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Graduate Nurse Pediatric Emergency Nursing Orientation Program

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Walden University

College of Health Sciences

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Mindi Johnson

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Walden University
2015

Abstract

Graduate Nurse Pediatric Emergency Nursing Orientation Program

by

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MSN, Walden University, 2007

BSN, Grand Valley State University, 2005

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

October 2015

Abstract

Research has found that the turnover rate of graduate nurses within their first year is significantly high. Specialties such as pediatric and emergency nursing have even a higher turnover rate. It has been suggested that significant amounts of stress and lack of skills are responsible for the turnovers. This quality improvement project, which is theoretically based on Benner's novice to expert theory, will examine if a lack of a specialized pediatric emergency graduate nurse orientation program is a contributing factor. The purpose of the project is to improve retention of graduate nurses by implementing a specialized orientation program that focuses on pediatric emergency nursing. The research question examined the effect of a specialized graduate nurse orientation program on increasing retention, nurses' competency, and job satisfaction. This project takes the hospital's original orientation program of 6 generalized classes and hands-on orientation and adds a more specialized approach. The Emergency Nurses Association (ENA) Core Curriculum of specialized skills and didactic classes for pediatric emergency nursing (developed by the ENA pediatric committee based on evidence and gold standard practice); evaluation tools (developed by researcher) for both the preceptor and orientee; and face-to-face meetings between the educator, preceptor and orientee were the tools used for specializing the orientation program. It is anticipated that the results will show that increase in retention. In terms of social change, it is anticipated increased nursing retention will increase nursing knowledge and job satisfaction, which will ultimately lead to improved patient outcomes and decreased mortality rates.

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Section 1: Overview of the Project

Introduction

Pediatric emergency nursing is a highly specialized area that requires a nurse to be able to think fast and critically within the unique setting of the emergency department. The stress, time involvement and expense of the orientation period is significant when the orientation is not focused specifically on pediatric emergency nursing due to the need to treat not only the patient, but the family as well. There is extremely limited data on new graduate orientation in pediatric emergency nursing.

Problem Statement

Pediatric emergency nursing is fast paced, stressful, and requires quick critical thinking. To be successful in this specialty, a nurse must be competent in clinical skills (i.e. intravenous catheter insertion, Foley catheter insertion, restraint application, and nasogastric tube placement), leadership skills, and customer service/people skills. The lack of a specialized pediatric emergency nursing orientation program could be a reason there is a decrease in the retention of new graduate nurses in the emergency department.

Purpose Statement and Project Objectives

The purpose of this project is to increase the retention of pediatric emergency new graduate nurses through a specialized orientation program. The objectives of this project include:

1. Enhance the current graduate nurse orientation program with tools that can potentially improve retention rates.

2. Provide better learning opportunities for graduate nurses through a specialized orientation program with the thought that it will help retain them in the future.

Significance and/or Relevance to Practice

Graduate nurses have a significant turnover rate compared to other groups of nurses at 35% to 60% within the first year of practice (Spector & Echternacht, 2010). There are many reasons for this. As new nurses, they have a number of stressors that an experienced nurse does not have. Graduate nurses must deal with learning a new hospital system (or the hospital system in general if they have never worked in one), a new career, a new population, preceptors, staff, and the list goes on. Developing a specialized pediatric emergency graduate nursing orientation program will give birth to a new generation of nurses that can survive in the new complex healthcare system. This program will also help retain graduate nurses in the specialty of pediatric emergency nursing for longer than one year.

Project Questions

There were many questions that were raised when developing this project. Some of these questions included:

1. Will a more structured role for the preceptor make a better learning environment for the graduate nurse?
2. Does the enhanced specialized graduate nurse orientation program allow for longer retention of the graduate nurse?

Evidence-Based Significance of the Project

Emergency nursing has the second highest turnover rate among all nursing specialties. According to the National Healthcare & RN Retention Report (2013), the turnover rate for emergency nurses was 16.5% and 13.3% for pediatric nurses. The turnover rate for new graduate nurses regardless of the specialty that they have chosen is 17-22% (Spiva et al, 2013). These numbers are significant. This quality improvement project is designed to provide insight into whether a specialized graduate nurse orientation program in the pediatric emergency department could improve these statistics. Not having a pediatric emergency nursing specific orientation could be one reason that these turnover rates are so high. A specialized orientation program is necessary for the success of these nurses in orientation that could result in retention of them in the emergency department.

Implications for Social Change in Practice

“Children who require emergency care have unique needs, especially when emergencies are serious or life-threatening” (Joint Commission, 2013, p. 116). Training nurses with a program that is specialized to their area of practice will benefit patients. These nurses will be able to provide better patient care, develop care plans based on evidence, observe subtle changes in patients’ conditions to which they can report to the physicians, and feel comfortable doing all of this. These changes will lead to better patient outcomes, which is the ultimate goal in healthcare. These nurses will also feel more confident with their leadership skills and will advocate for themselves and their patients outside of the emergency department. The Joint Commission recommends

that:

Nurses and other ED health care providers have the necessary skill, knowledge, and training in providing emergency care to children of all ages who may be brought to the ED, consistent with the services offered by the hospital (Joint Commission, 2013).

Assumptions and Limitations

There are a number of assumptions that can be made about this project. It is assumed that implementation of the specialized pediatric emergency graduate nurse orientation program will not only improve retention rates of the graduate nurses, but it will also increase patient outcomes, nursing satisfaction, quality indicators and the public's view of emergency care; as well as decrease medical errors, adverse events, and family dissatisfaction.

The use of a self-made survey that was sent to previous graduate nurses regarding their orientation process is one limitation of this project. The limitation is that the survey has not gone through the process to determine validity and reliability. The survey did, however, serve the purpose intended, which was to help the author develop a program that will hopefully help future graduate nurses in the emergency department feel confident and successful and stay in the emergency department.

Section 2: Review of Literature and Theoretical and Conceptual Framework

Conceptual and Theoretical Frameworks

Review of Literature

There is an unspoken rule in the emergency department that requires nurses and other staff to be able to handle high levels of stress while prioritizing and multitasking. Graduate nurses having to learn pediatric nursing while learning to handle high levels of stress, prioritizing and multitasking and failure rates are bound to increase. This is one of the reasons graduate nurses fail their orientation. Research, however, is minimal in how to orientate and retain nurses in pediatric emergency departments. Incorporating the research that has been done on retaining new graduates through orientation with current pediatric emergency nursing orientation programs will produce quality evidence-based data to be used in the future.

The author used a number of databases to find literature to support this project. The databases included, but are not limited to CINAHL, Medline, and ProQuest. The initial search terms included pediatrics, orientation, graduate nurses, retention, emergency nursing, emergency department, and preceptors. The initial search dates were from January 2004 to the current date. Limits included publications and research done in English only. Other than that limitation, it was an open search using the above described search terms. These search criteria provided very few results. Removing emergency department from the search query improved the result list and articles were retrieved from there. Common themes and assumptions were made and implemented in this study.

Specific Literature

The Emergency Nurses Association (ENA) put forth a recommendation for a staged orientation process for emergency nursing orientation. It is very basic, however, and does not provide any information on how effective the actual staged orientation process actually was. The ENA also put out a recommendation for a grading scale for orientees that can be used by preceptors and educators (see *Figure 1*). While the grading scale appears to be a very useful tool, the authors do not provide any information on how effective it was when used in practice.

Figure 1: Preceptor Grading Card

NAME

EMPLOYEE NUMBER

Expectations	Far below (1)	Below (2)	Meets (3)	Above (4)	Exceeds (5)
Knowledge	Lacks knowledge of procedures, policies, processes and guidelines.	Below preceptor expectations. Requires constant reminders.	Meets preceptor expectations. Has basic knowledge.	Understands procedures, policies, procedures & guidelines. Plans for possible problems.	Displays knowledge above expected level.
Patient Care	Inhibiting preceptor's ability to provide care for patient load.	Provides care with preceptor instruction.	Provides care with little or no instruction.	Receives compliments from preceptor and coworkers.	Performing above expected level.
General attitude	Argumentative, negative, refuses to take direction, disrespectful	Distracted, lack of attention to detail, lacks communication skills	Positive, interested in procedure, uses appropriate conversations	Shows pride in work, is respectful to everyone	Performing above expected level
Comfort level	Refuses to perform patient care despite repeated	Needs frequent reminders, asks many questions inappropriate for stage of	Comfortable with workflow; asks questions when	Confident with their ability. Needs little or no instruction.	Performing above expected level

	instruction	orientation.	necessary		
Initiative/ effort level	Needs repeated prompting to the point of preceptor irritation	Needs occasional prompting	Performs the assigned work independently	Seeks alternative learning experiences	Performing above expected level

(Olmstead, et al, 2013, p. 84)

General Literature

There is a significant gap in the literature in regards to emergency nursing orientation, but even more so in pediatric emergency nursing. New graduate orientation and retention, however, has a plethora of strong, solid research that could be implemented in a pediatric emergency nursing orientation program. The major focus of most new graduate orientation literature is on the actual orientation process and the preceptors. Proulx & Bourcier (2008) published research that looked at an orientation model for graduate nurses in the intensive care unit. In this article they discuss both the orientation model and the preceptors. Chestnutt and Everhart (2007) published an article looking at the staged orientation program for graduate nurses in a surgical intensive care unit that also discusses both the program and the preceptor needs. While the main focus of Friedman, Delaney, Schmidt, Quinn, and Macyk's (2013) article is on the financial impact of graduate nurse retention, it still lays out an orientation process to ensure the best financial benefit.

Three major themes regarding graduate nurse orientation presented themselves in this literature review. These themes include customized orientation, actual orientation program, and preceptors and their roles. The first theme was improving retention through

customized orientations. According to the research, customized orientation programs lead to higher retention rates among graduate nurses. Ryan and Tatum (2013) found that customized orientation programs lead to “successful completion of orientation in a timely manner and increase retention during the first year of employment” (p. 213). Completing orientation in a timely manner may not only boost the confidence of the graduate nurse and increases retention rates, but it can also save the hospital money (Friedman, Delaney, Schmidt, Quinn, & Macyk (2013).

The design of the orientation program is the second theme that is presented in the literature. Halfer and Graf (2006) found that a multi-faceted orientation that included mentorship, classroom teaching, and unit-based orientation increases graduate nurse retention. Friedman, Cooper, Click, & Fitzpatrick (2011) and Gomes, Higgins, Butler, Farzaneh, & Secours (2009) discuss the importance of staged orientations and increased orientation periods. “A specialized critical care orientation year-long program for new graduate RNs can impact graduate RN retention and positively impact health care finances” (p.7). Gomes et al (2009) used Maslow’s Hierarchy as a guide for staged orientation. The graduate nurse builds on each stage of the orientation process or hierarchy until the nurse reaches the top of the pyramid and becomes independent. The orientation process must be geared toward the adult learner that has a variety of learning styles. According to Morris et al (2007), the development of an orientation program that has multiple forms of learning tools such as case studies, online courses, simulation labs, and hands-on patient care will produce graduate nurses who are more knowledgeable and competent, as well as stay in the department longer.

Preceptors are the third important theme that emerged from the literature review. Proper pairing of orientees and preceptors is key to a successful orientation. Gomes et al (2009) discuss the generational theory and how important it is for success. The generational theory includes the “diversity in age, life experiences, and values, as well as the millennial generation, older individuals who have embarked on nursing as a second career, and nurses returning to the workforce” (p. 576). Matching the orientee and preceptor based on learning type, teaching type, age, and personalities are important. There is a higher chance of an unsatisfactory orientation and a decrease in retention when there is a personality clash between the orientee and preceptor (Spiva, et al, 2013). Hitchings (1989) felt that in order to improve retention during the orientation process, preceptors must be properly trained, evaluated by their orientees, and be recognized. She also found that daily meetings between the orientee and preceptor and weekly/biweekly meetings with educator improved retention and the orientation experience. Although this belief is over twenty years old, it is still applicable in today’s orientation process. Norman (2103) wrote that preceptors must teach the graduate nurses to act instantly at the beginning of orientation. The act instantly comes with experience, which graduate nurses lack. This is why the experienced preceptor must guide and teach them to act instantly from the very beginning.

Consistency of preceptors and their need to build confidence in graduate nurses is. Chestnutt & Everhart (2007) discuss how the graduate nurses in the surgical intensive care were assigned two main preceptors that “worked with them 50% of the time and one back-up preceptor to cover vacations and sick calls” (p. 38). The educator made sure to

match the preceptors to the graduate nurse based on learning style and personalities. This provided a better learning environment for the graduate nurses and allowed them to feel more comfortable. Spiva et al (2013) found that “when preceptors provide support, guidance, timely feedback, supervised training, and continued mentorship, [graduate nurses] reported a more positive” experience (p. 30). The more positive experiences a graduate nurse has the more their confidence grows.

Applicable Theoretical Frameworks

Benner’s Theory of Novice to Expert. There are a number of theoretical frameworks and conceptual models that are applicable to new graduate nursing orientation in pediatric emergency departments. The theoretical framework chosen for this project is Patricia Benner's Novice to Expert (Benner, 1982). One construct of Benner, theory is intuition. This theory holds the belief that as a nurse begins the nursing journey, nursing intuition is not apparent. As the nurse continues through the levels of novice, advanced beginner, and so on, intuition becomes an important tool when providing effective, quality care for patients. Confidence is another construct of this theory. Graduate nurses begin with the basic knowledge of nursing gained in school. While they may appear confident on the outside, it is not a confidence that gives the nurse the ability to question an attending physician about an order or condition. As the nurse gains knowledge and support, his or her confidence grows, allowing for them to question, discuss and collaborate with other healthcare team members to provide quality care. One other construct of this theory is leadership. In the beginning, the graduate nurse looks to more experienced nurses to gain knowledge and help them develop skills.

As time goes on, the graduate nurses become the experienced nurses and lead and teach new graduate nurses. All of these constructs work in tandem with each other to create a solid theory.

The Novice to Expert theory is over twenty years old, but is still applicable in many situations. It appears that this theory was initially directed toward acute care settings. In an article published by Benner in 1982, she states "nursing in acute-care settings has grown so complex that it is no longer possible to standardize, routinize, and delegate much of what the nurse does" (p.402). This statement holds true twenty-two years later in all areas of nursing. Emergency nursing, especially pediatric emergency nursing, has seen a drastic rise in patient acuity and complexity. There have also been drastic changes in benchmarking, patient outcomes, patient satisfaction, and hospital/unit metric measuring with changes brought forth by meaningful use, Centers for Medicare and Medicaid Services, The Joint Commission and Obamacare. These make for a difficult learning environment for nurses new to the emergency department, but even more difficult for graduate nurses starting out their careers as pediatric emergency nurses.

A graduate nurse begins as a novice based on Benner's theory. A novice nurse has no experience, which means he or she has nothing to rely on but the information provided by the individual's preceptor and/or mentor. Novice or graduate nurses learn how to do things (skills) before they learn they why of what they are doing (theory). At this point in the orientation process, the graduate nurse is like a sponge absorbing as much knowledge as possible to use for experience. Benner believes that the difficulty faced in this stage is "the inability to use discretionary judgment" (Benner, 1982, p. 403).

After eight weeks, which is three-quarters of the graduate nurse's orientation period, the individual should begin showing signs of moving to the next stage, which is the advanced beginner. In this stage, the graduate nurse has some experiences that can be used to guide some of the care decisions they make. During this stage, the graduate nurse must still be coached and guided on what to do for each patient, but given a little room to become independent and start making clinical decisions. However, patient care provided by the graduate nurse "must be backed up by competent level nurses to ensure that important patient needs do not go unattended because the advanced beginner cannot yet sort out what is most important" (Benner, 1982, p. 404).

The last three stages come with years of experience. The competent nurse has two to three years of experience. This nurse is comfortable dealing with the complexities of the emergency department and feels confident in the care provided. Many nurses choose to stay at this stage for a significant amount of time before they move to the proficient and then expert stages (Benner, 1982). The proficient nurse looks at the whole picture compared to nurses in lower levels who look at situations piece by piece. Finally, there is the expert nurse. This nurse "with her/his enormous background of experience has an intuitive grasp of the situation and zeros in on the accurate region of the problem without wasteful consideration of a large range of unfruitful possible problem situations" (Benner, 1982, p. 405). While not realistic, it would be a great accomplishment if this orientation program could put graduate nurses at the top end of advanced beginner, almost to competent nurse.

Evidenced-Based Practice Model. The Stetler Model of Research Utilization is the evidence-based practice model that will guide this project (Romp & Keil, 2009). This model has five phases that are used to incorporate research into practice: preparation, validation, comparative evaluation/decision making, translation/application, and evaluation. The preparation phase is developing a PICO question and defining measurable outcomes, as well as looking at things that can become barriers during the project. Validation is finding research that has already been done regarding new graduate nurse orientation. Although it may not have been done in pediatric emergency departments, the information obtained from the current research will help guide and mold the new pediatric emergency nursing orientation program. The comparative evaluation/decision-making phase will take place when all the research and surveys have been reviewed and the author develops an orientation program that incorporates the current research and discusses with her mentor how feasible the orientation program will be with new graduate nurses. Translation and application comes when the implementation of the orientation program with new graduate nurses in the pediatric emergency department is done. Finally, the evaluation phase will look at the success of the intervention and the effect on the retention of the new graduates.

Section 3: Approach

Project Designs and/or Methods

Quality Improvement Project Design

In order to develop a more robust orientation program, graduate nurses from the previous five orientation classes were sent a survey asking open-ended questions regarding their orientation experience (Appendix B). The specialized orientation program was developed through the use of evidence, retrospective responses from graduate nurses who went through the current orientation process, and the Emergency Nurses Association recommendations.

The current graduate nurse orientation program was reviewed by the educator, lead preceptors, and author after receiving responses from the survey taken by previous graduate nurses. Each piece of the program was reviewed to see what was working and what was not. The author brought forth evidence found in the literature which would enhance parts of the program. The first piece added to the program was the ED core classes. The ENA developed a program specifically for nurses orienting to emergency departments. These classes teach fundamental emergency nursing elements that the graduate nurses need to learn. It was hypothesized that adding these classes to the orientation program would increase the knowledge base and confidence of the graduate nurses and therefore improve their retention rate.

The second piece that was added to the program was weekly evaluations that were performed by the preceptors and the graduate nurses. The reviewing group felt that it was important to have the graduate nurse evaluate his or her preceptor and vice versa

each week in order to correct issues as they arise. In the past there was minimal discussion and evaluation done so issues were not detected until the orientation period was over.

Method

This project was designed for an orientation program that lasts 12 weeks. Preceptors will be educated on the changes to the graduate nurse orientation program prior to the hire date of graduate nurses in the department. The preceptors can then be given the option to not precept a graduate nurse if they feel they cannot meet the expectations and requirements put forth. If they chose to precept graduate nurses, the preceptors will be given a timeline that should be followed with the graduate nurses as well as the grading cards. Also, the clinical coordinators will be given a list of tasks and/or skills that the graduate nurses need to observe and perform (Appendix C). Since the clinical coordinator knows what is going on throughout the department, she will be able to present situations to the preceptor for the graduate nurse to observe and/or do.

The graduate nurses will each receive a folder that contains their weekly orientation progress notes, fundamental competency based orientation objectives, competency check off forms, and other important forms needed for orientation (appendix A). Each week the preceptor will grade the graduate nurse using the preceptor-grading card (Figure 1), which the author has granted the writer permission to use. They will also be required to meet with graduate nurse after each shift to discuss the positive and negatives of the shift. The graduate nurse will also fill out an evaluation on his or her preceptor each week (Figure 3), which the author has given permission to the writer to use.

Figure 2: Graduate Nurse Evaluation of Preceptor

Orientation Process Evaluation				
How often did your preceptor:	Almost Never (1)	Seldom (2)	Usually (3)	Almost Always (4)
Present information clearly				
Encourage independent decision-making				
Provide you with assistance when you had questions and/or concerns				
Assist you to select learning experiences to meet your clinical learning needs				
Listen with empathy				
Acknowledge your feelings				
Assist in making you feel welcome				
Assist in making you feel part of unit staff				
Show enthusiasm for the orientation process				
Give feedback related to your progress during daily interactions				

(Hitchings, 1989, p. 259)

Each week the pair will meet with the educator and/or lead preceptors to discuss how the orientation is progressing. During downtime, the preceptors will be required to go over information that was discussed in the Emergency Department (ED) core classes and hospital orientation courses that week and answer questions and provide scenarios to help the graduate nurses retain the information. As preceptors, they should be constantly

encouraging the graduate nurses to ask questions and going over information that is important to emergency nursing.

The graduate nurses will attend hospital orientation classes and/or ED core classes each week. Hospital orientation classes can include generalized information such as fluid imbalances, pain management in children, chaplain services, child life services, etc. The ED core classes are based of the Emergency Nurses Association (ENA) *Core Curriculum for Pediatric Emergency Nursing*. In these courses, the educator and lead preceptors will go over different types of emergencies. Each course will have a didactic and skills portion. Preceptors will have a schedule of the courses so they know what to focus on each week.

Figure 3: Class Schedule for Graduate Nurses

	Emergency Department Graduate Nurse Orientation Core Class Schedule & Transitions Classes
Week 1	<p>Hospital Orientation Class (8 hours)</p> <ul style="list-style-type: none"> ● Pediatric Patient Safety ● Infection Control & Occupational Hazards ● Introduction to Basic Respiratory Care ● Point of Care Training ● Basic Nursing Equipment Introduction (IV infusion pumps, syringe pumps, feeding pumps) ● Medication module distribution <p>ED Core Class (4 hours)</p> <p>Didactic</p> <ul style="list-style-type: none"> ● ED expectations ● Unit orientation (i.e. Scheduling, lab tubes, tour) ● Leading causes of death in pediatrics ● Interacting with children and families <p>Skills</p> <ul style="list-style-type: none"> ● Stringing IVs ● Straight catheterization (male/female) ● Scavenger hunt

Week 2	<p>Hospital Orientation Class (8 hours)</p> <ul style="list-style-type: none"> ● Pediatric Vital Signs ● Professional behaviors & general policies ● Pediatric phlebotomy specimen collection process & equipment ● Pediatric restraint and restraint safety ● Bedside handover and hourly rounds ● Pediatric nutrition ● Pediatric Early Warning Signs (PEWS) <p>ED Core Class (4 hours)</p> <p>Didactic</p> <ul style="list-style-type: none"> ● Pediatric Neurological Emergencies ● Pediatric Psychiatric Emergencies <p>Skills</p> <ul style="list-style-type: none"> ● Phlebotomy/IV starts ● Restraints ● Lumbar puncture (proper holding)
Week 3	<p>ED Core Class (4 hours)</p> <p>Didactic</p> <ul style="list-style-type: none"> ● Pediatric Gastrointestinal Emergencies ● Pediatric Genitourinary Emergencies including SAFE <p>Skills</p> <ul style="list-style-type: none"> ● Indwelling Foley catheter ● Clean catch urine collection/PUC application ● Guaiac testing ● Nasogastric tube insertion ● Pelvic exams ● Sexual Assault Kits
Week 4	<p>Hospital Orientation Class (8 hours)</p> <ul style="list-style-type: none"> ● Fluid & electrolytes ● Caring for pre- and post-operative patients ● Blood administration with tour ● Medication orientation test ● PCA pump introduction ● IV site assessment and care <p>ED Core Class (2 hours)</p> <ul style="list-style-type: none"> ● Neonatal Emergencies ● Ethical and Legal Issues in Pediatric Emergency Nursing
Week 5	ED Core Class (4 hours)

	<p>Didactic</p> <ul style="list-style-type: none"> ● Pediatric musculoskeletal emergencies ● Pediatric integumentary emergencies <p>Skills</p> <ul style="list-style-type: none"> ● Crutch walking/knee immobilizers ● Splinting/slings ● Sedations ● Sutures & incision/drainage
Week 6	<p>ED Core Class (4 hours)</p> <p>Didactic</p> <ul style="list-style-type: none"> ● Pediatric cardiovascular emergencies ● Pediatric endocrine emergencies <p>Skills</p> <ul style="list-style-type: none"> ● Insulin administration (drip & pen) ● EKG
Week 7	<p>ED Core Class (4 hours)</p> <p>Didactic</p> <ul style="list-style-type: none"> ● Pediatric respiratory emergencies ● Pediatric hematologic and oncologic emergencies <p>Skills</p> <ul style="list-style-type: none"> ● Capillary blood gases ● Nasal wash collection for flu/RSV ● ETCO₂/O₂ administration/BVMs ● Port/PICC/Broviac access and care
Week 8	<p>Hospital Orientation Class (8 hours)</p> <ul style="list-style-type: none"> ● Code management (not pertinent in ED for graduate nurse) ● Caring of moderate/complex respiratory patient ● Delegation strategies ● Tracheostomy care ● Pharmacy medication distribution and administration ● Child Life services ● Debriefing
Week 9	<p>ED Core Class (2 hours)</p> <p>Didactic</p> <ul style="list-style-type: none"> ● Pediatric eyes, ears, nose & throat emergencies ● Pediatric dermatologic emergencies
Week 10	<p>ED Core Class (2 hours)</p> <p>Didactic</p> <ul style="list-style-type: none"> ● Pediatric communicable disease emergencies ● Pediatric shock

	Skills <ul style="list-style-type: none"> ● Proper isolation procedure ● Early signs of shock
Week 11	ED Core Class (2 hours) Didactic <ul style="list-style-type: none"> ● Pediatric heat-related emergencies ● Pediatric burn emergencies ● Pediatric cold-related emergencies
Week 12	ED Core Class (2 hours) <ul style="list-style-type: none"> ● Pediatric toxicological emergencies ● Child maltreatment ● Child sexual abuse

If at any time the preceptor, educator, and/or graduate nurse feel that the graduate nurse is not progressing, as he or she should be, a meeting will be held to discuss options available to the graduate nurse in regards to the orientation process. Once options are discussed, a meeting will be held with the graduate nurse, educator, and ED director to decide on the best option and move forward. The options include a work plan, which includes specific changes that need to be made in a specific timeframe, an extension of orientation, or termination

Population, Sampling, and/or Context

Setting. The quality improvement project's curriculum will be implemented in a freestanding pediatric hospital's emergency department. This department sees over 100,000 patients per year. The emergency department cares for patients all along the healthcare spectrum in terms of medical severity. Patients are treated for sore throats, viral infections, chronic conditions such as sickle cell, psychiatric emergencies, and gun shot wounds among many other conditions.

Project Evaluation Plan

Ultimately, a summative evaluation would be ideal for this project. The goal of the summative evaluation is to “determine whether or not the program worked” (Hodges & Videto, 2011, p. 207). This evaluation will be ongoing, as looking at retention of graduate nurses is looked at over time.

Summary

The current orientation program is effective, but the implementation of this quality improvement project will make it stronger and more rigorous. Adding the additional components, such as the ED core classes, weekly evaluations and meetings, will make this orientation one that graduate nurses in any department would want to take part in. It is the thought of the author that this quality improvement project will increase retention of graduate nurses in the emergency department and open the door for future research regarding this.

Section 4: Findings, Discussion, and Implications

Findings

Summary of Findings

This quality improvement project designed a curriculum that will be implemented with the next graduate nurse orientation later this year. It is expected that the additions, which were developed as part of the quality improvement project, will improve the retention rates of the graduate nurses. Currently retention rates for graduate nurses who stay longer than one year in this department is less than fifty percent. It is anticipated that this project will improve the retention rate to at least seventy-five percent.

Along with improving retention rates, it is anticipated that a second positive outcome of this project will be increasing graduate nurses' knowledge bases once finished with orientation. The additions to the program look to increase the amount of education provided to the graduate nurses during orientation in order to allow them to be more confident and knowledgeable once finished. It is hypothesized that this will increase the confidence of the graduate nurses, which in turn will lead to higher retention rates.

Discussion of Findings in the Context of Literature

The anticipated findings of this project are hypothesized based on the evidence provided in the literature that was reviewed. There was a plethora of research that showed the different aspects of the graduate nurse orientation program that were added during this project would increase retention rates. Hitchings (1989) developed an orientation process evaluation that was to be filled out by the orientees to evaluate the

program, managers, educators, and preceptors. While this is considered old research, the process evaluation form was added to the orientation quality improvement project as an evaluation for the preceptors. This evaluation best encompasses the information the educator, lead preceptors, and leadership team want to know about preceptors from the view of the graduate nurses. While the literature did not show anything regarding orientation of graduate nurses in the emergency department, the grading scale developed by Olmstead allowed leadership and the emergency department educator to catch orientees who are failing to progress as it is happening instead of at the end of orientation (Olmstead et al, 2013). It is anticipated that the incorporation of these tools will improve the graduate nurse orientation and therefore increase retention rates of this group.

Implications

Practice. The addition of a specialized orientation program for graduate nurses can have a large impact on nursing practice, especially pediatric emergency nursing. Nursing school provides limited experience in many nursing specialties. Eight weeks is not nearly enough time to learn what the specifics of a specialty such as pediatrics or emergency medicine. The specialized orientation program will give the graduate nurse a more extensive education on the specialty of his or her choice. Besides the tradition hospital orientation, which looks at basic nursing skills and ancillary help available, the program requires the graduate nurse to attend core classes that have both didactic and skills portions. These classes combined with actual hands-on training will improve the graduate nurses' practice when finished with orientation. It will also provide more confidence and knowledge among the graduate nurses. These improvements will lead to

better nursing practice, which in turn will lead to better patient outcomes.

Research. As stated many times above, there is minimal research done on pediatric emergency graduate nursing orientation programs. This quality improvement project will open doors for researchers to look at orientation processes in pediatric gone untouched. Some ideas include emergency nursing precepting, increasing pediatric emergency nursing knowledge, and what causes high rates of burnout in pediatric emergency nurses.

Social Change. While this quality improvement project does not directly affect social change, it does have the opportunity to affect it in a second hand way. This project aims to improve graduate nurse retention in the pediatric emergency department. The improved retention means that the nurses who are caring for the patients who enter the emergency department are knowledgeable and dedicated to their profession. Dedicated and knowledgeable nurses lead to increased patient outcomes and decreased mortality. In turn, patients and families want to return to the emergency department to receive outstanding care. This is the effect the program can have on social change.

Project Strengths and Limitations

Strengths. One major strength of this project is how it will improve the graduate nurse orientation program, as well as make it more rigorous and robust. Regardless of the outcome of the project, having a more solid program benefits everyone in the department. Another strength of this project is how it improves the accountability and integrity of the preceptors who are teaching the graduate nurses the information they need to learn. Preceptors who are knowledgeable and have integrity want to help others

succeed in their quest to become better nurses.

Limitations. The major limitation of this project is the length of which it will take to get actual results from the implementation of the curriculum. The graduate nurse orientation program is twelve weeks long. Since the project looks to improve retention rates of graduate nurses longer than a year, it will take another forty weeks to see the results of curriculum implementation. Another limitation of this project is inability to guarantee the preceptors will be able to perform the way the project dictates them to.

Recommendations for Remediation of Limitation in Future. Once preceptor and graduate nurse evaluations begin, changes can be made to the program to improve it. By continually looking at the program and making changes as needed, it can bring the department closer to the goal of improving retention rates of the graduate nurses. As mentioned above, results may not be available for some time, but changes will be made to make sure the goal is met.

The graduate nurses will evaluate preceptors. If these evaluations are poor and the educator and/or other staff members see that the preceptors are not performing the way they are supposed to, they will need to be remediated. If after remediation the preceptors are still not meeting the requirements put forth, they will be released from their duties. This will allow for the continued support and proper education for the graduate nurses.

Analysis of Self

As Scholar. This project has allowed me to grow as a scholar. It has taught me how to perform research in a way that I was never able to do in the past. I feel that I have

more tools and abilities to improve nursing education both in the educational and clinical settings because of the work on this project and this degree. Writing manuscripts and journal submissions will become easier now that I have had the experience of writing this paper. This project has also helped me know that while my main focus will always be in clinical nursing, I have what it takes to make other nurses love nursing practice the way I do.

As Practitioner. I have grown significantly as a practitioner over the course of this journey. At the beginning of this project I had broad thoughts and many ideas of what I wanted to do. Over the course of this degree, I have learned to focus my energy on one project at a time that will improve the clinical world of pediatric emergency nursing. I have also expanded my network and knowledge base by involving myself in other realms of nursing that I was too afraid to do before. Many of my clinical decisions are now based on evidence found through research and my nursing intuition. It has definitely gotten better of the last three years. I am a much stronger and effective practitioner now.

As Project Developer. When beginning this project, project development was overwhelming and scary. There was so much to and the end was nowhere in sight. As the project progressed though, I found that developing projects is awesome. It requires passion, knowledge, perseverance, and focus. It also requires patience, which I have improved on over time. I know that my future will definitely have more project developments in it.

Summary

Graduate nurse orientation is one of the most important steps of a nursing career. It is the foundation and stepping stone that is needed to be outstanding in whatever specialty a nurse chooses. A strong orientation program has the ability to produce strong and knowledgeable nurses who want to continue on their nursing journey in the specialty they originally chose.

Pediatric emergency nursing has had minimal exposure especially in research. This project will hopefully allow for the doors to be opened and research to be done in this wonderful specialty. There are many things that can be learned from and researched about pediatric emergency nursing. The future holds a world undiscovered in regards to nursing specialties and the importance of specialized orientation programs.

Section 5: Scholarly Product

This project will be developed and written up for a poster presentation at a conference for emergency nursing, pediatric nursing, or evidence-based practice. The poster will be fully developed once results are obtained from the quality improvement project. There is an annual evidence-based nursing conference every September that the poster can be presented at. It is the goal to have some results of the quality improvement project by September of this year.

References

- American College of Emergency Physicians. (2013). Nearly 25 percent of all ER visits made by children. Retrieved from <http://newsroom.acep.org/2013-06-26-Nearly-25-Percent-of-All-ER-Visits-Made-By-Children><http://newsroom.acep.org/2013-06-26-Nearly-25-Percent-of-All-ER-Visits-Made-By-Children>
- Baxter, P. (2010). Providing orientation programs to new graduate nurses. *Journal for Nurses in Staff Development*, 26(4), pp. e12-e17.
- Benner, P. (1982). From novice to expert. *The American Journal of Nursing*, 82(3), pp. 402-407.
- Brakovich, B., & Bonham, E. (2012). Solving the retention puzzle: Let's begin with nursing orientation. *Nurse Leader*, pp. 50-53
- Cavanaugh, D., & Huse, A. (2004). Surviving the nursing shortage: Developing a nursing orientation program to prepare and retain intensive care unit nurses. *The Journal of Continuing Education in Nursing*, 35(6), pp. 251-256.
- Culley, T., Babbie, A., Clancey, J., Clouse, K., Hines, R., Kraynek, M., Wittmann, S. (2011). Nursing U: A new concept for nursing orientation. *Nursing 2011*, pp. 59-61
- Durkin, G. (2010). Development and implementation of an independence rating scale and evaluation process for nursing orientation of new graduates. *Journal for Nurses in Staff Development*, 26(2), pp. 64-72.

- Friedman, M., Cooper, A., Click, E., & Fitzpatrick, J. (2011). Specialized new graduate RN critical care orientation: Retention and financial impact. *Nursing Economic\$, 29(1)*, pp. 7-14.
- Gomes, M., Higgins, A., Butler, R., & Farzaneh, J. (2009). Anatomy of a staged orientation process. *The Journal of Emergency Nursing, 35(6)*, pp. 575-579.
- Greene, M. (2010). Paying for nursing orientation. *Journal for Nurses in Staff Development, 26(6)*, pp. e3-e7.
- Halfer, D. (2007). A magnetic strategy for new graduate nurses. *Nursing Economic\$, 25(1)*, pp. 6-11.
- Halfer, D., & Graf, E. (2006). Graduate nurse perceptions of the work experience. *Nursing Economic\$, 24(3)*, pp. 150-155.
- Hitchings, K. (1989). Preceptors' competence and retention: Strategies to achieve success. *The Journal of Continuing Education in Nursing, 20(6)*, pp. 255-260.
- Hodges, B., & Videto, D. (2011). *Assessment and Planning in Health Programs (2nd ed.)*. Sudbury, MA: Jones and Bartlett Publishing.
- Joint Commission. (2013). Joint policy statement-Guidelines for care of children in the emergency department. *Journal of Emergency Nursing, 39 (2)*, pp. 116-131.
- Kennedy, J., Nichols, A., Halamek, L., Arafah, J. (2012). Nursing department orientation: Are we missing the mark? *Journal for Nurses in Staff Development, 28(1)*, pp. 24-26.

- Loiseau, D., Kitchen, K., Edgar, L. (2003). A comprehensive ED orientation for new graduates in the emergency department: The 4-year experience of one Canadian teaching hospital. *Journal of Emergency Nursing*, 29(6), pp. 522-527.
- Morris, L., Pfeifer, P., Catalano, R., Fortney, R., Hilton, E., McLaughlin, J., Nelson, G., Palamone, J., Rabito, R., Wetzel, R., & Goldstein, L. (2007). Designing a comprehensive model for critical care orientation. *Critical Care Nurse*, 27(6), pp. 37-60.
- Norman, R. (2012). Survival skills in the emergency nursing orientation. *Journal of Emergency Nursing*, 38(5), pp. 488-489.
- Nursing Solutions, Inc. (2013). 2013 National healthcare & RN retention report. Retrieved from <http://www.nsinursingsolutions.com/Files/assets/library/retention-institute/NationalHealthcareRNRetentionReport2013.pdf>
- Olmstead, J., Hoskins, R., MacCartney, V., & Little, J. (2013). World's best orientation progress grading sheet: Handling employees demonstrating failure to progress through orientation. *Journal of Emergency Nursing*, 39(1), pp. 82-85
- Reddish, M., & Kaplan, L. (2007). When are new graduate nurses competent in the intensive care unit? *Critical Care Nursing Quarterly*, 30(3), pp. 199-205.
- Roche, J., Schoen, D., Kruzel, A. (2013). Human patient simulation versus written case studies for new graduate nurses in nursing orientation: A pilot study. *Clinical Simulation in Nursing*, 9(6), pp. e199-e205.
- Romp, C., & Kiehl, E. (2009). Applying the Stetler model of research utilization in staff development. *Journal for Nurses in Staff Development*, 36(6), pp. 278-284

- Ryan, C., & Tatum, K. (2013). Customizing orientation to improve the critical thinking ability of newly hired pediatric nurses. *The Journal of Nursing Administration, 41*(4), pp. 208-214
- Spector, N., & Echternacht, M. (2010). A regulatory model for transitioning newly licensed nurses to practice. *Journal of Nursing Regulation, 1*(2), pp. 18-25.
- Spiva, L., Hart, P., Pruner, L., Johnson, D., Martin, K., Brakovich, B., ...Mendoza, S. (2013). Hearing the voices of newly licensed RNs: The transition to practice. *American Journal of Nursing, 113*(11), pp. 24-32.
- Terry, A. (2012). *Clinical Research for the Doctor of Nursing Practice*. Sudbury, MA: Jones & Bartlett Publishing.
- Thomas, D.O., & Bernardo, L.M. (2003). *Core Curriculum for Pediatric Emergency Nursing* (2nd ed.). Sudbury, MA: Jones & Bartlett Publishing.
- Wahl, S., & Thompson, A. (2013). Concept mapping in a critical care orientation program: A pilot study to develop critical thinking and decision-making skills in novice nurses. *The Journal of Continuing Education in Nursing, 44*(10), pp. 455-460.
- Wier, L, Yu, H., Owens, P., & Washington, R. (2013). Overview of children in the emergency department, 2010. Retrieved from <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb157.pdf>

Appendix A: Orientation Forms

Orientation Progress Notes					
Orientee Name:					
Week #: Planned meeting date:					
Date: Pod:	Date: Pod:	Date: Pod:	Date: Pod:	Date: Pod:	Date: Pod:
Patient Type	Patient Type	Patient Type	Patient Type	Patient Type	Patient Type
Skills Performed	Skills Performed	Skills Performed	Skills Performed	Skills Performed	Skills Performed
					P1

Topics Discussed:

Focus on in the future:

Goals:

Items to discuss with educator:
Preceptor signature:
Graduate Nurse signature:
Reviewed by:

ED Bag-Valve-Mask (BVM) Competency

Name: _____ Date: _____

Skill Step	Performed Independently	Needs Assistance	Unable to Perform
Select appropriate mask size			
Selects appropriate BVM for patient			
Connect to oxygen source			
Effectively ventilate mannequin			
Correct hand position (e-c tech)			

Preceptor: _____

Appendix B: Survey Regarding Your Orientation (Past Graduate Nurses)

1. What did you like about your orientation period?
2. What would you change about your orientation?
3. On a scale of 1-5, how would you rank your critical thinking skills? (1=not good, 3=so-so, 5=expert)
4. What did you like about your preceptors?
5. What would you have liked to have your preceptors do differently?

Appendix C: Checklist of Tasks and/or Skills Needed

IV-neonate
 IV-infant
 IV-toddler
 IV-child
 IV-adolescent
 IV-teen

Phlebotomy-neonate
 Phlebotomy-infant
 Phlebotomy-toddler
 Phlebotomy-child
 Phlebotomy-adolescent/teen

Urine cath- female infant
 Urine cath-female child/adol.
 Urine cath-male

Foley- female
 Foley- male

Sedation

Lumbar puncture

Port access

Sterile cap change

Rape kit

EKG

Knee immobilizer placement

Crutch teaching

Ace wrap placement

Clean catch urine collection

PUC application

Wound dressings

CR & pulse ox monitor use

NG/feeding tube placement

Restraint application

Please place a check mark next to what skills and/or tasks need to be seen and/or done. If done, please have preceptor or clinical coordinator sign next to the skill and/or task completed.

Appendix D: IRB Approval Number

The Institutional Review Board (IRB) approval number for this project is 01-12-15-0041191.