



# Successful Orientation Strategies for Radiology Nurses



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**ABSTRACT:** Unit-level orientation of new employees in any health care environment can be challenging. This is especially true in the radiology nursing specialty given the complexity of the field and the autonomy with which the nurses practice. This article provides a framework for organizing an orientation program for any nursing environment and supplies specific examples that meet the unique needs of the radiology environment. A step-by-step approach is presented to give readers the ability to develop competency assessment tools for their own settings. (J Radiol Nurs 2015;34:94-99.)

**KEYWORDS:** Orientation; New employees; Compliance documentation; Human resources; Radiology.

## INTRODUCTION

As many readers of this article will understand, the practice of radiology nursing is quite different from other nursing specialties. From brief, one-time encounters with patients to high-risk procedures to keeping patients flowing efficiently through the rooms, radiology nursing requires a unique blend of outpatient/ambulatory and critical care skill sets. Those nurses who work in this specialty tend to enjoy this niche and are rather comfortable in the environment. However, in reflecting on those first few days on the job, one might remember the abrupt change of pace from a previous role or what was taught in nursing school. The experience is likely much different from what was expected. Those nurses transitioning to the role of radiology nurse, whether from the academic setting or a nonradiology environment, encounter sudden (and sometimes unpleasant) new challenges.

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Along with this unique environment and requisite skill sets come special training challenges. Those unfamiliar with the activities radiology nurses perform may believe that the training required to orient a new employee into this role can move through the same training steps as all other newly hired nurses, but this is not the case. The knowledge, skills, and behaviors commonly expected of other nurses working in an inpatient hospital setting are supplemented by an understanding of patient flow and imaging. Because of that, a training program that meets those needs is essential.

One should also keep in mind, however, that reinventing the proverbial wheel just because there are some distinct needs is probably a waste of time and resources. There are a plethora of well-known training, orientation, and onboarding strategies that have been proven time and again. Some common frameworks can be found in [Table 1](#), and the Association for Radiologic & Imaging Nursing has a wonderful tool available entitled "Orientation Manual for Radiologic & Imaging Nursing" ([ARIN, 2008](#)). Additional resources include the "Perioperative Orientation Resources Guide" ([AORN, 2014](#)), and the *Staff Educator's Guide to Clinical Orientation: Onboarding Solutions for Nurses* ([Jeffery & Jarvis, 2014](#)) offers an overview of all aspects of nursing orientation for any setting.

In this article, these reputable frameworks and/or resources are blended with radiology-specific examples to provide a product for application in any radiology setting. Rather than presenting a specific program from one of the author's institutions, the orientation program presented here is an amalgamation of several positive aspects of orientation programs from the

**Table 1. Brief description of key frameworks**

Framework	Description
Novice to expert (Benner, 1982)	Well-liked by a range of nursing educators, this model recognizes that nurses move through five major phases when faced with new challenges: novice, advanced beginner, competent, proficient, and expert
Nursing process	The core steps of the nursing process (assess, diagnose, plan, implement, and evaluate) are essential to all fields of nursing
Synergy model (AACN, 2013)	The American Association of Critical Care Nurses developed this model to identify how various patient and family needs can be met by the nurse's characteristics and competencies
Kolb's experiential learning model (McLeod, 2013)	This model outlines the connection between having an experience, reflecting on and learning from that experience, and then applying one's learning in a different way
VARC (Fleming & Mills, 1992)	This mnemonic highlights the four primary methods by which various learners prefer to process information: visual, auditory, reading-writing, and kinesthetic

high acuity and critical care nursing settings. Although every setting comprises unique staff, activities, and patients, this article describes a framework to be used as a starting point with some guidance.

### OVERARCHING FRAMEWORK

One of the authors (ADJ) worked on an organization-wide effort at Cincinnati Children's Hospital Medical Center to develop an orientation/onboarding framework that could be applicable to all settings in the organization. From intensive care units to home health, from outpatient to perioperative, and even from holistic health to research nurses, dozens of staff development specialists gathered to create a tool that could span the organization's nursing specialties. (Oh, and yes, even the radiology nurses had a seat at the table!) Primarily combining the organization's job responsibilities (and accompanying clinical ladder), the American Association of Critical Care Nurses' Synergy Model, and Benner's Novice-to-Expert model, a tool was developed that could be modified by each unit and/or department to include additional setting-specific information and tasks. The tool outlines required competencies into five categories: nursing process, medication administration, documentation, communication, and professional development. This tool stated that by the end of orientation, a new nurse (regardless of background/experience or setting) should be able to

1. Independently demonstrate development and use of the patient care (e.g., nursing) process,
2. Independently demonstrate safety initiatives in administering medications to patients,
3. Independently demonstrate documentation and utilization of the electronic health record and/or other forms of documentation, per organizational requirements,
4. Demonstrate effective communication skills to promote safe care, and
5. Demonstrate progress on the continuum of professional development.

To illustrate how this framework might be applied specifically to a radiology nursing orientation program, the second author (JW) works as the nurse director of a radiology department and offers years of experience in radiology nursing and leadership. This article walks the reader through the process of creating a competency assessment tool for new employees that can be personalized for any unit and/or department.

### ORIENTATION PROGRAM DESIGN

To begin preparing the tool, a project manager (e.g., educator, manager, charge nurse) will want to invite key stakeholders from the unit (and other parts of the organization) to help make sure all the important information is covered. Regardless of roles and responsibilities in the unit, it is difficult for any one individual to outline all the necessary competencies expected of new employees. Gathering these key stakeholders will not only prevent missing items but also help acquire the buy-in necessary for successful change. These stakeholders might include managers, preceptors, newly trained staff members, experienced staff members, senior level administrators, and key personnel from other disciplines involved with the radiology department (e.g., physicians, technologists, sterile processing staff, etc.). They might find it helpful to review current and previous competency assessment documents and those documents from other units and/or departments. The goal is to determine *what* should be included in orientation (as opposed to what can be learned on the job). And speaking of learning on the job, including a competency for how well new employees can learn in real time (known as "just in time") and access resources independently is beneficial.

In addition to all the people in the organization who serve as stakeholders, there are also relevant regulatory agencies and organizational policies and guidelines that guide activities in the organization. The project team might find it helpful to review each of those individually and make a list of what is required so that nothing is left out of the competency document. By combining these organizational and regulatory mandates with the

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