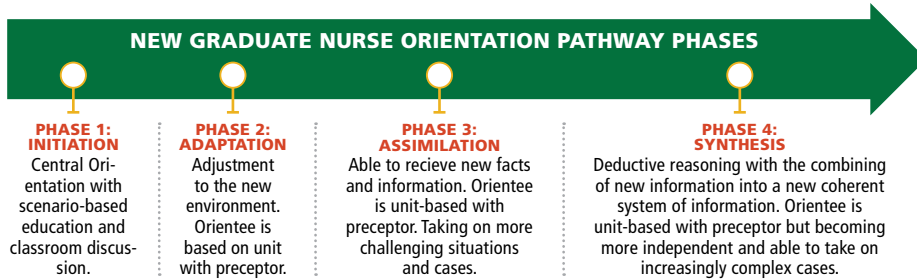




New Nurse Orientation Pathway

New Graduate Nurse Orientation Pathway Phases of Orientation and Role Responsibilities

In each phase of orientation, eight categories of learning opportunities are followed to progress the new graduate nurse from initiation to adaptation to assimilation then finally to independence in the synthesis phase. Learning opportunities support the three domains of learning: cognitive (knowledge), technical (skill) or affective (behavior).



THE 8 CATEGORIES OF LEARNING OPPORTUNITIES AND ACTIVITIES

- 1. ASSESSMENT/EVALUATION**
 - a. Help orientee develop proficient clinical and communication skills by experiences on unit
 - b. Situational awareness
- 2. EMERGENCY**
 - a. Provide learning opportunities that prepare the orientee to act in the face of an emergency, situational awareness, emergency equipment in room preparation, crash cart, disaster preparedness information
- 3. EQUIPMENT/DEVICES**
 - a. All equipment or devices that are used on a daily basis must be incorporated
 - b. Equipment/skills checklist verification with verbalization of rationale and/or assessment of patient
 - c. State the resources to be used if they are required to use a piece of unfamiliar equipment
 - d. Never proceed in the face of uncertainty. Find another staff member more familiar
 - e. Ask clarifying questions
- 4. SKILLS AND INTERVENTIONS**
 - a. ROPH procedures in Policy Manager link to Mosby Online Nursing Skills
 - b. Skills and interventions may be pre-assigned learning opportunities based on the unit or "just-in-time" learning opportunities as the new nurse is experiencing a skill or intervention for the first time
- 5. MEDICATIONS**
 - a. Provide learning opportunities that support safety behaviors of medication administration
 - b. Use Mosby Clinical Nursing Skills and Techniques as learning opportunities to validate medication administration such as subcutaneous injections, IM injection skills
 - c. Calculations and use of the seven "rights" of medication administration
 - d. Focus on potential/actual effect on body system
 - e. What are the most frequently administered medications on the unit?
- 6. DOCUMENTATION AND EDUCATION**
 - a. Learning opportunities may consist of information from notes accessible in the EMR, teaching a family and documenting
 - b. All care must be documented: admission assessment, body system assessment, skills and interventions, etc., and verification by preceptor completed for each phase
 - c. Focus on PPOC and patient education and behaviors for sustainability of documentation
- 7. PSYCHOSOCIAL**
 - a. Incorporate age-specific and cultural considerations in every patient experience and learning opportunity
 - b. For example, for age specific — when using equipment — deciding what size oxygen mask to choose for your patient
 - c. What behaviors would you expect from a teenager vs. an adult or geriatric patient for this procedure?
 - d. What nursing intervention would you make based on age?
 - e. What are cultural diversity considerations you have made in caring for your patient and family today?
- 8. OTHER/RESOURCES/POLICIES**
 - a. What are policies that support some of the expected behaviors, such as accountability for nursing care, assessment standards, high risk medications, etc.?
 - b. What are the resources — Drug Formulary, intranet sites and accessing both internal and external experts?
- 9. ADDED/INDIVIDUALIZED LEARNING NEEDS**

New Graduate Nurse Orientation Pathway

Professional Practice Model	ORIENTEE/EMPLOYEE	PRECEPTOR	EDUCATION QUALITY COORDINATOR	MANAGER
RELATIONSHIPS AND CARING	Addresses clinical skills and competencies at the time of reassignment to another unit and voices concern if not competent to perform an assigned skill or task	Communicates on a regular basis with manager/educator to evaluate progress of orientee	Assures standardization and minimizes duplication with variations: learning opportunities will be organized to allow all units/department access	Creates an environment that promotes timely competency assessment and ongoing growth and development
EVIDENCED PRACTICE	Participates in individual competency development	Uses Phases of Orientation Tool for orienting staff	Participates in the assessment of competency in collaboration with the assigned preceptors or other designee, when appropriate	Establishes a process for ongoing validation of unit specific competencies for off unit staff prior to the assignment of a patient
TECHNICAL EXPERTISE	Maintains record of competency completion	Uses and documents validation methods/sources of evaluation for verifying competencies	Provides expertise in identifying learning opportunities and the appropriate verification/source of evaluation of the competencies	Assures the competence of the staff on the unit
CRITICAL THINKING	Participates in evaluation of the competency process	Seeks to critically evaluate orientee progression through the phases of orientation to assure progress from initiation to synthesis	In conjunction with the clinical manager and director, the educator for each clinical department will develop the orientation program based on the four phase's documents, utilizing the five core competency statements as the basis for assessment of the new staff nurses' progress through the orientation process	Monitors and evaluates employee progress and performance on an ongoing basis
LEADERSHIP	Completes indicated learning opportunities by the established deadlines for that job class. If successful completion has not been achieved, a Performance Improvement Plan is initiated.	Proactively identifies patient assignments to assist orientee in meeting core competencies	Works with the Shared Governance structure to provide new/periodic learning opportunities that are standardized across ROPH Maintains a record keeping and report system that documents educational activities in compliance with departmental, organizational and external agency requirements	Implements a Performance Improvement Plan for staff not meeting the established goals