Orientation redesign improves employee satisfaction, retention

What do you do when your orientation program isn’t effective in educating and retaining OR staff?

Carol Pehotsky, MSN, RN, ACNS-BC, CPAN, director of peri-operative education at the Cleveland Clinic in Cleveland, Ohio, found herself in that position 3 years ago. “We blew it all up and started over,” she says. Pehotsky embarked on both a new role and a new education department.

Pehotsky and her colleagues in the education department—Anna Egan, BSN, RN, CNOR; Mary Tighe, MSN, RN, GCNS-BC, CNOR; and Julie A. Cahn, MSN, RN, ACNS-BC, CNOR—implemented the new orientation program in February 2012.

More than 90% of the 49 “graduates” were still working in the OR 1 year after completing the program. The program accepts both new graduate nurses and nurses without OR experience.

Pehotsky credits their success to a new way of thinking about the perioperative role along with better integration of didactic and practice experiences.

**Getting back to basics**

One of the first questions Pehotsky asked was, “What does it mean to be a perioperative nurse?” Too often, orientation programs focus simply on skills such as electrocautery and surgical site preparation, but Pehotsky and her team realized that emotional intelligence and critical thinking are also vital for success in the OR. “You can have the clinical skills, but not have what it takes to be an OR nurse,” she says.

Although Pehotsky first thought that only new graduates would need socializing into the OR, the team found that wasn’t true.

“Even nurses who have experience in the ICU or medical-surgical unit need guidance as to how to apply critical thinking in the OR because the environment is so unique,” she says. For instance, a perioperative nurse needs to know how to tailor a conversation to advocate for a patient without distracting the other providers during critical moments in a surgical case.

The team also knew they needed to address floating, even though the Cleveland Clinic has 12 service lines for its 70-plus ORs, which handle more than 45,000 surgical procedures a year. “Philosophically, we don’t want to build a vascular nurse, we want to build an OR nurse,” Pehotsky says.

That meant incorporating brief rotations (2 to 3 days) in each service line into the orientation program. The rotations focus on circulating rather than scrubbing skills and are designed to expose new personnel to the service line staff, environment, equipment, and general processes.

Finally, analysis revealed that orientation had moved away from teaching nurses how to scrub, something that Pehotsky and her colleagues felt needed to change.

“Even if they don’t have to scrub within the service line for which they were hired, scrubbing gives them understanding and insights into working in the OR,” Pehotsky says.
“Having an opportunity to work with instruments and equipment at a psychomotor level provides the circulating nurse a deeper understanding of each item,” she adds. For example, circulating nurses can better prioritize obtaining an item in an emergency if they understand that item’s use.

**Using a three-pronged approach**

The analysis by Pehotsky and her team led them to develop a three-pronged approach to the content needed in the 12-week orientation program:

- **Nursing knowledge** covers topics such as scrubbing, hemostasis, anesthesia, and critical thinking.
• Surgical case knowledge focuses on terminology and the different surgical specialties.
• Social aptitude skills include concepts such as bullying, chain of command, and advocacy.
  “Competence in all three areas is necessary to excel as a perioperative nurse,” Pehotsky says.

Each week of the program builds on the previous one as concepts become more advanced. For instance, week 2 under social aptitude skills contains effective communication; by week 5, participants are ready to discuss crucial confrontations, and in week 10, they are learning about generational differences. Similarly, week 2 of nursing knowledge contains gowning and gloving, week 6, code management, and week 11, anesthesia (sidebar).

The week’s schedule is also designed to foster skill building. During weeks 1 through 6, participants typically spend 1 to 2 days in class, then work with their preceptors for the rest of the week, ending with a postconference on Friday. Content is focused on the scrubbing role. “The first week they just scrub in and observe,” Pehotsky says.

Weeks 7 and 8 give participants the opportunity to scrub cases full time to apply what they have learned up to that date. Pehotsky says these 2 weeks were added based on feedback from orientees: “They wanted to have more time practicing scrubbing before learning about circulating.”

After their intensive scrubbing experience, participants return to the classroom during weeks 9 through 12, ready to concentrate on circulating skills and critical thinking. They again spend 1 to 2 days in class, work with preceptors the rest of the week, and attend the postconference.

“You want to avoid the trap of too much classroom time,” Pehotsky says. “PowerPoint is only one way of delivering information and not always the most effective way. The hands-on learning is what they really remember.”

Not surprisingly, she says that selecting the right preceptor is key. “Preceptors can be doing education in a live setting and making it a fun, interactive experience.”

**Helping adults learn**

Pehotsky emphasizes the need to base orientation on adult learning principles. For example, adults like hands-on experience, so participants practice working in a mock OR setting before venturing into the clinical setting. “It gives them a safe place to practice, and we can help them build their confidence,” she says.

Information is presented in “digestible chunks,” Pehotsky says. “Adults learn in a stepwise manner, but it’s not necessarily smooth. As adults, we benefit from receiving information in a variety of modalities, and it often takes multiple exposures before we ‘get it’ and can apply it in practice without prompting.”

The Friday postconferences are an ideal time for open discussion, but Pehotsky and her colleagues also have an open-door policy for participants.

“We tell them that if there is anything they need, seek out one of us,” she says, adding that although orientees may be assigned to a particular instructor, they should feel free to approach any of the educators. During their clinical experiences, participants also have the opportunity to interact with educators who are making rounds when they aren’t teaching.

Participants also complete an evaluation of the orientation program after week 8 and at the end of the course, but Pehotsky emphasizes that they need to take ownership of their learning experience. “Waiting until week 12 to tell us we didn’t meet your learning needs is too late,” she tells orientees. “Come and talk to us.”
The program also includes a weekly evaluation of the orientee’s progress, which is completed by the educator with input from the preceptor and the orientee.

**Leaving the nest**

Pehotsky estimates that it takes about 6 months for orientees to “leave the nest.” After the initial 12-week program, she says, the educator puts the responsibility on the orientee to complete the competency checklist.

The educator works collaboratively with nurse managers on the orientee’s 45-day and 90-day evaluations. The 90-day evaluation includes a discussion with the nurse manager, educator, and orientee on skills and experiences needed for the balance of the orientation period.

Of course, new employees can still contact one of the educators for assistance, and they can tap into ongoing staff education programs. Educators conduct rounds to deliver quick, bulleted type information, hold in-services twice a month, and work with staff on competencies. Pehotsky’s colleagues spend up to 20% of their time in the staff nurse role to maintain their clinical competence, and they also help with quality initiatives.

**Looking to the future**

Now that Pehotsky and her team have revamped orientation at the Cleveland Clinic, they plan to reach out to the other eight hospitals and 16 health centers in the system. “Not every facility has a perioperative educator and certainly not a department, so our vision is to determine how to reach out and be helpful,” she says.

Centralizing the classroom part of orientation at the main campus of the Cleveland Clinic is one idea the team is testing. Participants would then return to their facilities for the clinical portion.

Pehotsky and her colleagues are also modifying the orientation for several surgical technologists who are preparing to take the exam to become a registered nurse.

“We’re excited about this,” she says. “It pushes us to think about orientation a little differently; we can deliver education at a faster pace.”

_Cynthia Saver, MS, RN, is president of CLS Development, Inc, Columbia, Maryland, which provides editorial services to healthcare publications._

**Reference**