

QUESTION #10 RESPONSES

as a recent new employee I was very disappointed and frustrated in the orientation process (and I don't think I'm the only one). the main problem is probably too many people on orientation. i did not find it helpful to be with a different person EVERY SINGLE DAY! it was like starting over every day. it probably is not feasible to be with one person throughout orientation, but possibly one person on each service ★ would be a huge improvement. there is no one to speak up for you on orientation because no one knows what you need more or less of. i also think that preceptors don't know when to hold orientees accountable or challenge them. for example "you should go tie up that gown without having to be asked"

I think it is very unorganized. As a newly off orientation person, I don't feel very prepared. People expect you to know everything, and many times I feel stupid or that I am doing everything wrong. Some preceptors I had were not good teachers.

I strongly believe that precepting is not for everyone. It take a lot to be a good preceptor.

We need to be able to fire those who cannot perform under a preceptor's guidance. We need to stress to new employees how we do something and they need to follow through with our suggestions.

The new checklists that Kaci developed and put on the website for each service are very helpful. I have used these when precepting and it helps the preceptor and preceptee know what is expected of them to learn for that service. It is very helpful to when you are precepting in a service you are not very familiar with. → WEEBLY!!

One thing we need to know : precepting is to help the preceptee achieving thier goals, not for the preceptor to be in evidence.

I know it is tough but there is no consistency. I feel there should be dedicated preceptors who are with their preceptee all the time. The preceptee should work the same schedule as the preceptor and the preceptor should be knowledgeable in all services and rotate through all the services with the preceptee. That way they can identify all areas of improvement and the preceptee is not taught 20 ★★ different/conflicting ways to do things. I think our orientation is way too long for some of our orientees. Having an assigned preceptor would allow orientation to be more indivisualized. ★

Too often new employees are precepted to a service by a preceptor that isn't on the team they are teaching. Therefore, the orientee is not getting the best orientation possible.

we are trying to orient too many new staff. nurses and techs who were orientees one week become preceptors the following week.

Although the preceptor role hasn't necessarily been outlined for me, I haven't attended the preceptor class so I can't speak to it's effectiveness. This OR does seem very open to teach which benefits everyone :)

★★

It is very important to new orientees that we have a clear, concise, and consistent way of teaching in order to facilitate their learning. As things stand now, it is too convoluted and confusing especially when orientees are paired with staff who are not normally in the department the orientee is trying to learn in (i.e.- Ortho teaching Cardiac, etc.)

INTERESTING (SERVICE SPECIFIC)

I often hear people say that new people shouldn't be precepting, but as a new person, I don't mind precepting. I actually enjoy it. I have only been precepting once/week which seems like the right amount to me. If it was everyday I might have a different opinion. I feel much better when precepting in my service. I feel as though I am not as great at teaching/precepting in cases that I am not familiar with, but I really enjoy precepting in my service.

Ranking question does not work, could not answer it.

I'm not the most experienced nurse yet and sometimes I have found myself precepting new nurses in procedures I'm not very familiar with, which I don't find helpful for the orientee nor myself.

I feel the orientation and precepting program is very disorganized. I went through orientation and had people trying to teach me in a service that they had never scrubbed and a case they had never seen. Also, I think being preceptor is important because your orientee is going to go onto work on their own. If you don't do your best to teach them then where will they learn? I think it's great we teach a lot but I think it would be better if all of us took the preceptor class before being expected to precept. Also, I feel like the expectations are undefined and very disorganized.

↑ GOAL!!

"BUDDIES' GROUP" PURPOSE

CURRICULUM DEVELOPMENT GOAL!!

A consistent preceptor is helpful, assessing people for ability to teach would be EXTREMELY HELPFUL because not everyone is a great teacher, the scrub role--- you know, getting a broken up couple of hours introduction on scrubbing and then expecting optimal results is really ridiculous. Scrub techs go to school for two years to learn how to be good at what they do, new nurses get minimal amount of time and then are thrown into surgeries where surgeons are getting snappy with new people. How about a thorough scrub course so that new people can at least walk in with a modicum of confidence and not feel like you're being kicked as you're falling down. Consistent preceptors would also help, they would be able to give adequate feedback because they will have spent consistent time with them and new orientees will have been able to learn by seeing, hearing, and return demonstration and NOT practice things taught by one person to only be told it's wrong by another. A welcoming and encouraging attitude from preceptors, there's about 5 people that immediately come to mind that should NOT teach anyone! They neither care to teach and if they do it doesn't make the person feel well about themselves. All of these factors made me consider leaving the organization. I am surprised that a thrice magnet hospital has a bit of a disorganized teaching program for the OR. I really believe there should be a consistent team of preceptors that love to teach instead of just being placed with any person. Oh and this whole "own your learning" or "own your orientation", I can't really remember what the phrase was used (used by Chris Lolley by the way) but telling a newcomer who's new to the OR to own their learning when they're already overwhelmed with how new this experience is, is pretty bogus!!! New comers, especially nurses new to the OR, or nurses that have worked the floor and realize that the OR is a whole

GOAL!! ORCP ORPC TOO!!

other beast, seek guidance...we seek guidance until we feel grow in confidence in our role and I don't feel this preceptor "program" does anything of the sort.

Brand new nurses off orientation are precepting! This is unsafe! It take at least 2-3 months on your own to become comfortable in your practice. This is frustrating to surgeons and other co-workers when the blind is leading the blind. It is also frustrating to those in orientation when they are not getting the best orientation possible.

COMMON THEME

WEEBLY
↑ (ANCHOR.WEEBLY.COM)

each service needs to have a packet of service specific information and questions to hand to each orientee and have them complete the packet while on that service

CURRICULUM DEVELOPMENT GOAL!!

I believe clearly defined concrete goals are essential for success. The orientation program guide the orientee towards clinical competency. It is important to realize that once the orientee completes orientation they are not considered a fully trained OR staff. There is still necessary progression to occur post orientation.

INCLUDE COMMON ↑ OF SITUATIONS IN CURR. DEV. ↳ BENNER'S THEORY (APPLY TO OR)

I think staff would benefit from standardized/suggested responses in various situations when a preceptee meets a challenge in the OR. no bullying, no demeaning language, etc. Clear ways of stating goals for the day, etc.

a degree of standardization to preceptorship would be helpful to ensure all orientees receive essential info specific to the OR work environment; a tiered system to allow an orientee to progress in a logical manner that builds on skills/knowledge; service specialists need to encourage preceptors to provide objective feedback to Nurse Educator, OR manager regarding an orientee who demonstrates difficulties learning/performing duties

Having a standard that preceptors follow would insure that new employees are being taught the OR necessities. When we have such new people expected to precept (which most of us have experienced as once new ourselves) often there are critical items that don't get passed along. ie: contact precautions etc.... Overall I think we have a great staff who have been willing to stand up and precept even when they are new and still feel like they are learning themselves. We do however have lots of room for thinking outside the box and room for improvement.

I think we allow people to precept that should not be allowed to precept. The problem lies in the fact that this is not related to experience or time here as an employee, some people are good, some are not.

Consistency among preceptors would help, especially the good ones.

There many outstanding preceptors and some that our not effective. Those with talent and that recognize the value of preparing new hires to attain the highest level of readiness possible should precept.

Thanks for asking :) Maybe all preceptors should have to take a preceptor class. Preceptors should verbalize that they like precepting.

preceptor class

↓
OR SPECIFIC PRECEPTOR CLASS!!

I have transferred from another unit within the hospital and I am shocked at how fast the AIP OR requires new RNs to precept.

what concerns me most about recent assignments with precepting is that brand new off orientation staff are being assigned as preceptors to other new staff members. this is not only a bad idea in that the new staff member is still trying to figure out their own practice, but potentially unsafe. there is a higher risk of missing things in surgery to something fixable like forgetting the bovie grounding pad to severe things such as miscounts or forgetting to add items to the count. When I was off orientation it was clear to me that I had a few months on my own before I would precept in order to develop my own practice and I feel this was much better than trying to remember my job plus teaching it to someone else. another concern is inexperienced staff orienting in rooms they are unfamiliar with. if it is our job as preceptors to prepare someone for all types of surgery and to be able to handle it themselves, the best way to set someone up to be successful is to give that orientee a strong and knowledgeable preceptor. every day does count on orientation and shouldn't be wasted with someone who you learn poorly from.

Orientees need to have a intro to service day to learn where specialty items are kept 2. They also need to have an assigned preceptor for that service for the whole time they are there. 3. They need to work the preceptor schedule 4. Identify which who is willing to take preceptors on for the whole week 5. Newly off orientation people should not be precepting for at least 2 months

Its hard to sit back and let your precepty absorb the true flow of a case. good luck

The AIP OR would benefit from the creation of a OR specific preceptor course!!

Sad to see incompetent travelers precepting. Also important to give staff a break from precepting everyday!

Preceptors need more formal support/recognition/guidance.

→ ADDRESS IN CURRICULUM DEVELOPMENT

CONSISTANCY

ULTIMATE GOAL FOR PROJECT