New 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).

**New Graduate Nurse Orientation Pathway**

<table>
<thead>
<tr>
<th>Professional Practice Model</th>
<th>ORIENTEE/EMPLOYEE</th>
<th>PRECEPTOR</th>
<th>EDUCATION QUALITY COORDINATOR</th>
<th>MANAGER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RECOGNIZING風格 AND CAPABILITIES</strong></td>
<td>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</td>
<td>Communicates on a regular basis with manager/educator to evaluate progress of orientee</td>
<td>Assures standardization and minimizes duplication with variations; learning opportunities will be organized to allow all units/department access</td>
<td>Creates an environment that promotes timely competency assessment and ongoing growth and development</td>
</tr>
<tr>
<td><strong>ABILITIES</strong></td>
<td>Participates in individual competency development</td>
<td>Uses Phases of Orientation Tool for orienting staff</td>
<td>Participates in the assessment of competency in collaboration with the assigned preceptors or other designee, when appropriate</td>
<td>Establishes a process for ongoing validation of unit specific competencies for off unit staff prior to the assignment of a patient</td>
</tr>
<tr>
<td><strong>CONTRIBUING TO THE ACTIVITY</strong></td>
<td>Maintains record of competency completion</td>
<td>Uses and documents validation methods/sources of evaluation for verifying competencies</td>
<td>Provides expertise in identifying learning opportunities and the appropriate verification/source of evaluation of the competencies</td>
<td>Assures the competence of the staff on the unit</td>
</tr>
<tr>
<td><strong>APPROPRIATE USE</strong></td>
<td>Participates in evaluation of the competency process</td>
<td>Seeks to critically evaluate orientee progression through the phases of orientation to assure progress from initiation to synthesis</td>
<td>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</td>
<td>Monitors and evaluates employee progress and performance on an ongoing basis</td>
</tr>
<tr>
<td><strong>EXECUTING THE PROCESS</strong></td>
<td>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.</td>
<td>Proactively identifies patient assignments to assist orientee in meeting core competencies</td>
<td>Works with the Shared Governance structure to provide new periodic teaching opportunities that are standardized across ROPH</td>
<td>Implements a Performance Improvement Plan for staff not meeting the established goals</td>
</tr>
</tbody>
</table>

**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. 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?

5. **DOCUMENTATION AND EDUCATION**
   a. Learning opportunities may consist of information from notes accessible in the EHR, 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 sustain-ability of documentation

6. **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?

7. **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?

8. **ADDED/INDIVIDUALIZED LEARNING NEEDS**