Streamlined Orientation and Preceptor Guidance for the Cardiovascular Observation Nurse

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Two Projects – One Goal:
Improve orientation process by increasing unit preceptor readiness AND by improving orientee satisfaction.

Improving Orientation through Preceptor Guidance
• Streamlined Nurse Preceptor Guidance for the Cardiovascular Observation Nurse
  • Goal: Better prepare nurses for preceptorship on a cardiology observation unit through the development, implementation, and ongoing evaluation of a streamlined, unit-specific orientation guide that will direct preceptors through education topics that should be covered during orientation.

Improving Orientation for the Orientee
• Improving Disease-Specific Nursing Orientation in a Cardiac Observation Unit
  • Goal: Implement a disease-specific nursing orientation checklist which demonstrates better preparation and satisfaction of new nurses through improved post-orientation assessment scores.

Streamlined Nurse Preceptor Guidance for the Cardiovascular Observation Nurse

• Objective: Better prepare nurses for preceptorship on a cardiology observation unit through the development, implementation, and ongoing evaluation of a streamlined, unit-specific orientation guide that will direct preceptors through education topics that should be covered during orientation.
Background and Current Knowledge

- **Why provide preceptor training?**
  - Unique characteristics of Cardiac Observation Unit requiring a specialized orientation:
    - Unit experienced a significant turnover in staffing, to include leadership, within the year prior to the start of project
    - Unit only in existence for just a few years
    - Daily operation style is unique (obs & disease-specific)
  - Preceptors often feel inadequately prepared for the preceptor role (Foy et al., 2013)
  - Our unit's preceptors have requested guidance
  - Some of our preceptors have little preceptor experience
  - Current Organization Level Preceptor Workshop is valuable, but, along is not enough to adequately prepare preceptors
  - Gaps in preceptor training also exist r/t assistance in specifying education topics nurses should cover related to their nursing unit specialty knowledge (Robinson, 2015) (Cotter & Dienemann, 2016)

- **Current Preceptor Programs**
  - Characteristics of current preceptor program available at the org level of the facility where project was conducted is comparable to what other facilities offer r/t preceptorship training, which includes:
    - 4-8 hour workshop covering:
      - General roles, responsibilities & expectations of the preceptor
      - Principles of providing feedback
      - Learning Styles Overview
      - Communication Skills
      - Prioritization
      - Time Management Skills
  (Cotter & Dienemann, 2016)

- **Preceptorship r/t Nurse Retention**
  - Adequately training and retaining nurses go hand in hand to improve pt quality outcomes
  - Preceptor support affects job satisfaction for the preceptor, and ultimately affects retention as well
  - Better training = improved job satisfaction for newer employees. Again, job satisfaction = increased retention
  - Nurse retention also saves organizations money
    - Can cost $80,000-$100,000 to train a nurse
  - Retained nurses bring more experience & help improve overall pt outcomes
  (Squillaci, 2015)
Background and Current Knowledge

- Specialty Units need Specialty Training
  - Unit-specific training led by adequately prepared preceptors is vital to the success and survivability of a specialty unit (SCPC, 2016)

- Essentially, 2 specialties are present within our unit:
  1. Cardiology Nursing/Healthcare
  2. Observation Nursing/Healthcare

Review of literature suggests that the effects of inadequate preceptorship/orientation experiences are:

- Stunted nursing development
- Suboptimal patient outcomes
- Decreased nurse retention (Foy, Carlson, & White, 2013)

Current Knowledge and Practice Implications

- Preceptors often feel inadequately prepared for the preceptor role (Foy et al., 2013)

- All reviewed studies revealed that preceptors felt more prepared to develop orientees after attending a preceptor workshop (Selley, 2014) (Burton, DePaul, Herbst, & Bouer, 2012)

- However, gaps in preceptor training exist re assistance in specifying education topics nurses should cover related to their nursing unit specialty knowledge (Robinson, 2015; Cotter & Dierkhaus, 2006)
Methods

- Learning Needs Assessment
- Unit RN Demographics & Need Identification
- Unit Specific Orientation Guide Development
- Education Module for preceptors related to preceptor readiness and use of the developed guide via Power Point presentation
- Outcome Measures: Pre-/ Post Testing of preceptor knowledge
- Course/Instructor Evaluation

Plan

- Develop guide.
  - Provide the guide to preceptors in advance.
  - Evaluate preceptor readiness r/t each week’s guide topics the week before its' planned use.
  - Ensure preceptor is aware of orientee’s learning style & is prepared to apply it in teaching/developing the orientee’s knowledge & skills.
  - IMPORTANT: Weekly meetings with preceptor, orientee, ANM, NM, and/or SDS will occur to track & evaluate progress.
  - Upon completion of orientation, orientee will receive a copy of each week’s guide with all notes to use as a future reference tool.

Plan

- During week one of floor orientation, the preceptor and orientee will only be assigned 2 patients (a floating charge nurse will pick up other two patients)
- Weekly orientation education guide with specific objectives was developed to ensure the most important topics for our unit are covered instead of relying on just assigned patients' conditions
- Guide will be provided to preceptor in advance of entering each week of preceptorship, one week at a time
-Upon completion of orientation, orientee will receive a copy of each week’s guide with all notes to use as a future reference tool
Sample Questions in Week by Week Guide

Cardiac Diagnostics:

- Orientee articulates the purpose of a CTA of the heart and relevant vital sign parameters.
  Y / N   Comments: ____________________
  __________________________________________________________

- Orientee is able to describe at least two medications that should be withheld prior to stress testing. How does he/she also name what dietary restrictions are necessary at least 12 hrs prior to stress testing?
  Y / N   Comments: ____________________
  __________________________________________________________

- Orientee verbalizes why we make patients NPO before, during, after stress testing.
  Y / N   Comments: __________________
  __________________________________________________________

- Orientee verbalizes understanding of stress tests’ reliability of estimated EF’s.
  Y / N   Comments: ____________________
  __________________________________________________________

- Orientee states at least two stress test results that may lead to cardiac catheterization, and what is meant by “medical management” of these results?
  Y / N   Comments: ____________________
  __________________________________________________________

Methods

- Preceptor Readiness Inservice included:
  - Assessing own learning style
  - Properly assessing others’ learning style
  - Finding the bridge; identify that teaching needs to occur in alignment with the orientee’s preferred learning style.
  - Instructions for use of preceptor guide
  - Set clear expectations of preceptors’ responsibilities
  - Evaluation of inservice

Learning Style Notes:

- What is your learning style preference?
- What are your orientee’s preferences?
- How can we make them mesh?
Remember . . .

What is your learning style preference?

What are your orientee’s preferences?

How can we make them mesh?

- Keep principles in mind from preceptor class.
  - i.e., provide mindful feedback, ensure orientee feels included and accepted, encourage prioritization and time management
- Communication maintenance is key!
- Feedback about the education guide is appreciated. Adjustments can be made along the way
- Be sure to keep your orientee’s learning style preference in mind!

Conclusions

- A streamlined, structured unit-specific education topic guide is an effective tool for use in improving preceptor preparation, evidenced by a demonstrated 37.5% knowledge gain according to pre- vs post-preceptor education session test.
- Additionally, 100% of involved preceptors revealed that the learning module and preceptor guide enhanced their readiness for preceptorship within the unit.
- Project can empower preceptors to enhance their knowledge, confidence, skills, and abilities to precept new nurses to their specialty unit.

References

Improving Disease-Specific Nursing Orientation in a Cardiac Observation Unit

- A specialized cardiac observation stepdown unit identified a gap in knowledge and practice surrounding how to best orient new nurses to our specialty.

- Objective: Implement a disease-specific nursing orientation checklist which demonstrates better preparation and satisfaction of new nurses through improved post-orientation assessment scores.

Background and Current Knowledge

Why create a disease-specific orientation?
- Unique characteristics of Cardiac Observation Unit requiring a specialized orientation:
  - a newer unit (<3 years old, less senior nursing staff)
  - a cardiac stepdown and observation unit
  - no current standardized disease or unit specific orientation process prior to implementation

- This led to a discussion:
  - Could streamlining the orientation process eliminate variability and increase disease-specific knowledge acquisition during orientation?

Why create a disease-specific orientation?
- Review of literature shows disease-specific orientation programs improve:
  - employee satisfaction, nurse retention, clinical competency, knowledge retention, and are cost effective. ¹

- Adequately training and retaining nurses directly relates to:
  - improved staffing, better patient outcomes, and higher patient satisfaction. ¹

Methods

- Why use an orientation checklist?
  - Checklist is duplicable and standardized. This provides uniformity and clarity of expectation of orientation progress.
    - Progress can be halted if needed, to refocus on current skill mastery before progressing forward.
  - As the orientee takes notes on the checklist, it can serve as a source of reference material after orientation.
  - Preceptors also write and share their feedback regarding goals for the orientee. This encourages a conversation regarding the orientee’s progress, fostering a mentoring relationship between orientee and preceptor.
- The Orientation Checklist was devised for a graduate/novice nurse. It can be adapted for use with more experienced orientees.
- The checklist also allows for consistent replication of the orientation knowledge goals, including the same core cardiac knowledge and nursing skills, with each orientee.
- Key learning objectives of checklist include:
  - cardiac medications
  - EKG and cardiac rhythm interpretation
  - NSTEMI treatment protocols (utilizing the NSTEMI pathway)
  - cardiac intervention preparation
  - heart failure treatment and education
  - atrial fibrillation treatment and medications
  - further resource identification after orientation.

Methods

- What is being measured: New Orientees’ level of preparedness and comfort with cardiac patients upon completion of the disease-specific orientation.
- How we measure & measurement tools: Data collection using a pre- and post-orientation survey rating orientee preparedness and comfort level before and after orientation.
- Goal: Orientees will show improved scores post-orientation.
  - This indicates a subjective increase in orientee’s cardiac knowledge base and comfort seeking resources.
  - By using a standardized checklist, this is a reasonable goal providing both the preceptor and orientee utilize the checklist with consistency.
  - The goal is to utilize the Orientation Checklist and surveys with each new nurse hire.

Those involved: new nurse hires were paired with preceptors who partook in the streamlined nurse preceptor guidance training.

Baseline Data

Baseline Cardiac Knowledge and Comfort Level (Pre-Orientation) (February 2016 to September 2017)

Likert Scale 1 - 5

Orienteer #1
Orienteer #2
Orienteer #3
Orienteer #4
Orienteer #5
Mean
### Methods

- **Pre- and Post- Orientation Surveys:**
  - The surveys use a Likert-scale to assess the new nurse’s perception of clinical competence, retention of disease-specific knowledge after orientation, overall satisfaction with the orientation, and the level with which the nurse feels they were prepared for practicing autonomously.
  - Pre-Orientation Survey provides preceptor with baseline level of orientee’s knowledge and comfort level prior to orientation.
  - Assessing orientees’ strengths and weaknesses prior to orientation has been shown to be an effective trait of orientation programs.²

Results

Pre- and post-orientation surveys assess the usefulness of the checklist in improving baseline knowledge and resource base building.

Improvement in ratings on this survey indicate success of the checklist and orientation.

Scores improved from baseline by 2.4 points, a 100% improvement.

Since April 2016, all new nurses completed the Orientation Checklist and surveys during their orientation.

The disease-specific orientation process using the Orientation Checklist has been repeated 5 times, showing significant improvement from baseline scores each time.

Results

<table>
<thead>
<tr>
<th>Comfort Level Pre-Orientation</th>
<th>Comfort Level Post-Orientation</th>
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<tbody>
<tr>
<td>Q1. Pre</td>
<td>Q1. Post</td>
</tr>
<tr>
<td>Q2. Pre</td>
<td>Q2. Post</td>
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<tr>
<td>Q3. Pre</td>
<td>Q3. Post</td>
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<tr>
<td>Q4. Pre</td>
<td>Q4. Post</td>
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<tr>
<td>Q5. Pre</td>
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<td>Q6. Pre</td>
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<td>Q7. Pre</td>
<td>Q7. Post</td>
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<tr>
<td>Q8. Pre</td>
<td>Q8. Post</td>
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<tr>
<td>Q9. Pre</td>
<td>Q9. Post</td>
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Pre-score mean, excluding question 9: 2.425

Post score mean, excluding question 9: 4.825
Results
As no orientation program is inclusive of all education topics or scenarios, one post-orientation survey question focuses on the orientee’s level of preparedness to seek additional help or resources should they need assistance or guidance, and their comfort level with their ability to do this.

Post-Orientation scores demonstrated that the orientation was adequate in preparing new nurses for their role.

Conclusion and Practice Implications

- **Future sustainability:**
  - Continued data collection with each new hire.
  - Standardization of checklist eliminates variation in future uses and allows for consistency in orientation process across preceptors.

- **3 month follow up post assessments also collected to show sustainability of results / ensure results lasted**
  - These results are to be calculated in the future and compared to initial post-orientation results.
  - Goal is to show improved post-orientation scores are sustainable and consistent.

- **Adaptability:** Other specialized units could benefit from similar disease-specific orientation programs or checklists.

How is this transferable to your area?