The nursing orientation at Saint Luke’s is fairly unique because it gives nurses more training up-front than most programs—so new nurses have a comfort level with certain policies and procedures before entering the unit, she says.

Out with the old
“When I began [working] at the hospital, orientation was basically a three-day, ‘parade of stars,’” says Parker. She says the program consisted of high-level administrators welcoming the new hires and bragging about the facility.

Now the bragging session lasts only one day. After that first day, Parker says, nurses begin learning about the hospital and its policies. She says the program is now streamlined to focus on the new nurses’ education and safety. “As an organization, our 7% turnover rate speaks strongly about [Saint Luke’s] orientation program,” says Parker.

Best practices
Learn why tangible feedback is vital to nurses working in highly technical settings on p. 4.

Using robotics in the OR
Make sure your nurses are trained and ready

As technology sweeps through the nation’s operating rooms (OR), nurses must learn the new skills and practices needed to work in such high-tech settings. Although training is time-intensive and complex, OR nurses today must be tech-savvy—especially if the facility’s surgeons use robotic technology.

“I feel that the investment in training comes back to you 10-fold,” says Annette Wasielewski, RN, BSN, CNOR, administrative director of minimally invasive surgery at Hackensack (NJ) University Medical Center. “You get somebody who’s well-trained, and there’s less stress in the room.”

The robotic surgical systems that Hackensack uses to perform minimally invasive surgery (MIS) are highly technical, says Wasielewski. The robots are equipped with flexible instruments that mimic the movement of the surgeon’s hands, she says.
Training

Orientation

On day three, nurses begin their module training. Modular orientation consists of training sessions, or modules, that cover various topics relevant to all practice areas, such as ergonomics, as well as modules specific to specialized-care areas, such as critical care and medical/surgical, says Parker.

When nurses attend a module, they learn everything about a particular topic or area of care, allowing them a level of familiarity with all related tasks. For example, when attending the pain module, a nurse with expertise in pain management teaches orientees about the hospital's pain management guidelines, how to reassess pain parameters, and pain care-related issues and tasks.

Within the module, the pain nurse teaches orientees about the importance of assessing patients' pain and how to use the appropriate forms and pain scale. They also learn about the PCA pump and how it functions. Orientees are then allowed hands-on time with the pump, during which they apply a doctor's orders and practice programming the pump.

Candace M. Parker, RN, MSN, CNS, clinical education specialist at Saint Luke's Hospital in Kansas City, MO, credits much of the hospital's success hiring new nurses to its "phenomenal HR [human resources] team," which has a rapid-response technique for handling potential hires.

Once HR staff receive a nurse's application, they contact that nurse the same day, says Parker. If the phone interview goes well, then the nursing candidate is invited to the hospital right away.

The swiftness of the initial contact is extremely important. Parker says that many new hires give HR's quick contact as a reason for coming to the hospital.

Of course, the organization's award-winning care, strong commitment to shared governance, and status as an American Nursing Association Magnet hospital doesn't hurt either, jokes Parker.

The ownership interview

"As soon as a nurse enters the facility, we try to get him or her acclimated to the environment," Parker says. For example, after the nurse meets with HR, he or she meets with a recruiter for the appropriate practice area. Then the nurse interviews with staff.

"Having the nurse meet with existing staff demonstrates to the candidate—and staff—our commitment to shared governance," says Parker. The process allows staff to take further ownership of the nursing program. The candidate ends the visit by interviewing with the manager, and, occasionally, the director, says Parker.
nursing orientation, says Parker. In fact, she currently
works with a small, rural hospital in Kansas helping
them remodel their orientation after Saint Luke’s.

Although Saint Luke’s is a larger hospital with a lot
of resources and support, Parker is still mindful of
her budget and recruits speakers and educators from
within the organization to save money. The speakers
invited to present during modules are typically cur-
rent nursing leaders or other experts working within
the organization who present during their own time
and for free, she says.

“Many speakers [participate] because they are doing
a leadership activity for their promotion or because
it’s something that helps them in their own profes-
sional development,” Parker says.

Competence
So far the modular program has been a success, says
Parker. New nurses enter Saint Luke’s units with a
strong foundation that will serve them well as they
continue to learn.

“We recognize that when nurses go to the floor [fol-
lowing orientation], they might not have complete
competence with [a procedure], but at least they’ll be
familiar with it and are not seeing it for the first
time,” Parker says.

One size fits all
Modular orientation is a program that organizations
of any size can use to improve the effectiveness of
modules run from one to four hours depending on
the amount of information being covered, Parker
says. For example, the death care guidelines module
lasts for one hour and covers necessary forms and
documentation, body care, and disposition. The doc-
umentation module covers a large amount of informa-
tion and lasts for approximately four hours. Within this
module, the educator teaches orientees about topics
such as the hospital’s admission process, database sys-
tem, and advance directives.

“During these modules, staff are given hands-on
practice with the tools and skills they’ll be using,”
Parker says. For example, during the documentation
module, the educator walks nurses through the 72-
hour flow sheet and has them practice their docu-
mentation with scenarios and information designed
by the educator.

Best practices
Robotics
Simply put, the surgeon sits at a remote console and,
through a vision system, views a 3-D image of the sur-
gical site. While still at the remote console, the sur-
geon then uses controls to manipulate the instruments.

“As you can imagine, this is a pretty technological and
challenging piece of equipment,” she says. Nurses
must know how to perform the tasks necessary to
assist during this type of surgery, as well as those
tasks related to caring for and maintaining the equip-
ment, says Wasielewski. For example, nurses must
know how to set up and control the robot. Accord-
ging to Wasielewski nurses must also know how to
troubleshoot when there is an error message.
assemble and disassemble the robot.
assist the surgeon in changing the instruments.
drape the robot in a sterile manner. (The machine
itself is not sterile, but the instruments are. The
whole machine—much like a microscope—must
be draped and prepared, says Wasielewski.)

Training
Nurses working with robots receive extensive train-
ing, says Wasielewski. The process begins by slowly
exposing them to the robot during procedures.
Trainees observe surgeries that use the
robot and are matched with preceptors who can answer any questions. After watching several surgeries performed with the robot, trainees are sent to a training class.

Following classroom training, trainees and preceptors reverse roles in the OR, and the new nurse acts as the robotics specialist and the trained nurse takes on a circulating role so trainees can focus on learning the robot, says Wasielewski.

If trainees have questions, they can ask the circulating nurses who are there to serve as mentors. “The mentor must answer all of the trainee’s questions, help with troubleshooting the robot, and assess the trainee’s competencies,” Wasielewski says.

Sharpening nurses’ skills
Another way to hone nurses’ skills surrounding high-tech surgical systems is to use videotaped procedures, says Donna Stanbridge, RN, BSN, CNA, coordinator/research assistant of MIS at McGill University Medical Centre in Montreal, Canada. “Many new ORs have a lot of videotaping capabilities, so to train nurses, we tape a surgery and walk them through the steps,” she says.

For example, a surgery is taped in the OR and then edited down to the basic steps of the procedure. The video has picture-in-picture of the surgery and the assisting nurse. This teaches nurses what they must know to assist during the procedure and which instruments are required for each step, says Stanbridge.

To test nurses’ critical-thinking skills, Stanbridge ensures that the video includes scenarios that cover different issues that may arise during a procedure.

After viewing the video, the nurses train with the instructor. For example, while the video plays, an instructor acts as the surgeon and reenacts the procedure on the video while the trainees attempt to assist. With the video still playing, the trainees must try to anticipate what the surgeon will need, says Stanbridge. ■

When evaluating nurses’ competencies with robotics, it’s essential that feedback be specific, says Donna Stanbridge, RN, BSN, CNA, coordinator/research assistant of minimally invasive surgery at McGill University in Montreal, Canada.

In the past, checklists or tests were used to determine whether a nurse was competent by listing “satisfactory” or “unsatisfactory,” without a formal grading system, she says. “It’s very rare that something is so black and white,” says Stanbridge. She suggests giving detailed feedback that points out the areas where the nurse does well and where he or she needs improvement.

Using a grading scale from zero–5 or zero–10 coupled with narrative feedback is the best way to assess competency in highly technical procedures such as working with robots, says Stanbridge.

When doing the competency evaluations, break down the information so that when nurses are presented the feedback, they leave knowing exactly where they excel and what they need to work on, says Stanbridge. The nurses can then focus on the areas that need improvement. “We really have to be specific in our feedback with grading and offering detailed enough information so [nurses] know what they must work on,” Stanbridge says. ■
Position patients properly in the OR during surgeries

Stiffness and soreness are common side effects that patients feel after undergoing surgery. However, operating room (OR) nurses can protect patients from unnecessary pain by practicing proper positioning techniques. “Keeping patients safe from infection and discomfort in the OR is an ongoing process,” says Andrew Blair, RN, CNII, perioperative nurse in the cardiothoracic OR at Duke University Medical Center in Durham, NC. Making sure the ORs are clean and the instruments, tables, and furniture are wiped down properly are all tasks that the OR nurse does to maintain the patient’s safety while undergoing surgery, says Blair.

However, another area nurses must keep in mind is patient comfort. For example, at Duke, staff perform many video-assisted technology services—which entail making small port incisions in patients’ chest walls for cameras to enter and exit through. Because of this, patients must lie laterally—either right-or left-side-up. The awkward positioning of the body, if done incorrectly, can cause the patient extreme discomfort during and after the procedure, warns Blair.

A helpful reminder
To remind nurses how to avoid harming patients by using proper positioning techniques, Blair and three of his colleagues created a poster, that they presented during the Association of periOperative Registered Nurses’ 51st Congress in San Diego in 2004. In the poster, Blair and his peers suggest the following:

- Use a draw sheet for patient transfer and skin protection
- Use a head support that does not interfere with the endotracheal tube
- Place pillows between the arms to keep them parallel
- Use arm boards, if necessary, to keep the arm at a right angle to the body
- Use tape to stabilize the patient’s body; use towels or foam pads as barriers between the patient’s skin and the tape
- Place pillows between and under the patient’s legs; use the safety strap to provide stabilization

“Break” the table in line with the patient’s hips

Most of all, however, Blair urges nurses to consider patients’ needs. “I always try to put myself in the patient’s shoes when I’m looking over them in the OR,” he says. Blair safeguards patients by constantly checking their positioning on the operating table and asking whether they feel comfortable.

**Tip:** Always have a sufficient supply of pillows, foam, and gel pads readily available, suggests Blair. Use them liberally so patients’ arms and legs are well-insulated, and then use tape to secure the padding.
Surveyors seek out three system tracers

A source close to the JCAHO recently shared documents with HCPro that discuss guidelines for the accreditor’s surveyors to use when conducting system tracers. The following are highlights adapted from the documents concerning three of the most common system tracers: human resources (HR)/competency, medication management, and data use.

**Competency**

**Participants:** Those responsible for HR processes, staff orientation and education, staff competency assessments, and licensed independent practitioners (LIP), as well as anyone with access to information in personnel files and credentials files, if appropriate.

**Objectives/agenda:** Surveyors are encouraged to use this session to discuss competency process strengths and weaknesses with the standards and to learn about the organization’s

- competency assessment process for staff, LIPs, and other credentialed practitioners
- orientation, education, and training witnessed during tracers

**File review:** Surveyors are reminded that file review is not the centerpiece of this session, but they may want to take time to confirm “process-related information through personnel or credentials files.” They may also conduct file reviews during tracers.

The way an organization maintains its competency records serves as the basis for what surveyors may do. For example, if files are kept by the manager in an area where a staff member works, a file review could be done during a patient tracer.

**Medication management**

**Participants:** Clinical staff who play a role in medication management processes, (e.g., nurses, physicians, therapists, dieticians, pharmacists, laboratory clinicians, and environmental safety personnel).

**Objectives/agenda:** Surveyors are told to learn about the organization’s medication management processes, evaluate the continuity from procurement through monitoring, and discuss strengths and weaknesses in standards compliance.

**How it works:** Surveyors conduct a medication management-focused tracer prior to or immediately following the system tracer. They select a record, identify one or two medications within it (preferably high-risk or new formulary), and trace all of the processes pertinent to that medication. They are required to trace the verbal order process and observe the medication administration process.

Surveyors are encouraged to ask staff about

- their participation in processes
- data gathered during tracers
- process vulnerabilities, including their causes and possible solutions

**Data use**

**Participants:** Staff able to speak about data use in all key areas of the organization, including clinical staff responsible for performance improvement (PI), other appropriate clinical staff, information systems employees, and organization leadership.

**Objectives/agenda:** Surveyors are told to assess the measures used for improvement, improvements that were made as a result of data, and PI practices.

Topics the JCAHO tells surveyors to cover include

- PI and ORYX®, the JCAHO’s performance measurement initiative
- staffing effectiveness
- patient flow
- medication management data issues (if not covered in the medication management tracer)
- infection control (IC) data issues (if not covered in the IC tracer)

**Source:** This article is adapted from Briefings on JCAHO.
Nurses’ Week (May 6–12) is fast-approaching, and most staff educators are in high gear, planning for the festivities. If you’ve found yourself falling short on ideas, reviewing another hospital’s schedule for Nurses’ Week might give you some much-needed inspiration.

To say thank you to frontline staff, Bay Medical Center in Panama City, FL, planned the following festivities for Nurses’ Week:

**Friday, May 6, Nurses’ Day Cookout**
The hospital kicks off Nurses’ Week with a cookout, which will be held at lunchtime, says Linda Caruso, RN, BC, MS, Bay Medical Center’s clinical nurse specialist. The professional and ancillary services department is planning and hosting this event.

Hosts for each station will interview the nurses for the 5:30 a.m. broadcast. During the interviews, hosts will ask the nurses predetermined questions such as, “Why did you become a nurse?” or “What’s your favorite part about being a nurse?” In the past, the nurses loved their five minutes of fame. “The nurses really get into it,” Caruso says.

**Tuesday, May 10, Nurses’ Reunion**
The state nurses’ association—Florida Nurses’ Association (FNA)—is holding a reunion at the local college campus to celebrate Nurses’ Week. Educators are plastering Bay Medical’s walls with fliers to encourage the nurses to attend, says Caruso.

**Wednesday, May 11, Credentialing Dinner**
The chief nursing officer (CNO) facilitates the credentialing dinner, which credentialed nurses and top hospital and nursing administration members attend.

During the dinner, which takes place at a local yacht club, every credentialed nurse is acknowledged for the role he or she plays within the facility, Caruso says. For example, the CNO asks nurses to introduce themselves and share the practice area in which they are credentialed. “It’s great recognition,” says Caruso.

The names of credentialed nurses are also inscribed on plaques and displayed in the organization’s hallways, says Caruso. “It’s our goal to promote the importance of education.”

**Thursday, May 12, Excellence Awards Luncheon**
To end the Nurses’ Week celebration, Bay Medical hosts a luncheon for nursing staff and distributes excellence awards, says Caruso.

Award winners are chosen by staff’s secret ballots and a committee composed of the past year’s winners, the obstetrics manager, the Magnet coordinator, and Caruso. “We even get physicians involved. For example, the physicians who work most closely with winners are also invited to the luncheon,” says Caruso.

The winners’ pictures are then published in the hospital’s monthly newsletter, she says.

⭐ The award categories include the
⭐ clinical excellence award
⭐ licensed practical nurse clinical excellence award
⭐ leadership in nursing award (for RNs)

Prizes for award winners include
⭐ for first: a $50 bill plus a plaque
⭐ for second: a $25 gift certificate to a restaurant
⭐ for third: the flower arrangements from the luncheon

“We really try to take care of our nurses,” Caruso says—and Nurses’ Week is the perfect opportunity to do so.
The JCAHO fears falls
The JCAHO wants hospitals to keep patients safe from falls by assessing—and periodically reassessing—their risk for falls, according to *AORN Journal*. Under the 2005 National Patient Safety Goals, clinical personnel must look at each patient’s medication regimen and identify those that increase the patient’s risk for falls. When performing a patient’s initial assessment, list information regarding his or her
- history of falls
- cognitive level
- impaired mobility or balance
- muscle strength
- nutritional strength
- use of multiple medications

Remind staff to look out for
- furniture blocking pathways
- slick floors or changes in flooring types
- low or extra-bright lighting
- trailing cords or hoses
- footwear (e.g., shoes with thick, rubbery soles and socks without treads)

Editor’s note: The list above is adapted from HCPro’s Evidence-Based Falls Prevention: A Study Guide for Nurses.

Suicides top homicides in the U.S.
Suicides occur more often than homicides, according to the Associated Press. In fact, every day approximately 80 Americans commit suicide, says the administrator of the U.S. Department of Health and Human Services’ Substance Abuse and Mental Health Services Administration. Approximately 90% of people who committed suicide lived with an undiagnosed mental health disorder such as depression. To help staff prevent patient suicide, teach them to recognize the following symptoms of depression:
- Sadness or indifference (patients may cry a lot or feel worthless, guilty, hopeless, confused, or ashamed)
- Irritability, agitation, and grumpiness
- Strange sleeping patterns
- Loss of energy
- Changes in appetite and weight
- Loss of interest in regular activities such as self-care or social activities
- Slowed or agitated movements or speech
- Mood swings

Editor’s note: The above list is adapted from HCPro’s CNA Training Solution.
### Skill Sheet

**Skill:** **Central Venous Catheter – Application of Sterile Occlusive Dressing**

<table>
<thead>
<tr>
<th>Steps</th>
<th>Completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Obtains appropriate equipment: Requisition/order, chain tray, under pad, catheter tip syringe, Cysto Conray, tape, sterile gloves, Betadine pour solution, lubriflux</td>
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<tr>
<td>2. Communicates to patient how the procedure will be performed</td>
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<tr>
<td>3. Performs procedure: (using sterile technique)</td>
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<tr>
<td>a. Sets up chain tray</td>
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<tr>
<td>1. Dons sterile gloves</td>
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<tr>
<td>2. Threads chain through angle cut catheter and lubricates tip</td>
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<td></td>
</tr>
<tr>
<td>3. Separates straight catheter and lubricates for draining bladder</td>
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<tr>
<td>4. Cleanses meatus with Betadine</td>
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<td></td>
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<tr>
<td>b. Inserts straight catheter</td>
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</tr>
<tr>
<td>1. Allows bladder to drain</td>
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<tr>
<td>2. Fills bladder with Cysto Conray</td>
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<tr>
<td>3. Removes straight catheter</td>
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<tr>
<td>4. Cleanses meatus with Betadine again</td>
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<td></td>
</tr>
<tr>
<td>c. Inserts angled catheter with chain</td>
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<td></td>
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<tr>
<td>1. Uses pressure to maintain fluid in bladder</td>
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<td></td>
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<tr>
<td>2. Pinches the catheter closed</td>
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<td></td>
</tr>
<tr>
<td>3. Threads chain through catheter quickly while slightly angling catheter upward</td>
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<td></td>
</tr>
<tr>
<td>d. Removes angled catheter</td>
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</tr>
<tr>
<td>1. Slides over string</td>
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<td></td>
</tr>
<tr>
<td>2. Tapes string to inside thigh surface</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Removes debris</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Disposes of equipment according to the organization’s policies/ procedures</td>
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<td></td>
</tr>
</tbody>
</table>

**Self-assessment**  **Evaluation/Validation methods**  **Levels**  **Type of validation**  **Comments**

- Experienced
- Need practice
- Never done
- Not applicable (based on scope of practice)
- Verbal
- Demonstration/Observation
- Practical exercise
- Interactive class
- Beginner
- Intermediate
- Expert
- Orientation
- Annual
- Other

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**Source:** University of Pennsylvania Health System. Reprinted with permission.

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