Association of Colleges of Nursing (AACN) (related article, p 18). UW had 7 perioperative nursing residents in 2010.

Support in a challenging year

The residency supports new nurses during their first year when they are most vulnerable to frustration and faltering confidence that can lead to turnover. The residency supplements UW’s perioperative nursing orientation.

“We’ve always had a rigorous orientation program. This took the orientation and enhanced it,” says Barbara Pankratz, MSN, RN, director of surgical services for the 39-OR department.

The curriculum helps new grads build skills in areas such as critical thinking, evidence-based practice, and interdisciplinary communication plus provides social support.

Pankratz calls the surgical smoke presentation an “excellent example of something that enhanced the experience of orientation and really speaks to the life-long learning process.”

Setting the tone

She says opportunities the residency provides help set the tone that clinicians at all levels of experience can learn from one another. The project also modeled the use of evidence-based practice. “Even though they are in a learning mode as new nurses in the OR, they also had the opportunity to be in a leadership role, sharing information with colleagues about the research they did,” Pankratz says.

Increasingly, new grads seek out hospitals that provide a formal transition-to-practice program, adds Ann White, BSN, RN, manager of education and informatics. Graduates come out of school wanting to work in an organization that will help them succeed because they are aware that the first year of nursing is difficult.

Through the residency, the new grads, who participate in activities with their new nursing colleagues from other departments, also are able to “see beyond the one area of the hospital they are working in,” Pankratz says.

“They develop relationships with other new nurses. It also allows a consistency in the approach of how you start a new job, approach practice, and become a learner in the organization.”

In addition, the residency has helped new nurses to bring their practice forward, learn to make change, and be innovative.

“It teaches them how to bring a project forward in a positive way,” says White.

—Pat Patterson