Nursing Onboarding Resource Guide

For Preceptors, Educators & Nurse Leaders



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Welcome

Dear Team Member,

This onboarding reference guide for clinicians provides evidenced-based concepts, tools and resources for support, education and feedback during onboarding and orientation. It's designed as a supplement—not a replacement—for formal preceptor education (we encourage enrollment in Wellstar's Preceptor Training Course—see page 16).

Onboarding new clinicians is a team effort, and orientation is about more than education. In addition to teaching new employees how to practice safe patient care in their specialties, managers and preceptors identify individual learning needs and provide feedback in a supportive learning environment. Onboarding and orientation are critical in providing mentoring and socialization. We appreciate you and greatly value your efforts—we want to support you however we can.

Wellstar is dedicated to its nursing workforce and supportive of a safe place to practice where every voice is honored. How an orientee experiences their orientation and onboarding can directly impact their decision to stay at Wellstar and affects our nurse retention. We at the Center for Nursing Excellence serve in support of all nurses and hope you find this resource guide useful whether you are a new orientee, manager, preceptor, educator or hold another role at Wellstar.

In this guide you'll find resources about philosophy, governance and processes, including conceptual information about onboarding roles and learning styles, and practical information, such as forms, communication tools and pathway explanations.

Thank you for your hard work and dedication to our patients and team members. We're always here if you need us—feel free to reach out at **centerfornursingexcellence@wellstar.org.**

Sincerely,

Center for Nursing Excellence

Definition of Terms

Preceptor: A preceptor is an experienced and competent employee who has demonstrated proficiency in technical, process, intellectual and interpersonal skills. The preceptor is responsible for orienting the orientee to the unit and introducing him/her to the formal and informal rules, customs, culture and norms of their co-workers and workplace. Preceptorship can bridge the gap between the classroom and the clinical area where nursing is practiced. The preceptor should have both an interest in teaching and a desire to work in a close one-on-one relationship with a new orientee/student. Role modeling professional interactions on the care unit, demonstrating nursing actions, and giving timely and appropriate feedback to the orientee are ways of fulfilling this role.

The preceptor builds on existing experience, promotes confidence, creates an environment conducive to learning and facilitates progression of the orientee throughout the onboarding process. To do so, the preceptor assesses the learning needs of the orientee and collaborates with him/her to determine goals and learning outcomes. The preceptor's knowledge of the clinical area and the patient population will help guide the orientee to select relevant and attainable goals and outcomes.

Orientee: An orientee is an employee/student who is new to the unit or department. The orientee may be newly hired to the institution or may be a transfer into the unit from another department within the institution. He or she may be a novice to the profession and/or be unfamiliar with the institution or the unit. In some instances, the orientee is a student who is being oriented to the department. An orientee may also be referred to as a preceptee.

The orientee demonstrates increasing responsibility and competence in providing patient care during orientation. The orientee demonstrates the ability to prioritize both patient and unit tasks using critical thinking and decision-making skills. The orientee shall work with the preceptor and unit manager to provide identified self-assessed learning needs; he/she will then work with the preceptor to become proficient and demonstrate safe and competent patient care.

Nurse Leader: Oversees a team of nurses (includes charge nurse to nurse manager for direct nurses) to provide top quality and efficient patient care. Communicates expectations and is responsible for ensuring staff are in compliance with regulatory and health system policies and procedures. Provides direction of team in alignment with organization's vision and mission.

Orientation: Orientation provides a period or process of introduction and adjustment for the orientee to the Wellstar clinical environment. Orientation is designed to provide a new employee with the information he or she needs to function comfortably and effectively in the role they were hired into. During the orientation process, the preceptor and unit manager help the employee get familiarized with the organization, their role expectations and responsibilities. This includes the company culture, work area, co-workers, department or unit, and its philosophy, goals, standards and processes.

Onboarding: The action or process of integrating a new employee into the organization (organization socialization).

Definition of Terms

Nurse Resident: A new graduate nurse from an accredited nursing school, or any RN with less than six months of experience. Nurse residents will participate in a year-long residency program and specialty service transition to practice program.

Transition Nurse: An experienced nurse with greater than six months of experience that is new to a specialty service (i.e., ED nurse transitioning to ICU). The RN will participate in a specialty service transition to practice program.

Tiered Skills Acquisition Model (TSAM): A method for structuring the clinical unit orientation for new nurses. In this model, the orientee nurse gradually assumes increased role responsibilities, advancing through tiers of skills from simple to complex interventions. TSAM has increased nurses' confidence, comfort and role satisfaction during orientation. This model has also demonstrated a reduction in overall length of a nurse's orientation and decreased its cost.

Experienced Nurse: An experienced nurse, either a new hire from an external hospital system or an internal transfer from one Wellstar hospital to a different Wellstar hospital who is experienced in the specialty; for example, an experienced nurse transferring from the Wellstar North Fulton Emergency Department to the Wellstar Douglas Emergency Department. The nurse will participate in unit orientation.

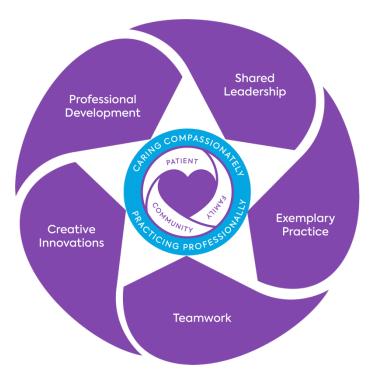
Initial Competency Assessment (ICA): Skills-based competencies a newly hired nurse or transition nurse will complete during orientation if the TSAM model is not applicable (see page 20).

RN Onboarding Weekly Evaluation and Needs Assessment: Assesses job knowledge, organization, teamwork, environmental safety and provides guidance for weekly goals (see page 23).

Preceptor Orientation Evaluation Form: Assesses orientee's experience of the precepting process by providing valuable feedback to strengthen Wellstar's Onboarding and Orientation model (see page 25).

Wellstar Nurse Professional Practice Model (PPM): Schematic description of a system that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest quality of care for those served by the organization. (2019 Magnet® Application Manual (p. 159). American Nurses Credentialing Center. Silver Springs, MD.)

Wellstar Nursing Professional Practice Model



The Wellstar Nursing Professional Practice Model (PPM) is grounded in five practice sustaining elements that encircle nursing's mission and values, those nurses care for and how care is delivered.

The star, created by the continuous flow of the practice elements, represents exceptional care provided by caring and professional nurses.

The heart in the center represents how care is delivered across the continuum supporting Wellstar's belief in enhancing the health and well-being of every person served.

The PPM guides nursing and the preceptor's practice as demonstrated through **teamwork** as you partner with the nurse preceptee, interdisciplinary partners, educators and leaders. Exemplary practice is demonstrated when using evidence-based practice (EBP).

Shared leadership and professional development are demonstrated through shared decisionmaking when evaluating the preceptee's progress and collectively deciding how to provide a clinical or educational experience that closes a skill or knowledge gap.

Creative innovation is demonstrated through discussion of workflow, technology or partnering to create, implement and evaluate an EBP project.

Nursing's mission is caring compassionately and practicing professionally. This is demonstrated by your practice throughout the precepting experience and includes the patients, family members, preceptee, unit staff and interprofessional partners.

The care delivery model is demonstrated by the preceptor through your holistic approach to identify and address the preceptee's needs and seeing their development through enculturation into the work environment and competency validation.

Why Orientation & Onboarding?

Purpose

Orientation and onboarding help us cultivate an environment of inclusion and interprofessional collaboration.

Objectives

To attract, retain and develop a vibrant workforce that promotes engagement, trust and ownership.

Benefits

- Reduces variation in practice and increases process standardization
- Decreases stress for preceptors and new evidence-based practice users
- Improves preceptor skills
- Builds on Benner's Novice-to-Expert Theory
- Creates a skilled preceptor pool
- Increases staff QI initiative involvement
- Boosts collegiality

Source: Sigma Nursing Repository

Wellstar Orientation & Onboarding Program

Any nurse new to the organization or to a specific Wellstar hospital will participate in an onboarding and orientation program consisting of:

System Orientation

New team member orientation

Facility Orientation

- Meet your unit manager and team
- Clinical orientation
 - o Complete all assigned computer-based trainings in Workday and Elsevier Preceptor assignment
 - o Orientation to system applications (EPIC)
 - o Note: EPIC Computer Based Learnings must be completed prior to EPIC training.

Unit leaders will assess the orientee's clinical experience level and enroll them in the Nurse Residency and/or Specialty Transition to Practice (TTP) program as appropriate. (New graduates hired into the Nurse Residency program are automatically enrolled into TTP program; transitioning nurses are enrolled into TTP at the discretion of their unit leaders). These programs are designed to provide new graduates and transitioning nurses additional resources, clinical education specific to the specialty and professional development support.

Length of orientation varies depending on the specialty service line and the experience level of the nurse. Additionally, the duration of orientation depends on individual progression for successful completion of all clinical competencies and unit expectations.

Primary Roles & Responsibilities

Orientee

- Provides contact information to preceptor and unit leader
- · Becomes familiar with unit, staff, policies, procedures and processes
- Reviews and updates weekly RN onboarding document, TSAM and/or ICA with preceptor (see pages 19 and 22)
- Identifies self-learning needs and seeks opportunities to gain additional experience within scope of practice
- Works scheduled shifts
- Provides feedback and communicates concerns to preceptor and/or unit leader
- Completes all assigned computer-based learning (includes those assigned in Workday or Elsevier)
- Keeps copy of all orientation paperwork
- Completes Preceptor/Orientation Evaluation Form and submits to hiring manager at end of orientation (see page 24)
- Transitioning nurses and new graduate nurses must attend all specialty transition to practice sessions inclusive of completing all computer learning modules
- New graduate nurses must attend all monthly Nurse Residency (Rising Star) sessions including completion of evidence-based practice project

Preceptor

- Provides contact information, phone number and shift schedule to orientee
- Familiarizes orientee to unit, staff, policies, procedures and processes
- Provides copy and reviews weekly RN onboarding document and ICA with orientee (see pages 19 and 22)
- Partners with new graduate, transitioning or experienced nurse to assess current knowledge and skill levels
- Meets with orientee during each shift to provide goals for the day, sets learning objectives, encourages critical thinking, and provides useful feedback and support to orientee
- Coordinates weekly meetings with orientee to review progression of RN weekly onboarding document and ICA
- Increases work assignments based on orientee's learning needs to facilitate ability to take a full patient care assignment by end of orientation
- Provides opportunities for skill-based learning tasks and ensures orientee is progressing throughout orientation with signing off and reviewing ICA on a weekly basis
- Schedules meeting with unit leader to review orientee's progression on bi-weekly basis
- Coordinates with unit leader to identify alternate preceptor if primary preceptor has scheduled vacation time
- Ensures new graduate nurses are attending monthly residency program sessions
- Ensures new graduates and transitioning nurses attend/participate in specialty transition to practice sessions
- Coordinates additional learning experiences as appropriate with unit educator, quality improvement team, peers and other staff
- Provides orientee with tools, resources, education/information and opportunities to become proficient and independent in providing safe, quality, patient care

Primary Roles & Responsibilities

Nurse Leader

- Review roles of preceptor selection to determine appropriateness to support new hires
- Assigns preceptor to new hire and communicates name and contact information to HR and staff
- Meets with preceptor prior to new unit hire arrival to create orientation plan/schedule
- Meets with preceptor and orientee bi-weekly to discuss progress
- Facilitates midpoint and endpoint of orientation meetings
- Monitors ICA completion
- Facilitates one-on-one leader rounding (see pages 26-28)
- Sends copy of all completed orientation paperwork to HR
- Ensures the orientee attends residency and specialty TTP sessions as assigned
- Collects and reviews the preceptor/orientation evaluation form at the end of orientation

Clinical Onboarding & Orientation

Onboarding and orientation is a continuous process that begins prior to the orientee arriving on the new unit. Wellstar's orientation program provides coordination and collaboration before and throughout the orientation process to support the overall experience and success of the orientee.

Before and Starting Clinical Onboarding/Orientation

SEEKING AUTONOMY

- Beginning of orientation and introduction to the unit
- Reviewing critical forms
- Establishing schedule
- Ensuring support system in place for success

Required Forms (see page 19)

 ICA (new hire completes selfassessment)

Prior to Onboarding & Orientation

Orientee

- Provide unit leader/talent acquisition with updated contact information
- Come prepared to learn
- Confirm schedules with nurse leader and preceptor

Preceptor

- Create a plan of action for onboarding
- Gather all forms in forms section
- Establish scheduled meetings with orientee, educator and nurse leaders
- Attend preceptor training or refresher and review resources such as preceptor tool kit

Unit Leader

- Evaluate available preceptors and assign appropriately
- Develop orientation scheduleObtain access and assign
- computer-based learningProvide job description to
- preceptor for orientee
- Review expectations for preceptor

Midpoint during Clinical Onboarding/Orientation

BUILDING AUTONOMY

 Midpoint timeframe as defined by specialty

Evaluation of progress with

leader present using toolsReview of ICA documents

Required Forms (see pages 19-24)

- ICA (ongoing documentation of skills)
- Biweekly/Weekly Evaluation form (during midpoint meeting)
- Midpoint Evaluation

During Orientation

Orientee

- Identify and communicate learning needs during week 1
- Ensure computer-based learning is being completed in timely manner
- Take initiative and seek opportunities for learning and increasing skills proficiency

Preceptor

- Review orientee daily progress on ICA
 and RN Weekly Onboarding forms
- Adjust individualized learning plan based on orientee's needs
- Provide feedback and support while increasing patient load based on orientee's progress

Unit Leader

- Meet with preceptor and orientee biweekly
- Evaluate and facilitate ICA progression
- Provide necessary resources for orientee

Completion (end) of Clinical Onboarding/Orientation BECOMING AUTONOMOUS

- Facilitation of 1:1 with new hire and review End of Orientation and Preceptor Evaluation
- End of Orientation as defined by specialty

Required Forms (see pages 19-24)

- ICA (ongoing documentation of skills)
- Biweekly/Weekly Evaluation form (during midpoint meeting)
- Preceptor evaluation (for manager only)
- Endpoint Evaluation

End of Orientation

Orientee

- Complete onboarding forms and submit to unit leader
- Meet with nurse leader
- Prepare to become independent with case load utilizing mentor

Preceptor

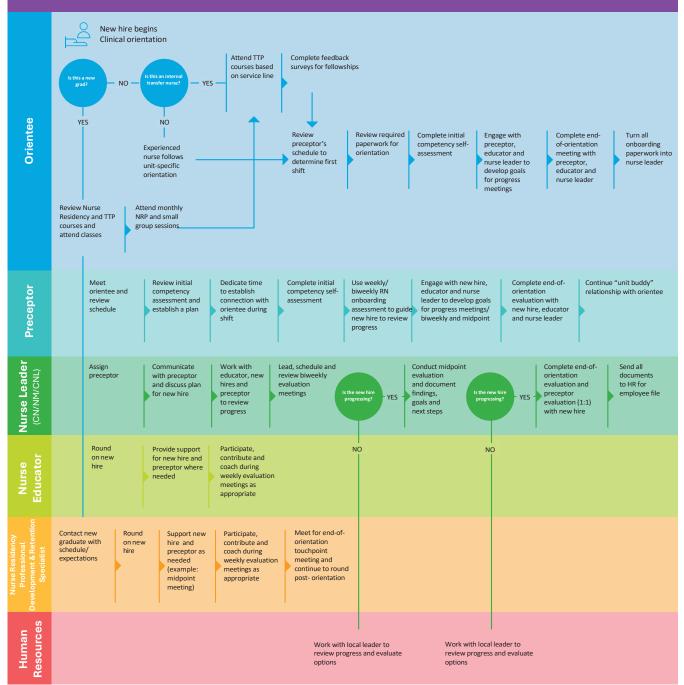
- Ensure ICA and RN weekly assessment forms are completed
- Ensure full case load for orientee
- Identify continued areas for learning after orientation
- Provide feedback to unit leader

Unit Leader

- Arrange meeting with orientee and assign unit mentor
- Collate all orientation forms and submit to HR
- Meet with orientee to discuss orientation and next steps

Orientation & Onboarding Workflow

This workflow describes roles and how they align/work together to ensure new hire success.



Workflow and Roles for Nurse Onboarding/Orientation

New Graduate/Nurse Residency Onboarding

About the program

- Accredited as a Practice Transition Program by American Nurses Credentialing Center
- Program is one full year, required for all RNs with six months or less nursing experience
- Monthly classroom and small-group format
- Resident must complete all program requirements
- Evidence-based project completion is required
- 12 sessions (one year); courses include:
 - o Conflict resolution
- Ethics and end-of-lifeDiversity and inclusion
- o Empathy and patient experience
- o Professional identity development
- o Stress management and resiliency
- Clinical reflections
- Small group
- Formal mentoring
- Graduation/celebrations

All new graduates also participate in new team member and clinical orientations at the system level and a competency assessment with preceptor(s) at the facility level.

Orientation Timetable								
Specialty	Midpoint Meeting	End-of-Orientation Meeting	Average Length Meeting					
Acute Care	Week 5-7	Week 11-13	12 Weeks					
Critical Care	Week 10-12	Week 21-23	22 Weeks					
Intermediate/ Progressive Care	Week 7-9	Week 15-17	16 Weeks					
Emergency Care	Week 11-13	Week 21-23	22 Weeks					
Labor & Delivery	Week 9-11	Week 19-21	20 Weeks					
Mother Baby	Week 5-7	Week 11-13	12 Weeks					
NICU	Week9-11	Week 19-21	20 Weeks					
Perioperative	Week 17-19	Week 35-37	9 Months					
Pediatric Acute Care	Week 7-9	Week 15-17	16 Weeks					
Pediatric Critical Care/ Intermediate Care	Week 9-11	Week 19-21	20 Weeks					
Pediatric Emergency Care	Week 10-12	Week 21-23	22 Weeks					

Transitional & Experienced Nurse Onboarding

About the Transition to Practice programs

- Designed to support new-to-practice nurses and new-to-specialty nurses with less than six months of experience
- Specialty champions lead a blend of didactic and simulation-style classes
- Structured using evidence-based practice modules from specialty content

If new to Wellstar, nurses participate in new team member and clinical orientations at the system level; all transitional and experienced nurses participate in a competency assessment with preceptor(s) at the facility level.

Orientation Timetable – Trans	Orientation Timetable – Transitional Nurses							
Specialty	Midpoint Meeting	End-of-Orientation Meeting	Average Length Meeting					
Acute Care	Week 4-6	Week 9-11	12 Weeks					
Cardiovascular Cath Lab	Week 6-8	Week 15-16	16 Weeks					
Critical Care	Week 7-9	Week 15-17	16 Weeks					
Intermediate/Progressive Care	Week 6-8	Week 13-15	12 Weeks					
Emergency Care	Week 7-9	Week 15-17	16 Weeks					
Labor & Delivery	Week 7-9	Week 15-17	18 Weeks					
Mother Baby	Week 4-6	Week 9-11	10 Weeks					
NICU	Week 7-9	Week 15-17	16 Weeks					
Perioperative (based on facility size)	Week 11-12	Week 23-24	5-9 Months					
Pediatric Acute Care	Week 7-9	Week 15-17	12 Weeks					
Pediatric Critical Care/ Intermediate Care	Week 9-11	Week 19-21	12 Weeks					
Pediatric Emergency Care	Week 10-12	Week 21-23	16 Weeks					

Orientation Timetable – Experienced Nurses							
Specialty	Midpoint Meeting	Average Length Meeting					
Acute Care	Week 4-6	Week 9-11	8 Weeks				
Cardiovascular Cath Lab	Week 6-8	Week 15-16	8 Weeks				
Critical Care	Week 7-9	Week 15-17	12 Weeks				
Intermediate/Progressive Care	Week 6-8	Week 13-15	8 Weeks				
Emergency Care	Week 7-9	Week 15-17	8 Weeks				
Labor & Delivery	Week 7-9	Week 15-17	8 Weeks				
Mother Baby	Week 4-6	Week 9-11	6 Weeks				
NICU	Week 7-9	Week 15-17	8 Weeks				
Perioperative	Week 11-12	Week 23-24	8 Weeks				
Pediatric Acute Care	Week 7-9	Week 15-17	8 Weeks				
Pediatric Critical Care/ Intermediate Care	Week 9-11	Week 19-21	8 Weeks				
Pediatric Emergency Care	Week 10-12	Week 21-23	8 Weeks				

Resources for Preceptors

Role of Preceptorship

Wellstar has adopted the preceptor model for orientation and integration of new and newly qualified team members, new graduates and students. All new staff and students will be paired with a primary preceptor for an orientation period for culture integration and consistent education. Orientees are expected to work the preceptor's schedule. As a preceptor, you will be one of the most influential people in your preceptee's nursing career. You can have a direct impact on the orientee's ability to have a positive, confidence-building and educational start to their career. Prior to the onboarding, think of what made you select nursing as a career and share that story with your orientee.

Preceptors are expected to:

- Meet at the beginning of the shift with the orientee to discuss the learning needs and plan for the day.
- Meet at the end of the shift with the orientee to review and discuss accomplishments and opportunities for improvement.
- Always provide direct supervision of the orientee when performing patient care.
- Complete all preceptorship documentation by the end of the orientation period, including:
 - Weekly evaluation submitted to Unit Manager, site RN Residency Coordinator and Educator (see page 20)
 - ICA as competency is reached daily; each box must be fully completed—no strikethroughs or lines (see page 18)
 - The preceptor will meet with the unit manager, RN Residency Coordinator and orientee for mid-cycle and end-of-orientation meetings.

About conflict and conflict resolution

As a preceptor, you may experience conflict with your preceptee. Conflict can create stress among individuals and can be either constructive or destructive. Constructive conflict stimulates desired change or results in positive growth. Destructive conflict causes stress, interferes with quality of patient care, work satisfaction and effective communication.

Guidelines for expressing conflict include:

- Use "I" statements to clarify your own opinions and experiences from hearsay. "I believe that..."
- State the conflict or disagreement clearly, making your position obvious.
- Collect information about the situation so that the specific problem can be identified.
- Listen to how others perceive the situation. Are assumptions based on fact or opinion?
- Recognize the point of view expressed by others and acknowledge there could be other solutions.
- Give your reasons if you think they will help identify or solve the problem and describe your thoughts and perceptions accurately.

If you do experience conflict with your preceptee, please remember to notify the unit leader. We want to assure you have a rewarding experience as a preceptor. We will adjust the clinical schedule as necessary to facilitate a meaningful learning experience for everyone.

Preceptor Courses

The course is divided into two parts; you must complete both parts to receive credit.

Part 1, Wellstar Clinical Preceptor Development

- Self-assign Preceptor Part 1 through Elsevier eLearning. Course is titled *Wellstar Clinical Preceptor Development*.
- Part 1 modules are completed in Elsevier. Access via eSource.

Part 2, Preceptor Bootcamp

- After you complete Part 1:
 - Self-assign Preceptor Part 2 through Elsevier eLearning.
 - Preceptor Bootcamps are available at all inpatient facilities, virtually and at the 1800 Parkway Place building.

Questions? Contact Britney Whaley at britney.whaley@wellstar.org.

TSAM Preceptor Training

In the Tiered Skills Acquisition Model (TSAM) model the orientee nurse gradually assumes increased role responsibilities, advancing through tiers of skills from simple to complex interventions. The partnership of the preceptor and nurse is critical to the success of TSAM and a successful nurse orientation.

More about TSAM in the 'Forms' section below.

Preceptor Trainings for the TSAM model are in Elsevier (see course names below) and available for assignment or self-enrollment. TSAM is also discussed in the Preceptor Bootcamps.

Acute Care and Critical Care Leader TSAM* Overview Training Acute Care Tiered Skills Acquisition Model (TSAM*) Training Antepartum/Labor & Delivery Tiered Skills Acquisition Model (TSAM*) Training Critical Care Tiered Skills Acquisition Model (TSAM*) Training ED Tiered Skills Acquisition Model (TSAM*) Training Introduction to tiered skills acquisition model (TSAM) Postpartum & Well Newborn Tiered Skills Acquisition Model (TSAM*) Training Women's Services Leader TSAM* Overview

7 Roles of the Preceptor

Leader/Influencer

The preceptor demonstrates how the job is done and gives direction while still valuing and promoting the preceptee's autonomy. The preceptor values altruism and guides the preceptee while preserving his/her dignity and integrity.

Socialization Agent

The preceptor helps the preceptee transition to his/her new role. This means assisting them as they are integrated into their new environment—introducing them to other team members, familiarizing them with the department and sharing unwritten rules.

Teacher/Coach

The preceptor is a subject matter expert who assists the preceptee in expanding knowledge and connecting theory to practice by sharing his/her expertise and giving examples.

Role Model

The preceptor conducts themselves in a way that guides the preceptee in developing appropriate behavior or actions. He/she models professionalism, setting an example for others to follow. The preceptor must be self-aware of both the verbal and non-verbal behaviors he/she exhibits.

Protector

The preceptor helps the preceptee manage difficult situations. This not only means removing them from workplace incivility, but also assisting them in developing the coping skills they will need to succeed far beyond the orientation period.

Evaluator

The preceptor gives continuous feedback to the preceptee to strengthen skills and improve performance. This feedback must be timely, balanced (i.e., goal focused and constructive), private and consistent.

Facilitator

The preceptor provides a positive and safe environment that promotes the preceptee's learning. This means acting in a non-threatening manner, encouraging questions and sharing relevant experiences.

Ulrich, B. (2019). Mastering Precepting: A Nurse's Handbook for Success (2nd ed). Indianapolis, IN: Sigma.

6 Principles of Malcolm Knowles' Adult Learning Theory (Andragogy)

Need to Know

Adults want to know why they need to learn something before learning it. Preceptors should explain why learning something is useful, meaningful or important.

Adults need to be seen and treated as capable and selfdirected. Preceptors should create environments where orientees develop their latent self-directed learning skills. 2. Self Concept

3. Experience Adults bring different experience into an educational activity than children do. Individual backgrounds, motivations, needs, interests and goals create a greater need for individualized teaching strategies.

Adults are ready to learn things they need to know in order to effectively handle real-life situations.

4. Readiness to Learn

5. Orientation to Learning

Adults are life-centered in their orientation to learning. They are not focused on the content itself, but rather on its practical everyday uses.

Adults are responsive to some external motivators (e.g., higher salaries), but the most effective motivators are internal (e.g., job satisfaction, self-esteem). Orientees should be allowed to participate in identifying their own learning needs whenever possible.

6. Motivation

Knowles, M. (1984). The Adult Learner: A Neglected Species (3rd ed.). Houston, TX: Gulf Publishing Company.

Forms

Forms include:

- Evaluation forms
- Needs Assessment forms
- Tiered Skills Acquisition Model (TSAM) forms
- Initial Competency Assessment (ICA) forms

Note that all completed forms must be sent to HR when orientation has ended.

Tiered Skills Acquisition Model (TSAM)

In this orientation model, the orientee nurse gradually assumes increased role responsibilities, advancing through tiers of skills from simple to complex interventions.

Complete TSAM Document and Experience Tracker together with the orientee daily as competency is reached. Each box must be complete—no strikethroughs.

To locate the TSAM document for your specialty:

- Go to eSource
- Locate Centers for Nursing Excellence (CFNE) at the bottom of the page
- Click Preceptor Resources
- Under Tiered Skills Acquisition Model, select form from desired specialty area, click to open and save/print

Ş	We		ar												
Name:			I	_	Employee N	lumber:		Facility:							
		0	ientee	Object	tives met										
	Shift Dates		nsibilities	Preceptor Initials	Date Completed			Objectives							
						Observe preceptor and dete	ermine location of supplies, equi	pment, and hospital departm	nents						
		Shadow/ Professio				Complete orientation to pat	Complete orientation to patient room (equipment, supplies, adult bed, bassinet)								
		FIUICSSIU	IIdiibiii			Observe preceptor prioritize	e care for multiple patients and o	omplaints							
						Observe the nurse commun	nicate and interact with patients,	families, and the care team	to enhance the patient experience						
		Become	priented to			Observe use of Omnicell, S	martSquare, Kronos, EMR, and	other applicable, basic equi	pment and software						
-		the depar hospital	tment and				(PolicyTech, Success Factors, B								
Tier 1		nospital				Ensure access to all equipment and devices: Badge/security, Glucometer and any other POC, OBIX, Omnicell, Hugs, SunQuest, lab, PerfectServe, Responder5									
						Obtain complete vita signs on all patients, including selection of appropriate equipment (B/P cuff size, infant vs. adult oximete thermometer type, fetal ultrasound, and tocodynamometer (toco))									
	Become familiar with					Obtain and document actual adult and infant height/length and weight using unit scales, infant warmers, and infant scales									
		healthcar technolog	e gies & tools			Identify use and location of	equipment; discuss body mecha	anics for patient movement							
						Review Emergency Preparedness (related policies, emergency carts, oxygen shut off valves, oxygen tanks and storage, fire extinguishers, fire pulls, MSDS, system Emergency book, unit specific emergency alert-notification and response)									
						Perform hand hygiene (han	d sanitizer, hand washing) upon	entering and exiting patient	location						
			orofessional cation skills			Identify patient per policy (a	dult and infant) and caregiver								
						Demonstrate professional, compassionate interpersonal communication with patients, families, and team members									
Feedbao	k 5 Communic	ation: (Com	plete Daily)												
_															
Date:			Initials:	Preceptor Name: Preceptor Signature:											
Date:			Initials:	Precep	otor Name:		Prec	ceptor Signature:							
Date:			Initials:	Orient	ee Name:		Orie	ntee Signature:							
Date:			Initials:	Manag	er Name:		Man	ager Signature:							

Upon completion of orientation, the nursing hiring manager or designee is expected to ensure completion of all orientation and competency documentation.

The manager or designee is responsible for sending documents to Human Resources or ensuring documentation in our electronic competency management system, Kahuna.

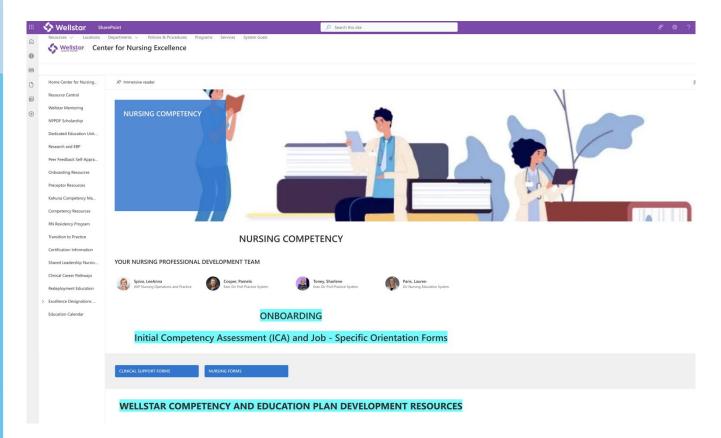
RN Initial Competency Assessment (ICA)

In practice areas where no TSAM is available, an ICA acts as the orientation competency document.

Complete an ICA daily as competency is reached. Each box must be fully completed—no strikethroughs.

To find the ICA for your specialty:

- Go to eSource
- Locate Centers for Nursing Excellence (CFNE) at the bottom of the page
- Click Competencies
- Under ICA's, select either Nursing Forms or Clinical Support Forms
- · Identify your ICA and double click to open and save/print



Upon completion of orientation, the nursing hiring manager or designee is expected to ensure completion of all orientation and competency documentation.

The manager or designee is responsible for sending documents to Human Resources or ensuring documentation in our electronic competency management system, Kahuna.

RN Initial Competency Assessment (ICA)

-		Initial Co	mnetency Ass	sessment/Job Spe	cific Orientation				
🛇 Wellstar			inpotonoj rice			Acu	ite Care RN		
Employee Name:		Employee Nu	mber:		Job Title):			
Department Name:		Department I				Preceptor:			
Dopartmont Hamol		Dopartitioner	tunibori			ricopton			
Method of Instruction Key:	Method of Evaluation Key:		EMP	LOYEE Self-As	sessment	PREC	CEPTOR Vali	dation of Con	npetency
P = Protocol/Procedure Review E = Education Session S = Self Directed Learning C = Clinical Practice D = Demonstrated/Simulation	O =Observation RD= Return Demonstration/Simulation T = Written Test D = Discussion/Verbat Review CS= Case	Clinical Onboardi ng (CO)	Neve r Done	Needs Review/ Practices	Competent	Method of	Date	Initials	Evaluation Method (See Key)
A. POLICY & PROCEDURE/ WELLSTAR RESOUR	RCES:								
Locates and reviews the following resources	•								
Policy Tech Policies/ Procedures									
SPP (System Policy and Proc									
DPP (Departmental Policy a	nd Procedures)								
Manuals (equipment, lab, infection	prevention, etc.)								
Center for Nursing Excellence We	bsite								
Professional Practice Model									
Organizational Learning Tab									
Elsevier Clinical Skills									
Elsevier Clinical Key									
EPIC Tip Sheets									
SuccessFactors									
Communication Access (i.e. review SmartSquare, Online incident repo	of email, eSource, Lawson, orting {SaFER}, etc)								
CE Center									
HIPPA									
EMTALA									
Demonstrates proper hand hygiene/hand w	ashing								
Follows standard precautions with all patients, bo	dily fluids and contaminated equipment /								
Proper donning and doffing of PPE									
Identifies, initiates and enforces appropriat	e isolation measures								
Incorporates applicable infection prevention	on best practices & bundles into care:								
Catheter Associated Urinary Tract Infection (CaUTI) Prevention					Х		Jan 1, 1999	A.B.	Visual observation – demonstrated appropriate
Medical Necessity for Inser								sterile technique with foley placement	
Alternative / External Device									
Foley Insertion									
Nurse Driven Protocol for Re	emoval								
Foley Care and Maintenance	e (BID and PRN)					1			
Documentation / Patient Ed	, ,				1		l		
Central Line Associated Blood Strea									
Medical Necessity Daily									

RN Onboarding Weekly Evaluation & Needs Assessment

Orientees (Nurse Resident, Transition RN, Experienced RN) and Preceptors will complete this form weekly. Clinical assignments and tasks are modified based on self-identified and preceptor feedback. In tandem with the ICA, this form helps validate performance, monitor progress and identify goals for the following week. The form is reviewed by professional development staff bi-weekly. To locate form:

- Go to eSource
- Locate Centers for Nursing Excellence (CFNE) at the bottom of the page
- Click on Preceptor Resources
- Under Preceptor Documents, select RN Onboarding Weekly Evaluation Needs Assessment

Name:	Unit: Pt Load:	Primary Preceptor:						
Date:	Orientation Week:	Secondary Precepto	or: _					
Specialty/Fello <u>Directions</u> : Assigned preceptor(s) and orientee an age 2 to determine goals for the following week a rogression by professional development support ompletion of orientation.	BL Modules:% 1	nance validation in conjunction with ICA. S, CNL, etc) bi-weekly. Completed form	e for al enden are / co 1 in co Form n, along	II tasks , ice / pro ompeter ombinatio will be re g with IC/	though gressing with ne viewed A, to be	eeds ass for onboa sent to H	essmer arding IR upon	
			Orient	tee Asses	sment	Precept	or Asse	ssme
CLINICAL			1	2	3	1	2	3
Urgency: accurately prioritizes differentiatio	n for patient complications/needs			1				
	clinical data, anticipates & identifies problems/co	mplications						<u> </u>
	e nursing interventions, SBAR MD communication							
relevant orders, f/u monitor & assess								1
	terventions/management (nursing & medical)							
WELLSTAR CORE & ROLE SPECIFIC								
Cost Control: plans & uses resources effici								
	nmunicates well; reports accurate & punctual; sha	are information & ideas with						
	solicits/accepts performance feedback; builds rel							1
Customer Focus/Service builds customer	confidence; committed to improving customer s	atisfaction, handles customer						
	itely/efficiently; available for customer, maintains							
Dependability: meets commitments, attend timely response/completion to email/CBLS/	dance/ punctuality requirements; attends staff me /assignments	etings/educational programming;	1					
Integrity/Ethics: deals with others in straight	ntforward, honest manner, accountable for action	s, maintains confidentiality,						
supports company values								_
Job Knowledge: understands duties/respon								-
quality: performs care with attention to deta quality initiatives	ail & accuracy, looks for improvement opportunitie	s, participates in unit/department	I.					1
Teamwork: displays positive attitude, meets	team deadlines/goals							H
Work Environment/Safety: promotes mutu								<u> </u>
	esponds to problems, seeks information & input fi	om others, makes timely						
decisions & communicates decisions to oth		-,,						Í –
	e actions, seeks new opportunities/experiences							
initiative: tackies problems, take appropriate					1			
	organized/accessible, maintains functional works	oace					1	
Personal Organization: keeps information								-

RN Onboarding Weekly & Needs Assessment



RN Onboarding Weekly Evaluation & Needs Assessment

Durse Resident (New Grad) DTransitiona RN (new to specialty) Experienced RN (experienced in specialty) Name: Primary Preceptor: Unit: Pt Load: Date: Orientation Week: Secondary Preceptor: Completion Status: Initial Competency Assessment (ICA) : _____% Assessment Criteria Rating Scale: 1 = Complete preceptor dependence for all tasks / thought processes Onboarding CBL Modules: _ % 2 = Demonstrating increasing independence / progressing Specialty/Fellowship Modules 3 = Independent in routine patient care / competent _% Directions: Assigned preceptor(s) and orientee are to complete this form at the end of each week. Utilize the assessment criteria scores on page 1 in combination with needs assessment on page 2 to determine goals for the following week and to monitor progress. Form serves as clinical performance validation in conjunction with ICA. Form will be reviewed for onboarding progression by professional development support staff (i.e. educator, site residency coordinator, PPL, CNS, CNL, etc) bi-weekly. Completed form, along with ICA, to be sent to HR upon completion of orientation. **Submit forms electronically each week: Exp RNs: Unit Manager and Educator (or designee) New Grad RNs: Professional Practice Leader (PPL) / Site Residency Coordinator and Unit Manager Orie Preceptor As **ASSESSMENT CRITERIA**

		3	2	3
CLINICAL				
Urgency: accurately prioritizes differentiation for patient complications/needs				
Problem recognition: accurately interprets clinical data, anticipates & identifies problems/complications				
Problem management: initiates appropriate nursing interventions, SBAR MD communication with complete data/anticipates				
relevant orders, f/u monitor & assess				
Rationale: provides relevant rationale for interventions/management (nursing & medical)				
WELLSTAR CORE & ROLE SPECIFIC COMPETENCIES				
Cost Control: plans & uses resources efficiently; prioritizes to promote patient flow				
Communication/Interpersonal Skills: communicates well; reports accurate & punctual; share information & ideas with				
others; demonstrates good listening skills; solicits/accepts performance feedback; builds relationships, flexible				
Customer Focus/Service builds customer confidence; committed to improving customer satisfaction, handles customer				
questions, complaints, service problems politely/efficiently; available for customer, maintains pleasant and professional image.				
Dependability: meets commitments, attendance/ punctuality requirements; attends staff meetings/educational programming;				
timely response/completion to email/CBLS/assignments				
Integrity/Ethics: deals with others in straightforward, honest manner, accountable for actions, maintains confidentiality,				
supports company values				
Job Knowledge: understands duties/responsibilities to perform safely				
Quality: performs care with attention to detail & accuracy, looks for improvement opportunities, participates in unit/department				
quality initiatives	 			
Teamwork: displays positive attitude, meets team deadlines/goals	 			
Work Environment/Safety: promotes mutual respect & clean/safe workplace				
Decision Making/Judgment: recognizes/responds to problems, seeks information & input from others, makes timely				
decisions & communicates decisions to others	 			
Initiative: tackles problems, take appropriate actions, seeks new opportunities/experiences				
Personal Organization: keeps information organized/accessible, maintains functional workspace				
Productivity: manages assigned workload, priorities activities, develops good work processes; works efficiently, manages time well				
Results Focus: sets targets, achieve results, shows progressive improvement				

Note: if assigning 1's beyond the first two weeks of orientation, please provide specific examples of how the new team member is not meeting the standard expectations

Preceptor/Orientation Evaluation

This form is completed by the orientee at the end of orientation and is submitted to the unit manager. The unit manager submits the document to human resources. Feedback is also shared during one-on-one meetings and with the unit leader and preceptor throughout orientation.



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Preceptor Evaluation Form

Preceptor Name:			Unit
Preceptor Status:	Primary	Alternate / Se	econdary
Preceptee Status:	New Grad	Experienced	Transitioning
Preceptee Name:			
Precentee Signatur	·0'		Date

We strive to improve our orientation program on an ongoing basis. Your voice is important. Please answer the following questions honestly to enhance our approach to orientation. Please also comment on specific parts of orientation that were helpful and those thai were not.

Directions for completing the form: Please complete the following evaluation and return the completed form to unit leader at the end of your orientation.

Please evaluate each statement below by placing a checkmark in the appropriate column.

	1	2	3	4	5	Comment	s:	Competency
My preceptor provided me with feedback about my strengths.								Evaluator
My preceptor provided me with feedback about what I needed to improve.								Teacher/Coach
My preceptor helped me to determine appropriate patient priorities.								Evaluator/Facilitator
My preceptor demonstrated how to identify and address ethical concerns.								Protector, Role Model, Leader/Influencer
My preceptor helped me develop my clinical reasoning skills.								Teacher/Coach
My preceptor utilized evidence-based practice in their daily work.								Leader/Influencer, Role Model
My preceptor encouraged me to utilize evidence- based practice in my daily work.								Teacher/Coach, Leader/Influencer
My preceptor provided information on my competency progression to additional preceptors to ensure continuity in my learning.								Evaluator Protector
My preceptor encouraged me to engage in self- reflection.								Facilitator
My preceptor helped me to learn from errors or near misses (potential errors).								Teacher/Coach, Protector, Facilitator
My preceptor allowed me appropriate independence to provide safe patient care.								Protector, Socialization Agent, and Facilitator
My preceptor considered my learning style (my preference for learning by observing, reading, experiencing, or reflecting).								Facilitator
My preceptor helped me to interpret clinical situations.								Teacher/Coach
My preceptor demonstrated ways to help me understand what holistic patient-and family-centered care looks like in practice.								Role Model, Leader/Influencer

1 - Strongry Disagree 2 - Disagre	e					= Agree 5 = Strongly Agree	
	1	2	3	4	5	Comments:	PI Competency
My preceptor was instrumental in helping me							Socialization Agent Teacher/Coach,
establish relationships and understand the roles of							Leader/Influencer
individuals on the interprofessional team.							
My preceptor helped to facilitate my socialization into							Socialization Agent
the work environment							
My preceptor worked to create a safe environment for		Γ					Protector
my learning							
My preceptor helped me to locate and utilize		\square					Teacher/Coach, Ro
organizational and departmental policies, procedures,							Model, Protector
and standard work.							
My preceptor acknowledged my successes with me.							Evaluator
My patient assignment was adjusted to contribute to							Facilitator, Teacher/Coach
my learning experience during my clinical progression							
My preceptor demonstrated effective delegation							Teacher/Coach, Ro Model
techniques to understand and implement in my							Model
practice.							
My preceptor and I had time to establish goals for my							Teacher/Coach,
learning							Evaluator, Facilitat
My preceptor demonstrated effective communication							Role Model,
techniques with peer and interprofessional team							Teacher/Coach,
members							
My preceptor demonstrated effective communication							Role Model,
techniques with patients, family members, and patient							Teacher/Coach
liaison							
	-	-	-		-		
My preceptor was most helpful when:							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
My preceptor would have been more helpful if:							
What could be done to help improve the transition to	you	r ass	igne	d sl	hift:		
Ideas for change / improvement:							
ideas for change / improvement:							
Things I liked BEST about my clinical orientation experi	enc	e or	the	un	it:		
Things I would have changed regarding my clinical orie	nta	tion	exp	erie	nce	on the unit:	
Comments:							

Leader Name:

Leader Signature:

Date:

Resources for Managers

Leader Rounding Guide

Why incorporate development into rounding/one-on-ones?

Wellstar is asking you to include career development questions in your upcoming rounding or one-on-ones so we connect with team members on both personal and professional levels.

To recognize the unprecedented challenges our leaders and team members have faced this past year, this revised approach will:

- Eliminate the formal Midyear Check-ins for FY 2021,
- Reduce stress and workload, and
- Focus on the **well-being**, work contributions and development of your team members.



Connecting on well-being and development is a powerful way to encourage and engage our team members. Click here to learn more about the power of connection.

わり Your role in this rounding process

Your role as a leader is to **connect with each team member** about:

- Their well-being and how you care,
- Their strengths and/or development opportunities,
- What's going well and any challenges they're experiencing, and development opportunities or career goals the team member might like to pursue.

Leader Rounding Guide



Things to do and keep in mind

Before your rounding or scheduled one-on-one, think about:

- What you have noticed about this team member and their recent work, and
- When you have seen them **fully engaged in their role** and potential **future opportunities at Wellstar** you may see for them.

During this discussion:

- Keep the conversation focused on them and their experience and development, do as much listening as possible, and provide concrete ideas, support and next steps when appropriate,
- Refer team members to the 2021 <u>Team Member</u> or <u>Leader Development</u> catalogs for development ideas,
- Avoid clouding the discussion with corrective actions.

After the discussion:

- Find ways to pursue what brings them joy and alleviate stress,
- Encourage them to explore **Individual Development Plan** (IDP) learning, IDP Quick-Start Guide and career resources, as time permits, and
- Ensure you are regularly checking in and **following up** on these conversations throughout the year, not only at mid-year or end-of-year timeframes.



Key questions & considerations

How can I set development goals?

Setting goals doesn't have to be a difficult task. Click here to see how easy it is to **set effective and actionable goals** for your team members.

What if a team member is not meeting performance expectations?

Connect with your site's HR Partner to help document performance concerns and discuss practices to manage performance concerns on an **ongoing basis**.

Leader Rounding Guide

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Questions to integrate into your discussion

Connecting	on well-being (limit to one question)
Potential Questions	How are you doing and how can I support you?What brings you joy in your work these days?

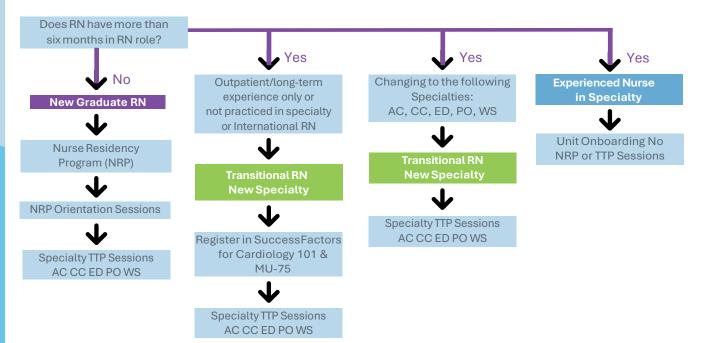
Connecting on work	
Potential Questions	 What are you finding most challenging in your day-to-day work? What's been going well or are you most proud of recently?
2	Tell me more about what brings you joy at work.
	 In what areas would you like to grow and develop?

What about performance discussions?

Work with your local HR Partner if you need support addressing performance or behavioral issues. Be sure to discuss ways to manage performance concerns through **ongoing conversations.**

Managers Guide for Determining Which RN Track is Appropriate for New RN

Nursing Onboarding Pathways



Contact Information

Center for Nursing Excellence: centerfornursingexcellence@wellstar.org

Specialty Transition to Practice emails

Acute Care Specialty Transition to Practice: ACEdcuation@wellstar.org Cath Lab Specialty Transition to Practice: CVEducation@wellstar.org Emergency Services Transition to Practice: EDEducation@wellstar.org Critical Care Specialty Transition to Practice: CCEducation@wellstar.org Perioperative Specialty Transition to Practice: PeriopEducation@wellstar.org (active) Women's Services Specialty Transition to Practice: WomensEducation@wellstar.org Neonatal Specialty Transition to Practice: NeonatalEducation@wellstar.org Pediatric Specialty Transition to Practice: PedsEducation@wellstar.org Nurse Residency Program: nurseresidencyprogram@wellstar.org

