



Contents lists available at ScienceDirect

Journal of Radiology Nursing

journal homepage: www.radiologynursing.org

Radiology Nursing Specialty Orientation

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A B S T R A C T

Keywords:

Adult learners
Orientation
Preceptor
Radiology nursing

Nurses have influenced and added value to radiology practice by incorporating assessment skills and evidence-based practice initiatives. An effective orientation program in a specialty practice such as radiology may be challenging in terms of meeting the learning needs of new employees. A learning needs assessment revealed that current educational content was sufficient, but nurses were not receiving education at the appropriate time, and consistent preceptorship was lacking. A nursing education specialist redesigned the orientation program by creating various teaching/learning methods, including independent self-study reading assignments, online modules, and scheduled monthly skills laboratories. A preceptor workgroup was established, and training was provided. Providing a solid orientation, especially for new graduates, that is consistent with values, behavioral expectations, and essential knowledge, allows for successful role transition, which in turn led to retention. In addition, staff participation in the redesign and implementation of the orientation program provided opportunities for engagement in the practice, which increased job satisfaction.

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Introduction

Radiology nursing is a specialty that is not generally a focus in nursing schools, and most current nurses are unaware of the radiology nurse's role. As a result, recruitment and retention is a high priority for radiology departments. Few nurses realize that a certification and an established international nursing organization for radiology nursing are available. The radiology department at our institution is large, with more than 200 nursing staff, including master's-, bachelor's-, and associate's-level registered nurses, licensed practical nurses, and procedural assistants. On hire, radiology nurses are separated into two major groups, including nonvascular and vascular/neurologic interventional. The nonvascular groups are further separated into three more areas, including clinical diagnostic, clinical procedural, and hospital-based diagnostic/procedural. Many of these hires are new graduates. The vascular/neurologic interventional group hires only experienced nurses. Nurses are

well supported through the nursing leadership team. This team consists of a nurse administrator, a nurse coordinator, nurse managers, clinical nursing specialists, and nursing education specialists.

Background

As a nursing education specialist new to working within the nonvascular radiology practice, I reviewed class evaluations and retention rates. The results indicated that the current orientation program for nursing staff was not meeting their needs and, as a result, job satisfaction suffered. Staff turnover in the area remained consistent, between 30 and 35 hires annually, with the average staff nurse working in the department for less than 2 years. Staff have left the department for numerous reasons, including retirement and transfer to critical care units and the emergency department. Very few nurses have transferred within the radiology department. Efforts to retain staff became a priority for the nursing leadership team. The radiology nursing vision is to become a premier destination of choice for nurses seeking a professional career at this institution.

The former orientation program consisted of many specialty orientation classes offered at various times throughout the year. The specialty class curricula included an initial *Radiology Basics* class that covered emergency medications, electronic health record, documentation, contrast administration, central lines, and

Conflict of interest: None to report.

Role of the funding source: This quality improvement project did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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<https://doi.org/10.1016/j.jradnu.2017.12.007>

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Radiology Basics

7:30 am – 4:00 pm

Description

This basic orientation to Radiology class is designed to enhance the role of the nurse as a vigilant guardian as they learn about the web based radiology tools and documentation, central and intravenous line use and medication delivery, Magnetic Resonance Imaging safety and sedation dismissal.

Agenda

Time	Session Title	Objectives
		At the end of this activity, participants should be able to:
7:30-7:45	Welcome to Radiology How's it going?	<ul style="list-style-type: none"> Provide specific feedback related to how their individual orientation is progressing.
7:45-8:15	MR safety	<ul style="list-style-type: none"> Identify risks related to the MR imaging area
8:15-9:00	Emergency Medication Box	<ul style="list-style-type: none"> Identify concepts and actions for emergency care in Radiology including use of the gray box and medications per specific protocols.
9:00-9:30	Sedation Dismissal & Medication Reconciliation	<ul style="list-style-type: none"> Identify correct documentation per sedation dismissal and medication reconciliation guidelines
9:30-9:45	Break	
9:45-11:15	Pocket reference cards Radiology Website Navigating protocols and orders Data Repository IRB Tracker	<ul style="list-style-type: none"> Identify common electronic documentation tools and resources for Radiology.
11:15-12:15	Central lines and power injections IVAD demonstration/initial check off	<ul style="list-style-type: none"> Demonstrate correct technique of accessing and de-accessing an Intravenous access device (IVAD)
12:15-1:00	Lunch	
1:00-2:15	Contrast Agents and Extravasations	<ul style="list-style-type: none"> Identify the purpose and care considerations in the administration of contrast agents Describe the desired location and catheter size for an intravenous contrast injection. Identify intravenous extravasation injuries and the role of the Radiology nurse
2:15-3:15	Power Injection	<ul style="list-style-type: none"> Demonstrate correct technique of loading and cleaning Power injection equipment
3:15 – 4:00	Medical Emergency Response Overview/Initial check off <ul style="list-style-type: none"> Code Cart- 	<ul style="list-style-type: none"> Demonstrate emergency management with the use of the Code Cart defibrillator

Figure 1. A typical specialty class agenda from the former orientation plan. IVAD = intravenous vascular access device; MR = magnetic resonance.

medical emergency response (Figure 1). A *Radiology Beyond the Basics* class included contrast reactions and administration, minimal sedation guidelines, pediatric care, and competency checkoffs on intravenous vascular access devices and medical emergency response. A *Cardiac 101* class included radiologic cardiac imaging and imaging medications and protocols. Finally, the *Procedural* class included moderate sedation, procedures, sterile setup, and specimen collections. All these courses contained necessary content but were primarily slide presentation lectures, 4 to 8 hr in length, with no specified time frame between the scheduling of each. Thus, a monthly class may take place near the end of 1 month and again toward the beginning of the next month, depending on availability of room access and instructors. In addition, hiring occurred every 2 weeks, with the result being that staff nurses attending the classes were at different stages of orientation, often attending classes too soon or too late in their orientation.

The former orientation work schedule focused on unit-based learning, in which the orientees oriented to a work area for 1 week, with a randomly assigned nurse resource; the new staff member would then be scheduled to work in that area

independently for a week and then proceed to the next scheduled area. This plan resulted in the orientee not returning to the initial areas for as many as 12 to 16 weeks, which resulted in the orientee needing a quick review and lengthening the orientation.

Adult learning theory

The content of the existing orientation program was adequate, but the learners, as adults, had difficulty deciphering relevant information and critically thinking about the application. New information must be useful and readily applicable (Billings & Halstead, 2009). Adult learning theory originated with Malcolm Knowles in the early 1970s and incorporates some of the guiding principles used to design this new orientation program. These principles include adults being self-directed and problem centered, relating new information to prior experiences; for example, has the learner personally undergone magnetic resonance imaging (MRI)? The adult learner needs to know relevance and application; for example, why does the 18-gauge peripheral intravenous line need to go in the right antecubital vein? Can the patient lay flat for 40 min? What could interfere with this? Adults establish a

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