SE11d

Provide one example, with supporting evidence, that demonstrates the effectiveness of the transition to practice program of a nurse transferring within the organization to a new nurse practice environment.

- Narrative must include a description of the five domains of the transition to practice program that facilitates effective transition.
- Evidence must include quality outcomes that demonstrate the effectiveness of the transition to practice program.

Note: The five domains of the transition to practice program must include

- Program Leadership
- Organization enculturation
- Development and design
- Practice-based learning and
- Quality outcomes

Example d: Nurse Transferring within WakeMed to a New Nurse Practice Environment

Transition Program Overview

WakeMed Health & Hospitals nurses who transfer to the Operating Room (OR) complete Perioperative 101 (Periop 101), offered each February and June, as part of orientation. Starting in 2023, the OR began offering PeriOp 101 to current nurses in different practice areas who wanted to transfer to the OR.

Program Leadership

OR Clinical Supervisor Educator Brook Buck, BSN, RN and Jules Hoffman, PhD-C, BSN, RN are the administrators for Periop 101 at the WakeMed Raleigh Campus and North Campus; Cary Campus has different course administrators. They are responsible for the orientation, simulation education, clinical schedules, and onboarding of experienced perioperative nurses, new graduate nurse residents, and nurse transitioning from other departments into Periop 101.

Organization Enculturation

Buck and Hoffman meet with the transferring nurses on their first day to begin the orientation process and give them a course outline for each day of the program. The nurses in the cohort meet within that first week and complete the WakeMed OR Orientation Checklist with Buck and Hoffman. The educators also review policies, procedures, and department operations; give a tour of the OR; discuss communications and human resources; register them for an AORN account; and discuss the culture of safety, patient safety, and occupational health tasks.

Development and Design

This program is offered twice a year depending on the OR's staffing needs. The five-month Periop 101 core curriculum includes computer-based didactic modules designed by the Association of periOperative Registered Nurses (AORN), which students are registered for through the administrator. AORN provides a wealth of knowledge for both the course administrators and the nurses going through Periop 101. They provide resources including sample schedules, reading lists, "The Stitch (a newly added resource for novice surgical nurses), modules for preceptors to support their lifelong learning and growth, and an online community for administrators who need extra teaching materials. AORN also provides Cine-Med, an online video and quiz companion to the content presented through its website.

In addition to the modules, transferring nurses are given a course outline including the class agenda for each day. It is important that transferring nurses know the entire perioperative process. The nurses shadow other departments the OR works closely with, including the Pre-Op, Post Anesthesia Care Unit (PACU), Pre-Anesthesia Testing (PAT), Sterile Processing Department (SPD), and Materials Processing Department (MPD) departments, along with patient care technicians (PCT), certified registered nurse anesthetists (CRNA), and certified anesthesia assistants (CAA).

The areas the transferring nurses visit correlate to the course content. They stay in the departments anywhere from half a day to three days. Knowing the whole process in Surgical Services ensures the nurses have more knowledge and are confident when answering patients' questions. As perioperative nurses get such little time with their patients, they need to make the best first impression; knowledge is therefore crucial.

Residents evaluate the Periop 101 curriculum before taking the final exam. After passing the exam, participants receive a certificate and 39.1 contact hours. Once the nurses complete the didactic portion, they go to the OR to learn as much they can for approximately 13 weeks with a dedicated preceptor. The nurses in the program go through each service line and learn the various cases performed in more detail, and they gain experience assisting surgeons with procedures by scrubbing into the cases and learning surgical instrumentation in more detail for at least two weeks.

The members of the cohort evaluate each course once they are on their shift or in their service line cluster (ENT, cardiovascular, orthopedics, neurosurgery, etc.). The educators evaluate these results to determine whether anything needs to or can be reworked for future cohorts.

The OR supervisors/educators meet with the OR nurse manager and leadership team to discuss the content and receive feedback and guide the educators when needed. As transferring nurses already have experience, they just need to learn the OR processes, standards, and nursing practice. This program is therefore shorter than the new resident program because of these nurses' previous knowledge. Transferred nurses complete their competency books and an initial competency checklist, and it is up to each nurse to request additional training or assistance if they need more instruction or information to perform a type of case that they are unfamiliar with.

Practice-Based Learning

The Simulation Lab is used during the program to teach nurses to prep and insert Foley catheters. Transferred nurses practice various techniques for patient positioning by using positioning devices on each other. Opening sterile supplies can take practice, especially when they have awkward shapes are expensive. Transferred nurses therefore perform this in a safe classroom environment as they become familiar with other equipment in the OR before beginning their clinical rotation.

The nurses are paired with preceptors at least once a week during the didactic portion to put into practice what they have learned that week. Nurses then spend up to 11 weeks doing clinical rotations through each surgical specialty in the OR. Each nurse can provide feedback that is used to further develop the program to ensure its effectiveness.

As part of the curriculum, nurses are advised to attend an AORN Capital Chapter meeting virtually or in person so they can see the support available in the area. The opt is that they will continue participating in the local chapter and receive continuing education credits throughout the year. Certification resources are available to the nurses once they are ready to obtain certification and have been in the OR for two years. These are explained to them, and their questions are answered, at the beginning of the course.

Quality Outcomes and Effectiveness of the Transition

Residents are evaluated weekly during clinical rotations to enable coaching and any other help they need in the OR. Once transferred nurses finish the program, they complete a program evaluation through SurveyMonkey to provide feedback about their hands-on learning, group studying, discussing activities in a group setting to learn from each other's wins and mistakes, and having an educator available to answer their questions. Nurses in the February 2023 cohort agreed that hands-on learning was the most effective educational method.

Nurses in the program have also provided feedback about areas in which they needed more education after completing the Periop 101 modules; these have included suturing, learning the various procedures in greater depth, and learning equipment in the more difficult specialties such as neurosurgery and orthopedics.

The February 2023 cohort of transferred nurses averaged 92% on their final exam and had a 100% retention rate. Regardless of the nurse's experience, the OR is a unique environment that requires teamwork and a special skill set to keep patients safe during their most vulnerable times.

(Evidence SE11d-1, WakeMed Raleigh OR Transition to Practice Program – Nurses Transferring within WakeMed to the OR, 1-Year Retention Rate)