

An Evidence-Based Approach for Graduate Nurse Orientation in Critical Care
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▪ **Problem: What practice problem did you address and why is change needed?**

New nurses hired into critical care units had difficulty performing at the expected level despite a standards-based critical care orientation. Retention and quality patient outcomes suffered as a result. The change needed was to improve clinical quality outcomes and retention.

▪ **Evidence: What evidence did you use to address the problem and how was it gathered and appraised?**

A literature search led to the adoption of Benner's *Novice to Expert* competency levels and the American Association of Critical Care Nurses' Synergy model. The needs of novice nurses were correlated with tools to implement orientation processes as developed in the Synergy Model.

▪ **Strategy: What strategy was used to link the innovation to the evidence?**

Following Benner's theory and the Synergy model as a basis for decision-making, the partnerships formed with the stakeholders had power and resulted in the commitment to share in the accountability measures and ultimate outcomes of the new nurse in critical care. Orientation was structured differently to ensure adherence to the new strategy.

▪ **Practice Change: What specific practice change was made (for quality improvement studies) or procedure evaluated (for research studies)?**

The orientation now consists of twelve weeks divided into 6 phases associated with Benner's levels of competency with clearly written objectives to guide the stakeholders' evaluation of the new nurse's technical, critical thinking, and interpersonal communication skills while balancing the number and needs of patients to the skill level of the orientee.

▪ **Evaluation: What outcomes were measured and how?**

Outcomes were measured through satisfaction surveys of the stakeholders and PressGaney score. Patient outcomes were assessed through performance improvement indicators. Graduate RN retention rates were monitored at 3 months, 6 months, 9 months, and 1 year.

▪ **Results: What did you find?**

Noted improvements in Clinical Quality measures, nurse satisfaction and retention rates; sustained three point gain in patient satisfaction

▪ **Recommendations: What recommendations do you have for practice? What lessons did you learn?**

The structure for orientation must be designed to ensure optimum patient outcomes during the educational process, matching both the learners' and the patients' needs. Using evidence-based theory to make and enforce the decision-making among the stakeholders has great power to ensure that orientation provides the new nurse with the skills to perform safe and effective patient care.

▪ **Bibliography**

Benner, P. (2001). *Novice to Expert*. Upper Saddle River, New Jersey: Prentice Hall Health.

Hardin, S., Kaplow, R. (2005). *Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care*. Sudbury, Massachusetts: Jones and Bartlett Publishers.

Press Ganey Associates, Inc. South Bend, Indiana