

Designing Nursing Orientation: Evidence-Based Strategies for Effective Programs © HCPro, Inc. 5 Changing role of the staff development department As the need for education and training expanded, so did the responsibilities of the staff development.

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from Northwestern Memorial Academy, the training and development section of the human resources department. The academy, in turn, asked the clinical nurse specialist CNS for the department of respiratory care, who held dual certification as a critical care CNS and in continuing education and staff development, to assess the program and recommend revisions. Previous Section Next Section Assessment of the Critical Care Orientation Program In our traditional approach, when a new nurse was hired, the manager of the ICU was disconnected from the educational part of the orientation and focused on the departmental orientation from a human resource perspective. The staff educator took on the bulk of the role of determining compliance with the mandatory hospital-wide educational programs, the unit-based classes, online learning modules, scheduling of orientation, and follow-up. A comprehensive assessment of the critical care orientation was performed during the last quarter of and into the first quarter of The CNS identified 3 primary areas of inconsistencies in our previous orientation program: We defined instructional reliability as the ability of 2 different instructors to teach an identical session with equal results. In other words, participants who attended identical sessions taught by different instructors should have the same understanding or grasp of the material. However, we found that equal results were not the case. Teaching materials consisted primarily of standardized PowerPoint presentations, and sometimes outdated written materials were used. Occasionally, instructors usually the staff educators were not available to teach scheduled classes because of unit staffing needs and classes had to be canceled. Because classes were offered bimonthly, they did not always coincide with the start of orientation sessions; therefore, new nurses were inconsistently scheduled for these classes. Next, the CNS developed 4 separate assessment tools, one each for new orientees, preceptors, the unit-based staff educators, and the nurse managers. These assessment tools were based on her experience with the development and evaluation of previous orientation programs. The tools consisted primarily of open-ended questions and were distributed to each of the 4 groups. In addition, recent orientees were asked about how much time they spent in classroom education, in clinical orientation with a preceptor, and in self-directed activities. Many of these questions were duplicated throughout the groups to provide a comprehensive picture of the current state of the orientation process.

Chapter 2 : Preceptor-Based Orientation Programs: Effective for Nurses and Organizations?

Designing Nursing Orientation gives you all the tools needed to design an evidence-based orientation program. In fact, you'll get everything you need to streamline the orientation process and make it work successfully for your organization.

Meeting challenges when building and implementing a successful orientation program After reading this article, you will be able to: What is a successful orientation? A successful new hire orientation requires planning, execution, and follow-up of learning experiences with the new employee from the first contact. I am a strong advocate for the use of interactive, staff-centered, relationship-based new hire orientations that build on best practices. Yet, in the first few months of beginning a new job they were once eager to embrace, new hires report feeling discouraged, disillusioned, and overwhelmed. Orientations are meant to welcome new hires; to introduce employees to the organization and work environments, coworkers, and leadership; to remove the mystery of their new roles, assignments, and responsibilities; and to provide positive attitudes and skills for successful transition and integration into another adjunct in their careers. We know that frequently does not happen. So what does happen? Typically, new hires experience a parade of boring, speaker-centered, lecture-driven presentations or computer-assisted training with little or no opportunity for genuine discussion or interaction. Then the clinical orientation begins. New knowledge, skills, attitudes, and competencies must be processed in varied amounts of time. Some organizations require a new hire to pass a medication administration exam, adding test anxiety to an already demanding schedule of experiences and learning activities. Years of new employee feedback and evaluations of new hire and clinical orientations delineate a number of challenges with traditional orientations, as well as opportunities to improve them. Job dissatisfaction scores have been reported during or immediately after the new hire orientation and extending to nearly 18 months post-hire. What are some of the shortfalls that prevent organizations from being competitive, driving up turnover and decreasing productivity and the job satisfaction of employees? Building and implementing successful new hire orientations will always carry challenges that invite creative strategies to meet them uncommonly well. Several such challenges include those discussed in the following examples. Orientation facilitators do not address the traditional short-term focus of orientations, which is giving too little or too much information too quickly to sufficiently encourage the retention of new hires. Provide an operating context for new hires for knowledge transfer and application to practice. Expand support and include a services focus. Give new hires current contact lists and job aids to help decrease initial information overload. Continue to add new knowledge e. Provide opportunities throughout the orientation for new hires to share their knowledge and skills during presentations, preceptorships, learning activities, and team assignments. Owning their learning can help new staff members build confidence and collegiality. Failure to transition and integrate new hires into the workforce e. Ensure that the orientee is not left alone to find his or her own way in the new organization. Preceptors should engage the new hire starting from day one e. Team building begins during the hiring interview. As the recruiter and supervisor or manager consider the qualities and abilities needed in a new hire to ensure successful integration into the assigned practice setting, they weave this information into the interview and orientation. When managers select the right new hire before giving him or her the job, the orientee usually becomes more comfortable in the new work environment much more readily. Introduce the orientee to metrics used in performance improvement, evidence-based practice, and research conducted at point of care. When collecting and using data, show the new hire how to set realistic and measurable goals, meet performance measures, and make changes in practice based on outcomes. Explore best practices and systematic processes with the orientee that will help him or her to be more effective and confident in providing care and applying knowledge and skills, and building competency, proficiency, and professional accountability. Lack of functional management buy-in and participation e. Engage a broad cross-section of functional leadership i. Create participative partnerships with all levels of management to facilitate employee empowerment, enablement, engagement, broader spans of individual control, shared decision-making, and shared leadership. Orientees have fewer complaints and tend to remain with managers who create work environments that facilitate autonomous professional practice, critical thinking, and

application of clinical judgment. Distribute appropriate workloads at each stage of orientation. Participate in two-way communication when providing performance feedback, competency assessments, and team assignments. Praise good efforts and outcomes at each opportunity. Use crucial conversations throughout the orientation to help them succeed. Disparities in early career support encourage orientees to seek new positions when they are ready to advance their careers. Build confidence from first contact. Help provide clarity and empowerment for career development. Partner the new hire with a clinical educator e. Offer cross-training and career progression, challenging assignments, and increasingly more complex responsibilities, authority, and accountabilities. Recognize and celebrate every success, no matter how small, as goals are achieved and new ones set. When building a successful new employee orientation, it is critical to consider the whole person and both personal and professional determinants for enculturation into a new organization and service. Incorporate tools and resources to provide orientations that promote retention and loyalty. Engage orientees through discussion, humor, and interactivity. Help them become comfortable quickly, confident of new knowledge, skills, and relationships. Most new hires come into an organization excited about new possibilities. Truly successful orientations help them realize those new possibilities, integrate them into high-functioning teams with participative management, and support their career progression. Meeting orientation challenges with creative strategies facilitates a more positive experience that translates into job satisfaction and greater possibility of protracted retention. Evidence-Based Strategies for Effective Programs. New Employee Orientation Training. Weekly Reader Poll How difficult is it for you to maintain a healthy lifestyle with your current workload? I can always find enough time for exercise, sleep and healthy meals. I can manage to get sometime in the week to focus on my health, though it can be a time crunch. I almost never have enough time to look after my health, I have too much work to do.

Chapter 3 : The five key elements of a good orientation program - racedaydvl.com

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Chapter 4 : Designing a Comprehensive Model for Critical Care Orientation

Assessment of the Critical Care Orientation Program. In our traditional approach, when a new nurse was hired, the manager of the ICU was disconnected from the educational part of the orientation and focused on the departmental orientation from a human resource perspective.

Chapter 5 : Designing individualized nursing orientation - racedaydvl.com

Designing Nursing Orientation by Adrienne E. Avillion, June 21, , HCPro edition, Paperback in English - Book and CD-ROM set edition.

Chapter 6 : Orientation - Human Resources

A 5-year program was begun at this community hospital to increase the effectiveness of nursing orientation for new graduates, to establish this facility and its leaders as partners with whom new graduates will choose to develop nursing careers, and to build a capable, committed future workforce for the community.

Chapter 7 : Program Development and Educational Design – Orientation

Doctor of Nursing Practice project commenced to develop an evidence-based nursing orientation program for Registered Nurses (RN) and Licensed Practical Nurses (LPN) at a community health system in Virginia.

Chapter 8 : New Graduate Nurse Orientation Program | Howard County General Hospital | Johns Hopkins

Evidence-based clinical orientation featuring presenters from every level of the organization Didactic coursework to taught by nurse leaders and other experts covering all aspects of professional nursing, including evidence-based practice, shared governance, delegation, and the forces of Magnetism.