

Reshaping OR Orientation: One Tier At A Time

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Background

- New circulating registered nurses in the operating room historically utilized an average of 1000 hours for orientation.
- The typical method of orientation was based on a productivity-based model; the novice nurse was paired with a preceptor, gradually increasing the number of tasks assigned for each surgical case while completing total care of each patient.
- These nurses would not be independent in all service lines or take call for up to a year.
- New nurses often reported that they were unsatisfied with their skill set by the end of orientation and lacked key skills such as time management.

Tiered Skills Acquisition Model

- Based on a novice to expert model of clinical competence, the Tiered Skills Acquisition Model increases nursing intervention skills from simple to complex instead of incrementally increasing a new nurse's task load and expecting total care for each patient.
- Novice staff move through the tiers once they are deemed competent in the accompanying skills while the preceptor is responsible for all patient needs above the orientee's current tier.



Provides Concise and Accurate Information

Encourages Confidence

Implementation





Contributes to Effective Workforce

and grow as a graduate nurse. I was able to have the support and education needed in order to gain the self confidence I now have in myself."

—Ashley S., RN

"The orientation allowed

me to become comfortable

"Orientation was organized and easy to follow through."

-Kaitlin M., RN

Growth

Review Process
Shared Governance,
Magnet, Studor Rounding

Teamwork/Communication

Team Communication, Hand Off Reports, Preparedness for the day

Assessment and Documentation

Pre-procedure Readiness and Assessment, Procedural Documentation.

Quality and Safety

Medication safety, Prevention of Retained Foreign Objects, Specimen Management, Equipment Management, Foley Catheter Insertions, Patient Positioning

Sterility and Infection Prevention

OR environment, Preparing, Maintaining, and Monitoring a Sterile Field, Opening, Dispensing and Transferring Sterile Items. Surgical Attire, Point of Use Cleaning

Plan

Collaborate with preceptors to create a foundational list of skills associated with the RN circulating role and divide them into levels based on skill (simple to complex)

Educate staff and orientees on the new model, it's purpose and follow up on usage

Do

Study

Monitor total hours of orientation used for each service line and gather feedback

Act

"I feel that I had an

adequate amount of

time in each service

line and was exposed

to as many different

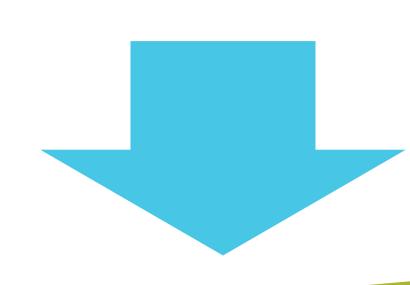
cases as possible."

-Nicole G., CST

Reflect and make changes according to results and feedback

Results

- Newly independent RNs rated their skill confidence level 4.5 on a 1-5 scale.
- An average of 741 hours of orientation were needed cumulatively per RN versus 982 per RN formerly.
- 100% of participants felt the length of orientation was appropriate.
- Nurses using this method have required an average of 268 hours of orientation before being independent in their first service line compared to 404 hours on the previous method.



TSAM Orientation resulted in a decrease in required orientation hours

Staff were independent in their practice earlier than previous model

Staff reported an increase in their confidence level and felt assurance in the knowledge and skill of their preceptors.



Implications for Practice

Successful implementation of a TSAM
 orientation process is anticipated to result in
 a decrease in adverse patient outcomes by
 producing a confident nurse who can
 provide safe, competent, and effective care,
 an increase in patient and staff satisfaction,
 and an improved staff retention rate.

References available upon request