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Orientation of Nurses Transitioning into Hospital Specialty Units

Mary Laly Chacko
Walden University

Walden University

College of Health Sciences

This is to certify that the doctoral study by

Mary Laly Chacko

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Dr. Sue Bell, Committee Chairperson, Health Services Faculty
Dr. Courtney Hines, Committee Member, Health Services Faculty
Dr. Joanne Minnick, University Reviewer, Health Services Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

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Abstract

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MS, Texas Woman's University, 1993

BSN, College of Nursing, India, 1980

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Competency-based nurse orientation programs focus on the new nursing graduate and experienced nurse employees' ability to perform skills necessary in a new work setting. The purpose of this project was to develop a learner-focused and competency-based orientation program for new nursing employees at a large urban hospital to enhance patient safety and nurse retention. The Johns Hopkins nursing evidence-based practice model and guideline were used in the selection of articles with higher levels of evidence and research quality for the critical appraisal of literature in support of the program development. The best practices for nursing orientation content and delivery for positive effects on hospital finances, nurse turnover rates, and patient safety were the focus of the literature review. Benner's model of 5 levels of skill development was the theoretical framework for advancing skills of nurses who enter the orientation program with different expertise and skill sets. Nurse orientation materials and processes, comprising a collaborative team approach to orientation and a guideline for preceptor selection, were developed as the essential components for successful orientation at the project hospital. A nursing orientation based on the evidence may provide an infrastructure and operational process for the organization in developing the competencies of all levels of nurses, including experienced nurses transitioning to new units or duties. The social change resulting from the project will be a supportive and seamless transition of nurses into the new practice role and work environment. When implemented, this project is anticipated to increase nurse satisfaction, improve quality of health care delivery, decrease anxiety related to the new nursing role, and improve collegiality among all levels of nurses.

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Dedication

First, I thank almighty God for providing me with the physical and mental strength to accomplish another milestone of my profession. I thank and dedicate my work to my husband, John; son, Jay; and daughter, Jennifer, who provided support and encouragement during the challenging endeavor and made my dream come true.

Acknowledgments

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Section 1: Overview of the Evidence-Based Project

Introduction

Orientation is the introduction of new employees to the organization's mission, vision, philosophy, policies, and procedures. According to the National Nursing Staff Development Organization (NNSDO, 2010), orientation is an

educational process of introducing individuals who are new to the organization or department to the philosophy, goals, policies and procedures, and role expectations and other factors needed to function in a specific work setting. Orientation is required to any individuals when there is a change in role, practice setting and responsibilities. (p. 5)

Regardless of the experience of an orienting nurse, there is a need for a structured orientation for the successful transition of the nurse into the new setting and the new practice specialty. Hospitals will lose a skilled workforce as large numbers of experienced nurses approach retirement age, which impacts the quality of patient care, and there will be a high economic cost to replace the highly skilled knowledgeable nurses (Hirschkorn, West, Hill, Cleary, & Hewlett, 2010). Nurse leaders need to be committed to and supportive of the value experienced nurses bring to the organization. In a review of 12 research-based programs, preceptor-based orientation improved skills and knowledge outcomes of orientees and contributed to high job satisfaction, reduced turnover rates, and decreased costs related to replacing employees (Sandau & Halm, 2010). A systematic review of literature illustrated that teamwork, individual mentoring, leadership

commitment, and in-depth orientation are strategies to promote retention of experienced nurses (Lartey & Cummings, 2013).

The literature review additionally showed a pattern of reviewing and revising nursing orientation programs as the starting point for addressing the issues related to staff retention, patient safety, and cost reduction (Kiel, 2012; Sorrentino, 2013). According to Kiel (2012), an orientation program that addresses the individual employee's learning needs and the organizational strategic goals provided a smooth transition for the orientee to the new practice setting. Nurse leaders, educators, and preceptors must support the orientation process and provide a mentoring and professional environment for the orientees in order to enhance retention of transitioning nurses (Sorrentino, 2013).

Problem Statement

The clinical practice problem addressed in this project study is the need for a competency-based nursing orientation process for newly hired experienced nurses to promote their successful transition into the new practice setting. According to Hodges (1999), competency-based orientation is a learner-focused process that provides individualized orientation based on the identified needs in order to meet the required initial competency level. The assessment results, experience of the nurse, and the performance of the orientee in the unit-specific clinical orientation are the factors that direct the length of the orientation. Thus, the length of orientation is based on the individualized needs. For example, a 700-bed teaching hospital within a large health care system has been using a performance-based development system (PBDS) to determine the learning needs of the inpatient nurses and the ambulatory knowledge assessment for

outpatient nurses. The PBDS assesses the critical thinking skills and interpersonal relationship skills of newly hired nurses and provides guidance to develop an individualized orientation plan (Whelan, 2006) based on the orientee's learning needs. Education professionals in hospital settings need to rethink mentoring of nurses at all levels; unfortunately, more focus has been placed on novice nurses than on nurses with previous hospital nursing experience (Dellasega, Gabbay, Durdock, & Martinez-King, , 2009). Lartey et al. (2013) discussed the comprehensive orientation program for new employees as one of the strategies for retaining experienced nurses in the work force to mitigate the nurses' shortage.

Project Question

The DNP project question is as follows: What are the best practice recommendations for structuring a competency-based new employee orientation program to improve registered nurse retention, ensure patient safety, and decrease costs? A population, intervention, comparison, and outcome (PICO) question is an essential component of evidence-based practice that provides direction for quality improvement project (White & Dudley-Brown, 2012). The following is the PICO question designed to guide the literature review for the nurse orientation project.

- P: All new experienced registered nurses (direct hospital patient care)
- I: Develop a competency-based orientation plan based on evidence-based practices
- C: Compared to the current practices of performance-based orientation used in most settings

- O: Improved registered nurse retention, increased patient safety, and decreased costs

Purpose Statement and Project Objectives

The purpose of the project was to recommend an evidence-based competency-based orientation process from the centralized core orientation class through the nurses' transition into the new practice setting. The project involved planning an infrastructure and operational process for the successful implementation of an individualized and specialty role unit-specific orientation. The initial job specific competencies, standards of performance, and regulatory agency requirements provide the foundation for the development of competency-based unit specific orientation process. If implemented, the new standardized strategies for a competency-based orientation process will provide guidance for managers, preceptors, and educators who orient new employees to the organization. According to Kiel (2012), a successful new nurse orientation program must integrate not only the individual learning needs, but also the overall organizational strategic goals, for providing nurses a smooth transition into the new work environment.

The objectives of the project were to design an evidence-based centralized core orientation curriculum, the unit-based orientation curriculum, the evaluation tools, and competency-based specialty-specific clinical orientation checklists. A literature review helped to determine the best practice recommendations for designing the competency-based nursing orientation process. An evidence-based orientation process guideline was developed to support consistent practices among managers, educators, and preceptors, in order to facilitate a best practice-based orientation experience for nurses moving into new

specialty units. As the nurses' transition to the new role, nurse leaders, educators, and preceptors will be essential in providing an individualized mentoring environment (Sorrentino, 2013).

Significance/Relevance to Practice

An effective orientation program supports the seamless transition of the employee into the new practice environment (Ward, 2009). The nursing orientation is the introduction of new staff to the values and culture of the organization and offers the tools to provide safe and quality patient care. Kiel (2012) stated that restructuring of orientation program would become more significant in health care organizations, due to the nursing shortage and limited healthcare dollars. Ultimately, the goal of orientation is to address the complex health care needs of the public in addition to delivering cost-effective care.

A nursing orientation program consists of centralized classes to introduce the new employee to the organization. Having coordinated and facilitated orientation for the past 5 years in a large organization, I have had an opportunity to raise and address new issues and problems individual have encountered during orientation. These include missing or incomplete checklists in the employee file and lack of consistent communication between the orientation facilitator and the unit stakeholders related to the unit orientation process and outcomes. Based on these orientation experiences, observations, and conversations with orientation facilitators or coordinators from other organizations, I have become very much interested and passionate about designing an orientation program that will provide the process and structure to address the complex learning needs of new nurses to serve

the public. A structured orientation program should be based on educational principles and learning theories that address individual and team learning processes. In order to provide nurses a smooth transition into practice, a successful orientation program will not only address the needs of the new employees, but will also focus on the efficiency and growth of the organization (Kiel, 2012). Culley et al. (2011) pointed out that "both new graduates and experienced nurses face significant challenges when starting new positions" (p. 1). An organized orientation program is necessary, therefore, to reduce practice errors, improve patient safety, and reduce costs (Culley et al., 2012).

For example, an acute care facility in western Pennsylvania designed an outcome-driven orientation program based on the concept of "nursing university" to replace the traditional orientation program. The program duration was 2 days each semester that included a lecture followed by hands-on experiences in a simulation lab. This education and training approach replaced 3 to 5 days of orientation classes. According to Zigmont et al. (2015), implementation of innovative quality orientations such as this program have had a positive influence on the patient safety, nurse retention, nurse job satisfaction, commitment to the organization, and, ultimately, patient outcomes.

Kiel (2012) described the results of two studies related to staff turnover and their impact on cost and patient safety. One study in particular showed that staff turnover negatively affected "communication, medication management, follow-up care, illness exacerbation and care giver burden" (p. 303). The author also discussed and evaluated the impact of staff turnover on costs and patient safety. Ohio Healthcare, a nonprofit faith-based system, restructured its nursing orientation using an experiential learning theory

model that attempted to implement a cost-reduction model as well as to provide competency-based individualized orientation for the employees. According to Zigmont et al., (2015), an evaluation of the previous orientation program showed a variation in orientation periods and inconsistency between unit assignment, and unit-based orientation experiences that provided the organization an opportunity to improve registered nurses transition into new practice setting. The authors described the lack of standardization and tracking assessments, and a disconnection between departments and units, leading in an extreme case to the orientation of a single employee by five to seven preceptors. The inaccurate assessment and lack of engagement of orientees in their learning resulted in inconsistent communication among managers, preceptors, and educators related to the progression of the orientees (Zigmont et al., 2015). A restructuring of the process was done by assessing the orientation from the beginning (centralized orientation classes) to the completion of the clinical or unit orientation. The revision was well received by the whole organization due to its positive results (Zigmont et al., 2015).

<center>**Evidence-Based Significance of the Project**</center>

According to Harper (2002), employees need to complete all required core competencies and role-specific unit competencies during the orientation period in order to have an effective outcome. Eighty-five percent of preceptors who participated in the evaluation of a competency-based orientation program agreed that both core competency and unit-specific competency-based educational programming were necessary for an effective orientation (Harper, 2000). A revised nurse manager's core competency orientation integrated the critical elements of the synergy model, including but not

limited to clinical judgment, caring practices, and facilitator of learning collaboration. The preceptor, as a facilitator in assimilating the organizational requirements, enhanced the managers' satisfaction with their orientation (Conley, Branowicki, & Manley, 2007). For an orientation program to be effective, it must be "learner focused and provide sufficient time for validation of competencies" (Harper 2002, p. 202). The structured orientation program resulted in organizational cost reduction as well as improved patient safety.

Hodges and Hansen (1999) defined competency-based orientation as individualized orientation based on the identified needs of the employee. The authors listed the key components in the development of the competency-based program, such as an orientation checklist, an evaluation process, a timeline for evaluation, and advice regarding who ideally would be the persons involved in the evaluation process (i.e., the educators, preceptors, other orientees, etc.).

Nursing orientation is a complex process that uses organizational resources to train staff in order to attain the strategic goals of the organization. This training culminates in a concentrated individual-based evaluation that assesses the new nurses' "ability to perform the skills competently in the new role on the unit" (Connelly & Hoffart, 1998, p. 31).

Nurses represent the largest number of professionals in the patient care setting. The Institute of Medicine (as cited in Thibault, 2011) discussed the need to improve the nurses' education in order for them to function at the highest level permitted by their education and licensure and to address evolving health care challenges. The Institute of

Medicine also recommended the use of an interprofessional education model to enhance collaborative clinical practice among health care teams in order to improve patient safety (Thibault, 2011). Jeffery and Werthman (2015) created an evaluation tool for the organization's nursing specialty (radiology) based upon the five core competencies (nursing process, medication administration, documentation, communication, and professional development) using Benner's model and the synergy model concepts for radiology nurses to document competency assessment during orientation. The authors recommended the use of these core competencies as the starting point for making changes to an orientation program. Additionally, Melnyk, Gallagher-Ford, Long, and Fineout-Overholt (2014), recommended that components such as patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics should be addressed as competencies for nurses in all practice areas. Based on the recommendations in these two articles, I designed a sample template for a competency-based orientation checklist.

The importance of a well-structured orientation program cannot be underestimated; nurses' centralized orientation and unit-based orientation provide them the opportunity to learn about and familiarize themselves with the organization's culture and collaborative practices that affect health care outcomes (King, Shaw, Orchard, & Miller, 2010).

Implications for Social Change in Practice

The implications for social change of an improved orientation are increased patient safety and quality of care. Educators in a hospital in Ohio conducted a

competency assessment of registered nurses related to general skills and unit-specific skills and procedures in order to facilitate learning based on the identified needs of the individual employee. This competency-based assessment during the initial period of orientation helped to provide documentation of the hospital's processes to educate nurses transitioning into new specialty units (Bashford & Shaffer, 2012).

Definitions of Terms

Competency-based orientation: "A competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment" (American Nurses Association, 2010, p. 12). Competency-based orientation is "an orientation program that focuses on a new employee's ability to actually perform the expectations of his or her role in a particular setting" (Hodges & Hansen, 1999, p. 1).

Orientation is the education process of new employees to transition to a new role or practice setting (NNSDO, 2010).

Preceptors are experienced nurses who have attended a formal preceptor class and are selected by the unit managers based upon their ability to teach others (Elmers, 2010)

Unit-based orientation is the process of validating unit-specific competencies that are required to function as an independent practitioner in the specific unit (Hodges & Hansen, 1999).

Assumptions and Limitations

Assumptions

The evidence and evaluation of existing nursing orientations suggested there is an added benefit to developing evidence-based strategies in order to provide a cost-effective and consistent orientation to all new registered nurses regardless of their experience. In addition, it is assumed that this approach will help to ensure that the orientation program was based on the strategic goals of the organization and meets the needs of each individual employee. As documented in the literature, this type of orientation may reduce the staff turnover rate during the first year of employment when the majority of the staff leaves the organization. It has also assumed that the organization and the learner need to develop partner accountability for a learner-centered orientation to be effective (Rashotte & Thomas, 2002). Finally, because organizations have financial constraints that preclude implementing a vendor-supported orientation program such as Versant, the best alternative approach is assumed to be the development of a comprehensive orientation program in house that is based on the evidence.

Limitations

Several articles delineated the importance of simulation for validating competency that enhances critical thinking. Although high-fidelity lab-based simulation was recommended in the literature, not all of the organizations would be able to use this type of simulation due to the cost involved with the implementation process. Less technology- and space-dependent simulations may be incorporated, however.

Project Approach

An exploratory descriptive method was used because the purpose of the project was to identify and describe an evidence-based process (Terry, 2015) and provide recommendations for a revised orientation process based on the evidence. The essential components that were the focus of the literature review were the centralized orientation curriculum, the unit-specific orientation process, the orientation checklists that cover both the centralized core orientation and the unit-specific orientation, and the preceptor program necessary for a successful orientation program. The information obtained would be used to determine the recommendations for designing a competency-based orientation program based on the evidence-based findings.

Summary

Competency-based orientation is learner-focused and facilitates the accomplishment of core competencies and role-specific competencies during the orientation period (Harper, 2002). According to the National Council of State Boards of Nursing (as cited in Purvis, Zupanc, VanDenBergh, & Martin, 2015), competency is "discussed as the nurses' ability to integrate knowledge, skills, judgment, and personnel attributes in a designated role" (p. 231) for patient problem-solving using critical thinking skills. Providing a successful orientation is important in developing competent, independent practitioners who can provide safe, quality patient care (Harper, 2002).

Section 2: Review of Scholarly Evidence

The purpose of the project was to make recommendations for competency-based

orientation program in order to enhance registered nurse retention and job satisfaction

and to improve patient safety. The literature review helped to determine the evidence

related to the best practices in nurse orientation. The literature search was done using

CINAHL plus, ProQuest, and PubMed. The search terms included *RN orientation*,

restructuring orientation, *outcome measurement of orientation*, *preceptors' perceptions*,

staff (RN) retention, *staff turnover*, *employee (RN) satisfaction*, *competency-based*

orientation, and *patient safety*, and a combination of these terms. The search resulted in

45 articles related to orientation and I selected 36 articles that provided information on

orientation process restructuring and redesigning orientation for improved outcomes. The

selection criteria for the articles included that it was a primary source; the results and the

recommendations related to nurse orientation; positive financial, turnover, and safety

outcomes were found; the level of evidence; and the use of theory. The selected articles

provided a good level of evidence according to the Johns Hopkins nursing evidence-

based practice model (Newhouse, Poe, Pugh & White, 2007), although there were no

randomized-controlled trials found in the literature review. Most of the articles were

related to new graduate nurses and needs assessment for their orientation (Cylke, 2012),

orientation in the critical care area (Bortolotto, 2015), and using a framework to guide the

implementation of a structured orientation program (Baxter, 2010) in order to retain

graduate nurses (Gavlak, 2007). Only a few articles (Hirschkorn et al., 2010) related to

nursing orientation of experienced nurses were found. In addition, current peer-reviewed articles on competency-based orientation were not found.

Specific Literature

According to Elmers (2010), the successful orientation program includes four essential factors. These factors are (a) "strong leadership throughout the orientation process," (b) "appropriate preceptor selection," (c) a focus "on developing critical thinking skills," and (d) "use of a competency based orientation plan" (p. 10). There should be documentation related to the roles and responsibilities of the managers and preceptors and this information should be transparent to all parties involved. The nurse leaders' support of the preceptors was a crucial factor for the success of the program.. Because preceptors played a vital role in the orientation process, preceptor preparation and selection were important factors that needed to be considered for the success of the program (Elmers, 2010).

The focus of a competency-based program was the new employees' ability to perform the required skills in the practice setting. Competency is the employee's ability to perform the skill. The competence is the actual knowledge related to the skill. A competency-based orientation provides individualized orientation built on the identified learning needs of the employees (Hodges & Hansen, 1999). While the traditional method of orientation focused on the cognitive knowledge of the employees and orientation length, which was the same for all new and experienced registered nurses, competency-based orientation was based "on the attainment of established competencies" (Hodges & Hensen, 1999, p. 1) and the identified learning needs of the individual nurse.

A nursing orientation that was revised utilizing the nursing professional development model for nurses and unlicensed personnel showed an increase in employee satisfaction as well as improved patient safety (Tanya, 2006). According to Ragsdale (2005), Franciscan Health System developed an orientation program based on the performance improvement methodology. To develop a comprehensive orientation program that was thought provoking, the educators sought feedback from the employees on how to improve their assimilation to the values and culture to the organization The education department conducted a needs assessment of the stakeholders to determine the content of the class. A convenience sample was used to collect data from the new employees using an evaluation distributed at the end of each orientation session. The organization implemented a new employee orientation program based on the mission and philosophy that a framework for the job-related tasks for the new employees and a decrease in staff turnover (Ragsdale, 2005).

General Literature

Both new graduate nurses and experienced nurses enter into a new position with several expectations and anxieties about their new positions; however, the factors influencing expectations and anxieties are different. For experienced nurses, the circumstances of their departure from a previous job(s) could result in feelings of resentment, grief, and anger that could influence their perceptions of the new position (Dellasega et al., 2009). Thomason (2006), discussed that a hospital and a university in California, collaboratively conducted a random survey at 24 of the Joint Commission accredited hospitals from seven geographic regions of the United States to evaluate the

adult intensive care units orientation process and post orientation practices of newly hired registered nurses. The comparison of the hospitals did not show significant differences in orientation practices, post orientation resources, preceptor training, or mentorship program; therefore, the author concluded that there was not much difference in how the hospitals organized orientation of new employees. Differences in practices for experienced nurses transitioning to new positions were not addressed. The author recommended future research with larger sample size on best practices related to the curriculum design socialization of nurses and training and support of the preceptors. (Thomason, 2006).

In recent years, the term *onboarding* has been used for orientation that is considered a multifaceted strategy for new employees' orientation, engagement, and integration and socialization into the new environment with clear communication to the new employees of organizational performance expectations (Mellinger, 2013). Onboarding also involves keeping pace with an ever-evolving health care environment and new technologies. According to Mellinger (2013), the onboarding plan should include education, training including computer class (s), and information about system resources, medications used, laboratory processes, time schedules, and annual education requirements, as well as exposure to the health care organization's functions. In addition, the author discussed how experienced perioperative nurses needed an orientation plan in order to acclimate to the new environment as well as acquire the skills required for managing new services or surgeries required by the new professional role (Mellinger, 2013). According to Creakbaum (2011), in order to motivate registered nurses and

enhance retention of experienced nurses, St. Luke's Episcopal Hospital created different roles that encouraged the nurses to stay and reduced their desire to leave the institution. For example, master's-prepared nurses worked as education specialists within the department of nursing and patient education to share nurse orientation duties and to act as a nurse liaison, educational specialist, and hire coordinator to promote the retention of the nurses (Creakbaum, 2011). Professional entry into practice was an initiative created as part of one of the orientation revision programs (Bowers, Bennett, Schneider, & Brunner, 2009). According to Bowers et al. (2009), the program used different methods of internal improvement during data collection such as (a) staff and educator discussions, (b) orientation class audits, (c) input from departmental managers, (d) literature reviews, (e) review of orientation evaluations, (f) audit of exit interview data, (g) staff satisfaction surveys, and (h) development of orientation focus groups.

Conceptual Models and Theoretical Frameworks

A theoretical framework provides the foundation for identifying the problem and selecting the appropriate strategies for evaluating the effectiveness of a program developed to address it. Adult learning principles and education theory are the key components of an orientation program that meets individual learning needs and organizational strategic goals (Kiel, 2012). An orientation program based on educational theory and the organizational strategic goals has a positive influence on new employees (Kiel, 2012). Knowles (as cited in Pappas, 2013) identified four principles of andragogy and described them as (a) "adults need to be engaged in the planning and evaluation of program," (b) "adults learn through experience," (c) "adults are interested in learning

subjects that are of immediate application," and (d) "adult learning is problem oriented

rather than context oriented" (para. 4). These principles need to be integrated in

developing the class content and selecting teaching methodologies for new employees.

According to Rotthoff et al. (2012), an organization's mission provides a common

framework for orientation of all members of the organization. The authors described the

development and evaluation of a mission-driven psychometric questionnaire that

measured medical faculty members' perception of competency-based orientation for

medical graduates using a competency-based curriculum. The study was conducted to

establish the reliability of the mission statement questionnaire that measures the learning

climate with emphasis on competency-based education for medical students (Rotthoff et

al., 2012).

Benner's theoretical framework has been used in the conduct of studies related to

job satisfaction and retention of new nurse graduates as well as development of protocols

and procedures for the orientation of new nurses and graduate nurses (McEwen & Wills,

2011). Benner's model was based on five levels of skill acquisition from novice to expert

and described how the knowledge and skills are developed and applied in nursing

practice for skill development of the nurse (English, 1993).The author also discussed that

nurses come to the organization with different levels of expertise and skills sets.

Therefore, Benner's model provided a framework for the learner to acquire the required

skills and for the organization to provide the necessary resources to develop the nurses'

skill levels. Nursing orientation, particularly unit orientation, helped the nurses to develop

a working relationship with others through socialization and support of the team members in order to provide safe, patient-centered care (King et al., 2010).

Evidence-based practice is the integration of the latest scientific evidence in practice to provide high-quality patient care to address the evolving health care needs of the patients (Newhouse, Dearholt, Poe, Pugh, & White, 2007). Integration of evidence-based findings in clinical, administrative, and educational decision-making is an essential component of evidence-based practice. The Johns Hopkins nursing evidence-based practice model and guideline are dedicated to the advancement of evidence-based practice to promote effective nursing competency in the application of evidence-based findings (Newhouse et al., 2007). The evidence-based practice model guideline described the process from identifying/defining the question to the translating the findings (researchable and nonresearchable projects) into nursing practice. The evidence-based practice model is used to appraise the level of research articles and helps nurses to select articles with higher levels of evidence to translate into practice.

Summary

The literature review included articles on competency-based orientation development and implementation for critical care nurses (Rashotte & Thomas, 2002). Restructuring of competency-based orientation programs for registered nurses focuses on the ability of the nurse to perform the expected role in a specific setting (Hodges & Hansen, 1999) and a competency and preceptor model for leadership orientation (Conley et al., 2007). Most of the orientation programs described in the articles reviewed were for graduate nurses versus experienced nurses. However, the literature described that

experienced nurses also need specific orientation strategies to engage the nurses in the new position (Dellasega et al., 2009).

Ninety percent of the literature reviewed was from the primary sources and the level of evidence was adequate (between Evidence Levels 2 and 3 using the Johns Hopkins nursing evidence-based practice model (Newhouse et al., 2007)) and provided direction for orientation best practices. Authors of a number of studies evaluated an existing orientation program and revised it based on the evidence to provide a successful orientation for new employees (Tanya, 2006). All authors described changes in the orientation process by either revising the existing orientation program or developing a new orientation program to improve patient safety (Cylke, 2012). The literature review also showed that researchers studied different aspects of the orientation process in order to address the nursing shortage. Employee satisfaction (Tanya, 2006) and patient safety were the major outcomes measured in the studies; however, the researchers designed the survey instruments rather than adopting a valid and reliable instrument, which may bring the findings into question. The literature review found a number of studies were related to orientation for critical care nurses (Elmers, 2010; Rashotte & Thomas, 2002; Thomason, 2006) and graduate nurses (Cylke, 2012; Marcum & West, 2004). All of these articles supported the importance of nursing orientation. A quasi-experimental design with qualitative and quantitative methods was used to create a new model for critical care nurses focused on critical thinking skills and competency validation, which showed an improvement in retention and satisfaction of the nurses with fewer turnovers (Morris et

al., 2009). These articles and the Benner and Johns Hopkins evidence-based practice

models form the theoretical framework and translation support for this project.

Section 3: Approach and Methodology

The purpose of the project was to design a competency-based orientation program for experienced registered nurses, in light of the evidence. Critical appraisal and synthesis of the literature related to orientation was conducted to identify the best practices and make recommendations for designing a competency-based orientation process that addresses the evolving health care needs of patients in complex practice settings.

Project Design/Methods

The project started with the review and evaluation of the literature related to nursing orientation programs and processes, including core orientation classes, orientation documentation tools, clinical or unit-specific orientation, and criteria for preceptor selection. An evidence-based orientation program plan was designed based on the evidence and personnel experience that would meet the needs of the orientees. Based on the data accumulated, recommendations were made based on the identified evidence. In addition, I developed an evidence-based guideline so that the managers, preceptors, and educators could follow the strategically focused orientation process consistently. The deliverables for the project are the outcomes of the literature appraisal, resulting in recommendations for an evidence- and competency-based orientation process for the organization that includes both centralized core competency and unit-based competency orientation curricula and tools. According to Klein (2006), nursing faculty of a community college used a "competency based approach to educate associate degree nurses" (p. 379) by integrating class content into clinical psychomotor skills for the competency assessment. Critical elements were identified based on patient safety and

quality care, which resulted in an objective and practice-oriented method for nursing students' curriculum (Klein, 2006).

Population and Sampling

In order to design an evidence-based nursing orientation process for experienced nurses, I evaluated the evidence related to orientation processes, from the centralized nursing orientation class through successful transition into the new practice environment. I reviewed the literature and made recommendations for centralized orientation classes, the clinical orientation process based on regulatory agency requirements, and the methods for conveying the organizational strategic goals and the nursing mission, vision, and philosophy. The competency-based orientation checklist to be used for validating performance in the clinical area was based on the job description and the evidence from the literature, especially Jeffery and Werthman's (2015) five categories: nursing process, medication administration, documentation, communication, and professional development.

Data Collection and Protection of Human Subjects

Although the project did not include data collection from human subjects, Walden University IRB approval (IRB approval # 02-15-16-0482738) was obtained before I began to design the new orientation process based on the evidence to improve the orientation program and, ultimately, patient outcomes.

Data Analysis

The literature on orientation processes from the centralized nursing core orientation through the orientee unit-specific orientation and transition into the new

practice setting was reviewed for best practices, and a new competency-based orientation approach was designed. Recommendations, guidelines, and forms were developed as needed for future adoption by the organization. The following steps were taken in designing the competency-based orientation process:

- Review and critically appraise the literature to identify the evidence
- Recommend the components that need to be included to design a unit-specific orientation checklist
- Develop evidence-based orientation guidelines for managers, preceptors, and educators to follow for a consistent unit-specific orientation process.

All the recommendations and materials developed were based on the premise of quality patient care. .

Summary

Based on the literature review, a recommendation for a competency-based orientation for experienced nurses was developed to address the complex health care needs of the public. The purpose of the DNP project was to structure a new orientation process from centralized core orientation through unit-specific orientation and to incorporate evidence-based orientation strategies that support registered nurse satisfaction and retention and promote patient safety. The project started with the review and appraisal of the literature that focused on components of orientation such as content of the centralized orientation curriculum, an orientation class evaluation tool, and a unit-specific orientation checklist. Based on the literature appraisal and synthesis of evidence,

evidence-based strategies for a successful orientation of transitioning registered nurses were developed and presented in Section 4.

Section 4: Discussion and Implications

Introduction

The purpose of the project was to identify the evidence-based practice related to the competency-based orientation program and its implications for staff and patient outcomes. Organizations need to establish a process and structure for the ongoing reviewing and revising of the orientation program in order to address the learning needs of the staff and the complex health care needs of the patient in the evolving health care environment. Integration of the evidence into practice at the project site will provide the necessary support and guidance for the successful implementation of an orientation program that enhances the transition of the new employees into a new practice role. The project resulted in gathering evidence from scholarly articles and using the evidence to make recommendations discussed in this section.

Summary and Evaluation of Findings

Restructuring of nursing orientation was found in the literature to be one of the strategies to enhance staff retention and reduce staff turnover in health care organizations (Kiel, 2012). An orientation program, which focused on the individual staff learning needs, addresses the dynamic nature of health care and meets the quality of care and patient safety needs of the organization (Kennedy, Nichols, Halamek, & Arafeh 2012). Kennedy et al. (2012) explained the need for including simulation and informatics in the revised orientation curriculum to meet the requirements of the health care environment. The four factors crucial to the success of an orientation program, according to Elmers (2010), include support of the leadership, selection of preceptors, a critical thinking

focused orientation, and a competency-based orientation plan. Implementation of a successful orientation program, therefore, is dependent on the selection of the preceptors and the leaders' continuous support for the preceptors' professional development, as well as ongoing oversight of the preceptorship process (Elmers, 2010).

Lee, Tzeng, Lin, and Yeh (2009) conducted a study regarding preceptorship that highlighted the importance of establishing the roles and responsibilities of the preceptor and evaluating the benefits in reducing turnover rate in addition to the cost to the organization of the orientation program. It is valuable for organization administrators to utilize standardized criteria in the selection and professional development of preceptors. According to Sandau & Halm, 2010; and Sorrentino, (2013), criteria for preceptor selection were based on their performance appraisal, ability to role model, excellent clinical skills, competency, experience, and ability to follow patient care standards. Harper (2002) described preceptors' perception of a competency-based orientation program as learner focused, with the orientee working alongside the preceptor to accomplish the role specific and unit specific competencies during the orientation period. Competency-based orientation is defined as the employee's ability to perform nursing skills by integrating knowledge and technical skills (Harper, 2002). Preceptors function as coaches, peers, and as role models in order to facilitate the nurses' seamless transition into a new role; thus, it is important for the administrators to support the skills and role development of the preceptors for the success of the preceptorship program (Usher, Nolan, Reser, Owens, & Tollefson 1999).

Discussion of Findings in the Context of Literature and Frameworks

Competency is the integration of knowledge and skills and the ability of nurses to address the complex patient care needs in the evolving health care environment (Whelan, 2006). It is very important to have the collaborative effort of the manager, educator, preceptor, and the staff member to ensure staff competency (Sorrentino, 2013; Whelan, 2006). According to Sorrentino (2013), a collaborative team approach also facilitates an effective communication among the team members and a supportive environment for the staff. A competency-based orientation describes "the learner's ability to perform a task rather than simply possessing the knowledge required to perform a task" (p. 201). As the facilitator and coordinator of the nursing staff orientation program in a large organization, I was informed of the practice issues related to the orientation process such as the lack of consistent communication among the managers, educators, and preceptors that has had an impact on nurse retention, staff satisfaction, and patient safety. Competency-based orientation provides a uniform knowledge base and skills that are expected to provide safe and quality patient care (Whelan, 2006). For successful implementation, competency-based orientation programs require a policy and a checklist that included the performance statement and validation criteria to document the competency (Hodge & Hansen, 1999). According to Sorrentino (2013), a successful orientation program that focuses on patient safety and employee satisfaction needs to include the clinical components such as the socialization, time management, leadership and team members' support, patient satisfaction, and reflective feedback in addition to the classroom education. Because most of the literature focused on the orientation strategies for new

graduate nurses, it is necessary to address the experienced nurses' orientation needs as they also encounter novice role knowledge during job changes that can create challenges and fear in assuming the new professional role and adjusting to the new environment (Dellasega et al., 2009).

The Benner model's logical sequence guided the skills development in five stages: novice, advanced beginner, competent, proficient, and expert (English, 1993) for all nurses entering into a work environment, each of whom entered the transition with different levels of knowledge and skills. Sorrentino (2013) stated that Benner's model was used as the framework for skills development in an emergency room orientation to develop skills from novice to expert with the preceptor, leadership, and educators supporting nurse socialization, time management, and priority setting for improved clinical performance. According to Kiel (2012), orientation curriculum based on the education theories and principles guide the selection of different teaching methodologies to address the learning needs of the new employees. Benner's model of skill acquisition (English, 1993) and educational principles in the development of orientation curriculum (Kiel, 2012) focused on critical thinking skills and skill development of nurses based upon the individual needs. Steffan and Goodin (2010) discussed that Benner's model of novice to expert provided the comprehensive logical choice of nursing orientation assessment and evaluation as well as preceptor presence, consequently using the model as the guide for illustration of competency validation and selection of teaching strategies based upon the staff skill level. Whelan (2006) defined competency-based orientation as a learner-focused program where the staff integrates knowledge and skills in performing

the task skillfully and correctly rather than mere possession of skills. Integrating

evidence-based practices in daily practice supports the translation of new knowledge into

practice (White & Dudley-Brown, 2012) that ultimately improves patient outcomes.

Therefore, a comprehensive orientation program based on adult learner principles is

crucial to the organization that influences employees' approach towards work

performance in the organization" (Ragsdale, 2005).

Implications for Practice

Organizations need to focus on mentoring nurses at all levels (Dellasega et al.,

2009), including nurses with previous experience, in order to retain experienced nurses

and reduce the costs of replacing experienced nurses (Hirschkorn et al., 2010) so that

facilities can properly maintain the safety and quality of patient care. To be successful, an

orientation program needs to evaluate the skill-development needs of the experienced

nurses as well as the novice nurses who are entering into a new work environment.

Evidence showed that inter-professional collaboration and evidence-based practices built

an infrastructure and a culture of collaborative teamwork in the practice setting.

Implementation of competency-based orientation requires the collaboration of the

leaders, preceptors, and the educators, in order to provide a smooth transition of orientees

into practice settings (Elmers, 2010) as well as improve staff retention and patient care

outcomes. Therefore, a collaborative team approach among the leaders, preceptors, and

educators provides a culture of collaborative practices and support for orientees for

successful orientation programs that improve nurse retention and patient care outcomes

(Elmers, 2010).

Implications for Social Change

The implications for social change of an improved orientation are increased

patient safety and quality of care. Competency-based orientation is a learner-focused

program that enhances staff satisfaction and retention and improves patient outcomes. In

addition, a collaborative team approach among leaders, educators, and preceptors creates

a positive work environment for the staff and the patients. Therefore, an evidence-based

program provides the foundation for the organization to address the staff and patient

needs.

Implications for Future Research

Organizations are facing the challenges of developing orientation programs that

address the competency needs of both novice and practicing nurses in the evolving health

care environment (Jeffery & Werthman, 2015). Competency-based orientation programs

focus on the individual nurse's ability to perform the skills (Whelan, 2006). Therefore,

further research is needed to identify the basic critical behaviors that need to be included

in the individualized orientation checklist, regardless of the specialty area. Measurement

of nurses' competencies related to different patient situations are often utilized in health

care organizations, but there is a need for further research regarding nurses' approaches

to decision making related to patient care (Melnyk et al., 2014). Further research needs to

be conducted to enhance competencies of the practicing nurses in patient-centered care,

teamwork, collaboration, evidence-based practice, safety, and informatics and how these

factors influences the patient care decision making approach of nurses (Melnyk et al.,

2014). In addition, the literature review showed a gap in the scholarly literature that

addressed experienced nurses' orientation needs and effective strategies for the retention

of experienced nurses (Dellasega et al., 2009) in the health care organizations. It is

critical that testing of various strategies for orientation and retention of experienced

nurses occur in hospital settings, particularly in view of the nursing shortage.

Project Strengths and Limitations

Evidence showed that nurse's retention and patient safety have improved by

reviewing, restructuring, and implementing successfully revised orientation programs

(Golden, 2008; Hodges, 1999; Kiel, 2012). Competency-based orientation programs can

fill the gap in the literature by focusing on the employees' ability and skills to perform

the tasks or job requirements in a particular setting (Strasser, 2005; Whelan, 2006).

Nurses integrate evidence-based competencies into the health care system to enhance the

quality of patient care, patient outcomes, and costs (Melnyk et al., 2014). Evidence-based

projects provided more insight into the impact of an orientation program on the nurses as

well as the patient care outcomes. Because the focus of the project was to search for

evidence-based orientation processes, in order to find the best practices and create a new

program, I was not able to evaluate an existing orientation process as part of the project.

Therefore, I am not able to discuss the impact of the changes to the orientation in a real

process but only to make recommendations based on the evidence delineated. For the

purpose of this project, the recommended orientation materials include (a) a competency-

based orientation program checklist template (Whelan, 2006; & Jeffery, Werthman,

2015) and (b) required communication checkpoints for the mangers, educators, and

preceptors related to orientation to enhance a collaborative team approach for a successful orientation program.

Analysis of Self as Scholar

A DNP graduate has the preparation and knowledge to address and evaluate the current and future evolving practice issues based on the nursing theories (American Association of College of Nursing [AACN], 2006). The DNP curriculum enhances the graduate's accountability as a practitioner to utilize the scientific underpinnings to meet the high demands of current and future patient needs. The DNP project is a scholarly activity that helps to grow the practitioner's ability to apply knowledge (AACN, 2006) in the context of a clinical practice problem and translate evidence into the practice setting. The project helped me to enhance my knowledge of critical appraisal of the literature that has also furthered my analyses of such literature for the development of an evidence-based project that supports the integration of evidence-based findings into daily practice. This knowledge will enhance my ability to explore and facilitate the best practices related to the orientation program in my current clinical setting in my role as the coordinator of the nurse orientation program in a large organization. In addition, it will help me to engage in advancing nursing knowledge activities (AACN, 2006), which improves the professional practice of nursing.

Analysis of Self as Practitioner

The development of an evidence-based orientation process will help me to influence the policies and procedures of my workplace, as well as advocate for practices that affect the safety and quality of patient care outcomes (AACN, 2006). The DNP

program prepares the graduate to mitigate the gap between practice and education as well as to assume leadership roles in academic and health care organizations (Danzey et al., 2011). The knowledge I have gained through the course work will help me to utilize nursing theories as the framework in order to develop and evaluate new nursing practice strategies and translate the knowledge into practice (AACN, 2006).

Analysis of Self as Project Developer

Even though development of the DNP project was a challenging endeavor, it provided me an avenue for enhancing my learning experiences in developing an evidence-based project from inception to evaluation. This scholarly activity helped me to view daily practice issues or problems through the evidence-based practice lens. The process provided me more insight into the application of evidence-based practice in addressing practice issues. In addition, it changed my perception of the role of scholarly activity in establishing a structured and evidence-based operational process to address ever-evolving practice needs. It has also contributed to my personal development in computer and writing skills. At times, I encountered challenges and frustrations during the process, but these issues were outweighed by the benefits on my learning experience as a coordinator of nursing orientation. I am prepared for the implementation of a dynamic learner-focused orientation program that will provide an infrastructure and operational process for the organization.

Summary and Conclusions

Competency-based nursing orientation programs based on individual needs and built upon the mission, vision, and strategic goals of the organization address highly

specific patient needs in the ever-evolving health care environment and work to improve

patient safety. Appendix A contains the infrastructure and responsibilities of personnel in

the proposed competency-based orientation. Preceptor selection and development are key

factors that affect the outcomes of the orientation. Therefore, a preceptor job description

(Appendix B) was developed to provide a the standardized process for the leaders in the

proper selection of preceptors who are involved in the teaching and guiding of new

employees to transition successfully into new practice setting. A successful orientation

program can generate effective support, the improvement of nursing practice, quality

patient safety, and even reduce costs (Sorrentino, 2013). Collaborative team support of

the manager, educator, preceptor, and the staff member are essential clinical components

of orientation. Development of an evidence-based orientation checklist supports

consistent communication among the team members for the successful orientation and

transition of the new staff member. Two other products to improve orientation of

experienced nurses to units are necessary: a policy for orientation of experienced nurses

moving to a new setting and the outline of the topics for the core curriculum course of

experienced nurses. These documents will be developed if the administration approves

the proposed competency-based approach to orientation.

Section 5: Scholarly Product for Dissemination

Dissemination of the DNP scholarly report (see Executive Summary) will

communicate the results of the project and the materials developed to the appropriate

organizational stakeholders as well as stakeholders beyond the organization who can

apply the results in facilities that face similar challenges (Zaccagini & White, 2011). I

will communicate the evidence-based findings to my practice stakeholders so they can

consider implementing the best practice recommendations for a competency-based

orientation program to enhance employee retention, employee satisfaction, and improve

patient safety (Sorrentino, 2013). In addition, my job responsibilities as the facilitator and

coordinator of the orientation program also will provide me an opportunity to support and

facilitate the change process once approved for implementation. Dissemination of the

DNP final product reveals the mastery of the content that will support future scholarship

in the practice-focused environment (AACN, 2006). Included in my plan is also a poster

presentation that will be submitted to a national conference, such as the Association for

Nursing Professional Development, in order to disseminate the scholarly information to

an appropriate target audience, such as educators, clinical nurse specialists, and hospital

managers, and instructors in academic nursing programs.

Executive Summary

The purpose of the project was to develop a competency-based orientation

process from the centralized core orientation class through the nurses' transition into the

new practice setting. The project planned an infrastructure and operational process for the

implementation of an improved individualized and specialty role unit-specific orientation.

Competency-based nursing orientation programs based on individual needs and built upon the mission, vision, and strategic goals of the organization, address highly specific patient care needs in the ever-evolving health care environment and work to improve patient safety. Regardless of the previous clinical experience of an orienting nurse, there is a need for a structured orientation for the successful transition of the nurse into the new setting and the new practice specialty. Hospitals will lose a skilled workforce as large numbers of experienced nurses approach retirement age, which impacts the quality of patient care, and there will be a high economic cost to replace the highly skilled knowledgeable nurses (Hirschkorn, West, Hill, Cleary, & Hewlett, 2010).

Reviewing and restructuring of nursing orientation programs to meet changing hospital needs is listed as one of the frequently used strategies for improving nurse retention and patient safety (Kiel, 2012; Creakbaum, 2011). Strasser (2005) defined competency-based orientation as the ability of the new nurses to perform the job safely and competently in the new practice setting. According to Kiel (2012), a successful new nurse orientation program must integrate not only the individual learning needs, but also the overall organizational strategic goals, for providing nurses a smooth transition into the new work environment.

Evidence showed that nurse's retention and patient safety have improved by reviewing, restructuring, and implementing successful orientation programs (Hodges, 1999; Golden, 2008; & Kiel, 2012). Competency-based orientation programs can fill the gap in practice by focusing on the employees' ability and skills to perform the tasks or job requirements in a particular setting (Whelan, 2006; & Strasser, 2005). Nurses

integrate evidence-based competencies into the health care system to enhance the quality of patient care, patient outcomes, and costs (Melnyk, Gallgher-Ford, Long, & Fineout-Overholt, 2014).

The objectives of the project were to design an evidence-based centralized core orientation and unit-based orientation and a competency-based clinical orientation checklist. A literature review determined the best practice recommendations for designing the competency-based nursing orientation process. An evidence-based orientation process guideline was developed to support consistent practices among managers, educators, and preceptors, in order to facilitate a best practice-based orientation experience for nurses moving into new specialty units. The following factors were critical components in the development of a successful orientation program: (1) leadership support, (2) preceptor selection, (3) program focus on the development of critical thinking skills, and (4) individualized competency-based orientation plans (Elmers, 2010). Among these factors, the organization's continuous leadership support will be essential for the success of the program (Elmers, 2010 &Whelan, 2006 ;). Consequently, development of an evidence-based guideline with leadership input that addresses the organizational and regulatory requirements (Jeffery & Werthman, 2015) and delineates roles and responsibilities of the leaders, educators, and preceptors (Elmers, 2010) will be necessary for the successful implementation of the program. Implementation of a successful orientation program is also dependent on the selection of the preceptors and the leaders' continuous support for the preceptor professional development, and ongoing oversight of the preceptorship process (Elmers, 2010).

Therefore, development and implementation of job description (Appendix B) based on the evidence provides the organization with a standardized process for the proper section of preceptors in teaching and guiding the new employees to transition successfully to the new practice environment.

An orientation process includes general nursing orientation and unit-specific orientation (Whelan, 2006; Sandau & Halm, 2010). Nursing orientation, particularly unit orientation, helps the nurses to develop a working relationship with others through socialization and support of the team members in order to provide safe, patient-centered care (King, 2010). For implementation of a competency-based unit-specific orientation process, the initial job specific competencies, standards of performance, and regulatory agency requirements will be reviewed so that the orientation can be tailored to address individual nurse needs in a timely and cost-effective orientation. Standardized strategies for a competency-based orientation process will provide guidance for managers, preceptors, and educators to orient new employees to the organization. Validations of entry-level competencies should be documented on specialty-specific orientation checklists during unit orientation as the baseline evidence for documenting skills to accomplish the job responsibilities (Jeffery & Werthman, 2015). This orientation checklist should be developed based on nursing processes, medication administration, documentation, communication and professional development as the main categories in order to validate the competencies detailed within the competency-based orientation program (Appendix C). Competency-based orientation is a learner-focused program that

helps the nurses to provide patient-centered care that enhances staff retention and improves patient safety.

A dynamic learner-focused and competency-based orientation program based on the literature will enhance patient safety, increase staff retention, and aid in the development of health professionals who can undertake new job responsibilities rapidly and with confidence (Kennedy et al., 2012).

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Appendix A: Competency-Based Orientation—

Infrastructure and Roles and Responsibilities

Purpose

To establish an infrastructure and operational process for the implementation of an individualized and specialty role-specific orientation process and to evaluate the initial competency that meets the role specific standards of performance and regulatory requirements of nurses in a timely and cost-effective manner.

Background

According to National Nursing Staff Development Organization (NNSDO, 2010), orientation is the educational process of introducing individuals who are new to the organization or department to the mission, vision, philosophy, goals, policies and procedures, and role expectations, and other factors needed to function in a specific work setting. Orientation also need to takes place when there is a change in roles, responsibilities and practice settings of the person (NNSDO, 2010). The competency-based orientation (CBO) is defined as functions necessary to role performance and self-assessment of competencies that would provide valuable information to individualized orientation such as:

- Utilize nursing specialty standards, regulatory requirements, and organizational strategic plans, as the foundation to design a competency-based orientation checklist. A checklist is a key component to the success of the orientation program (Hodges & Hensen, 1999).

- Implement competency-based assessment during the initial period of orientation to provide documentation of the hospital's efforts for seamless processes for ensuring patient safety (Bashford & Shaffer, 2012).

Definitions of terms

Competency" is an expected level of performance that integrates knowledge, skills (psychomotor, communication, interpersonal, and diagnostic skills), abilities and judgment" (American Nurses Association, 2010, p. 12).*Competency based orientation* assesses the skills and the ability of the nurse to perform the task (Whelan, 2006)

General orientation is the process of introducing all new employees to the Organization's mission, vision, philosophy, values, regulatory requirements, policies, guidelines, and strategic plan of the organization.

Nursing orientation is designed to provide nurses with an overview of the nursing mission, vision, philosophy, values, policies, and procedures, and how to integrate guidelines and evidence-based practice in the clinical setting in order to provide quality patient care.

Centralized orientation is the process of introducing nursing staff to the nursing practice model, the importance of integrating research and evidence-based practice guidelines to daily practice, the nursing sensitive quality outcomes, policies and procedures, and regulatory guidelines (Whelan, 2006).

Clinical orientation (unit-based orientation) is the process of transitioning the employees to the culture, routine, and area specific skills and knowledge and validating

the nurse's competency by utilizing a specialty specific competency-based nursing orientation checklist (Whelan, 2006).

Centralized Nursing Orientation

The following nursing personnel may required to attend centralized nursing orientation:

- New hires (new graduate and experienced nurses)

- Nurses changing job status/classification

- Nurses moving from supplemental to fulltime

- Personnel moving from unlicensed to licensed nurses

Process

- Employees attend general hospital orientation that provides an overview of mandatory topics based on regulatory agency requirements and occupational health administration-related topics (Whelan, 2006).

- Nursing employees attend nursing orientation classes that provide an overview of selected and key nursing specific policies and procedures, e.g. medication administration, blood administration, and restraints (Whelan, 2006).

- Nursing employees attend unit specific orientation where the new employee works with a preceptor to validate the basic competencies required to transition into new job role (Whelan, 2006).

Leader, Educator, and Preceptor Roles and Responsibilities

Leaders

- Select the preceptors based on the criteria or policies and procedures

- Provide support to the preceptors continuous development

- Provide a supportive environment for the preceptors and the new staff members to be successful

- Monitor preceptor and new staff performance and participate in orientation evaluation at least on a weekly basis and at the end of orientation

Educators

- Plan unit-based orientation in accordance with the orientees' individual learning needs

- Administer unit-specific competency tests

- Facilitate and teach specialty orientation classes and provide appropriate resources

- Conduct follow-up visits with orientee and preceptor at least weekly

- Participate in orientees' evaluations

- Ensure all orientation documentation forms are completed by the end of orientation period

- Submit the completed orientation documents to the nursing management team for filing

Preceptors

1. **Socializer:**

- Facilitate the social needs of the orientees

- Welcome new hires by introducing them to members of the staff and interdisciplinary team members

- Introduce new hires to the norms, routines, unit culture, policies, and guidelines specific to the patient care clinical setting

2. **Role Model:**

- Implement the policies and guidelines for patient care

- Enforce the guidelines for practice

- Follow and enforce regulatory requirements and professional standards for practice

3. **Teacher:**

- Develop objectives/individualized orientation plan based on the assessed needs

- Validate critical thinking and interpersonal and technical skills in the clinical setting and document in the Competency Based Orientation checklist (CBO)

- Facilitate appropriate assignment to meet the orientees' identified learning needs

- Perform weekly evaluations and provide timely feedback to the orientees and nursing clinical management team

- Resolves any identified problems/issues in collaboration with the educator/leader

- Acts as a resource person for the orientees

- Communicates orientee's needs and performance issues to the nursing clinical management team and the clinical educator in a timely manner

- Evaluates the orientation plan and revises the plan as needed

- Ensures completion of the orientation documentation requirements by the orientees

- Submits the completed orientation skills checklist and documentation forms to

the nursing management team and or clinical educator

Appendix B: Preceptor Job Description

Summary Objectives of the Job

Preceptors are responsible for facilitating clinical orientation and providing support for new employees in the successful transition of the orientee into the new practice setting. Preceptors work as a role model, mentor, and teacher who evaluates the orientee's progress and provides remediation as needed during the unit orientation. Work requires knowledge regarding the regulatory requirements, standards of care, pertinent policies and procedures, and guidelines to support the new employees, as well as the ability to maintain patient safety during the orientation process. The preceptor must be able to communicate issues and problems to the appropriate personnel and/or resolve the issues in a timely manner. Work involves upholding high professional standards and behavior in all interactions with team members.

Qualifications

- Job requires minimum of a Bachelor's degree in nursing, but a Master's degree is preferred

- Work experience: At least 2 years of experience (seasoned nurses) in the same unit and at least 5 years of experience for new graduate nurse and capability of functioning as a charge nurse. In addition, the position requires education on preceptor-related topics

- Basic knowledge of computer applications and functionality such as Microsoft word, PowerPoint, and Excel programs

Special requirements

- Must have high-level interpersonal communication and effective methods of applying different teaching strategies based on the identified needs of the new employees

Job Duties and Responsibilities

Socializer

- Facilitate the socialization needs of the employees by orienting to the unit culture, staff members, physicians, and morning and afternoon breaks. Also, discuss any unit-specific celebrations such as birthdays and recognition of employees' achievements

Educator

- Develops objectives and individualized orientation plan in collaboration with the orientees

- Facilitates learning of the employee based upon the individual learning needs and level of experience, considering both regulatory requirements and professional standards

- Utilizes different adult teaching methodologies

- Serves as a point person for the unit-specific orientation

- Monitors orientees' progress daily

- Performs evaluation of the orientees on weekly basis in collaboration with the leaders

- Communicates issues to the appropriate personnel in a timely manner and documents the information in a retrievable format

Role Model and Feedback

- Identifies problems or issues related to the orientation process

- Provides constructive feedback

- Exhibits professional behavior in all interactions and communications

- Collaborates with the team members to resolve issues

- Participates in the development and revision of orientation plan as needed

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Appendix C: Competency-Based Orientation Checklist (Sample)

Competency Statement	Critical Behaviors	Self Assessment (Based on Benner;s Five- levels of Skills)	Learning Options	Discuss with Preceptor as Applicable (Date & Initial)	Competency Validation (Preceptor Date & Initial)
Nursing Process Utilizes nursing process safely and independently during patient care and procedures	• Performs system by system assessment (e.g., respiratory, cardiac, GI, etc.) • Plans patient care based on the assessment • Assists physician with procedures and treatment	Employees to circle the appropriate number that matches their skills 1, 2, 3, 4, or 5	List policy number and or standardized procedure manuals used by the organization	Provide resources and/or discuss topics for orientees that do not occur during the clinical orientation period	
Medication Administers medication safely and correctly using appropriate route	• Follows 5 rights of the patient • Recalculates the medication • Verifies MD orders • Administers medication • Observes for any adverse reactions • Documents in the medical record				
Documentation Documents all patient interventions including patient and family teaching in a timely manner	Documents at least the following: • Assessment • Plan of care • Medication administratio n • Procedures • Patient				

Competency Statement	Critical Behaviors	Self Assessment (Based on Benner;s Five- levels of Skills)	Learning Options	Discuss with Preceptor as Applicable (Date & Initial)	Competency Validation (Preceptor Date & Initial)
	response to treatment /procedures • Patient and family education				
Equipment and Supplies Demonstrates the operation of patient care safely according to the manufacturer's instructions	Operates the following equipment safely , • Heart Monitor • Defibrillator • Pulse oximeter • IV pump • Feeding Pump				
Communication and Interrpofessional Collaboration Communicates patient care information issues/problems to appropriate health care providers in a timely manner	• Performs handoff communication • Notifies physicians of any issues in a timely manner • Collaborates inpatient care with family and other discipline staff members as appropriate				
Professional Development	• Participates in organizational committees, task forces • Follows organization's career ladder • Attends appropriate				

Competency Statement	Critical Behaviors	Self Assessment (Based on Benner;s Five- levels of Skills)	Learning Options	Discuss with Preceptor as Applicable (Date & Initial)	Competency Validation (Preceptor Date & Initial)
	continuing education activities				
Unit Specific Skills (List the skills based on the population served and organizational standards (For example, ONS guideline for oncology patients, AORN standards for operating room patients)					

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