# USING SPACED LEARNING TO ON-BOARD OPERATING ROOM STAFF

## **AUTHORS:**

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## **FACILITIES:**

HSHS Eastern Wisconsin Hospitals:

- HSHS St. Vincent Hospital and HSHS St. Mary's Hospital Medical Center in Green Bay
- HSHS St. Nicholas Hospital in Sheboygan
- HSHS St. Clare Memorial Hospital in Oconto Falls

## **DESCRIPTION OF TEAM:**

A new onboarding program utilizing spaced learning was developed by an inter-disciplinary team from four HSHS Eastern Wisconsin hospitals. The team included:

- Nurse leaders
- Nurse educators
- Frontline staff
- Community/academia liaisons

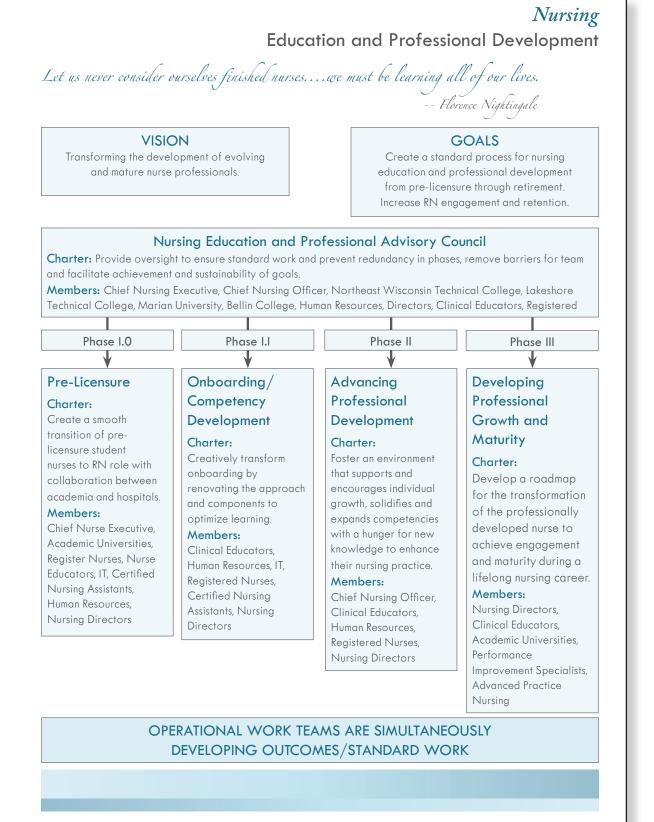
## PREPARATION AND PLANNING:

In 2016, the team developed a new professional development program. The team's vision was to transform nurse professionals through a standardized onboarding process and professional development from pre-licensure through retirement and to increase RN engagement/retention.

#### Four phases were developed:

- . pre licensure,
- 2. onboarding/competency,
- 3. advancing professionalism,
- 4. and developing professional growth/maturity.

The basis for onboarding/competency development is spaced learning, also known as distributed learning or spaced repetition. To accomplish this a pathway for learning was developed. The pathway includes a learning needs assessment, in-person and online content, videos, and return demonstration. The content is divided into specialty areas, including an immersion experience before progressing to the next area of learning.



## **ASSESSMENT:**

Historically, new graduate nurses were not hired directly into the operating room (OR). This has changed due to the RN shortage and has been heightened by the pandemic. New graduates are more frequently being hired right out of nursing school with little to no clinical experience in the OR. Preceptors stated they feel that they do not have the skill set to properly train new colleagues nor do they have the time

when stretched between multiple high acuity patients. The traditional model of "follow me around" does not promote optimal learning or prepare nurses as there is no systematic flow to their orientation. The "see one, do one, teach one" approach can be effective, but it limits practice, questions, and critical thinking.

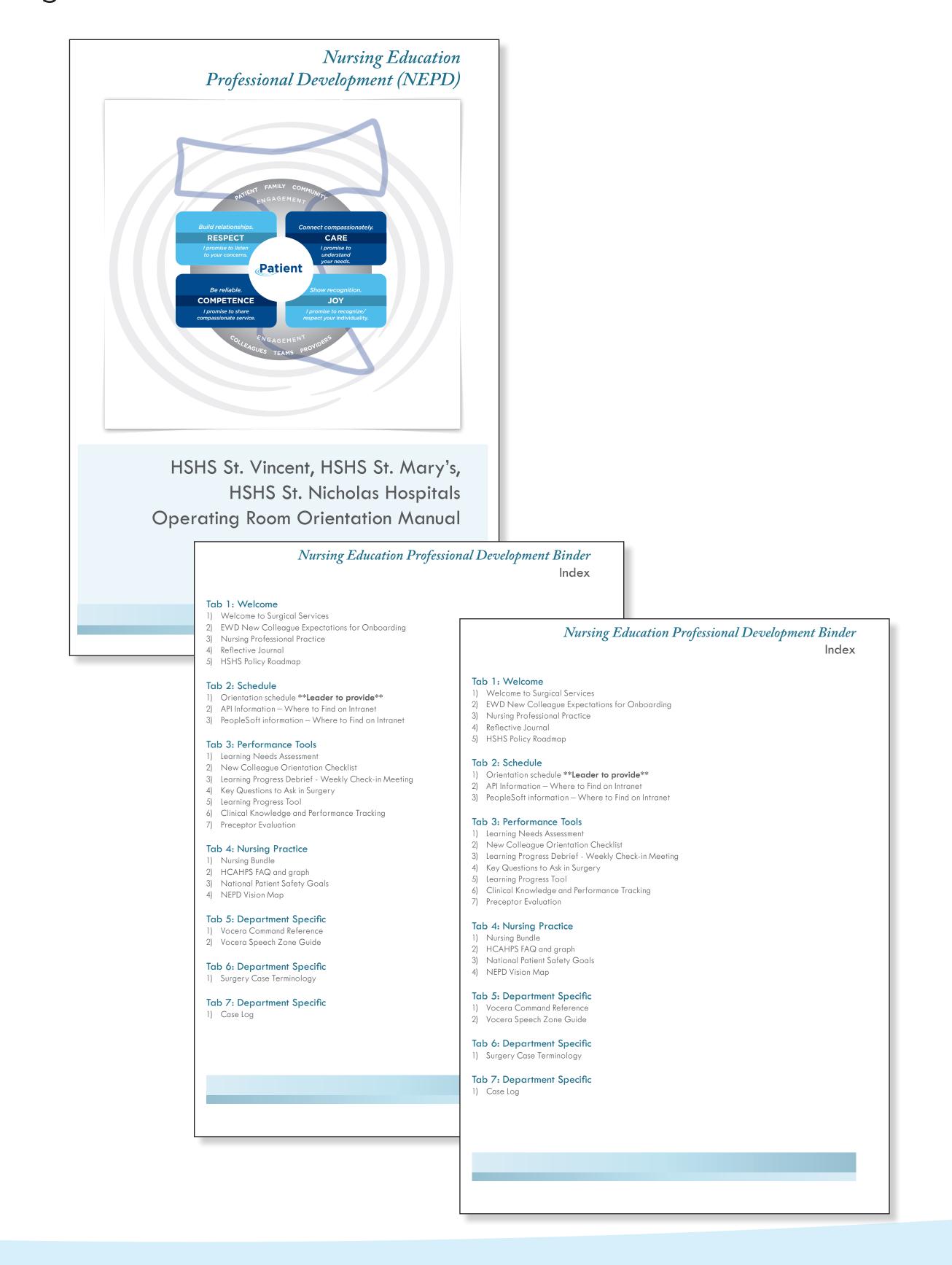
The program followed the 2018 AORN Position Statement -"Orientation of the Registered Nurse and Surgical Technologist to the Perioperative Setting", which includes:

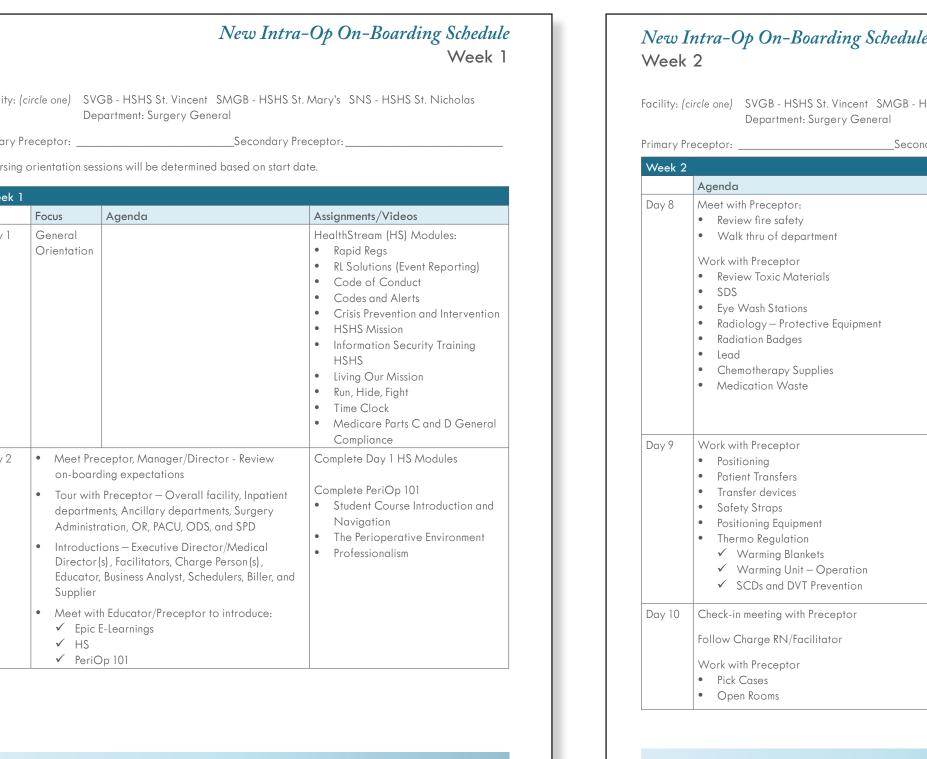
- Facilities should consider forming an advisory committee
- Basic responsibilities should be incorporated into the orientation
- New graduate RNs should participate in formal, transition-to-practice programs
- Novice STs should participate in structures, orientation programs
- Specific education topics should be incorporated
- Orientation should be accomplished using a preceptor system

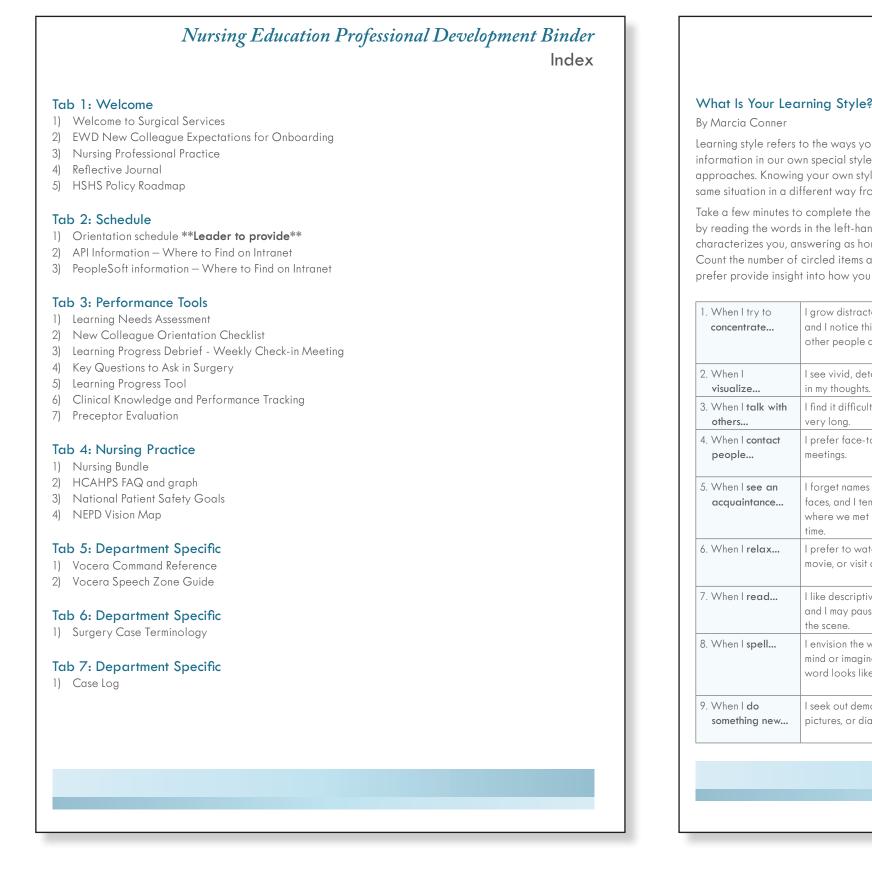
## IMPLEMENTATION:

The program was implemented in May 2018. It required education on the pathway, tools, learning needs assessment, etc. for each preceptor and a refresher before they started with each new nurse. Charge nurses/board runners received education on the program and how to support the preceptors and new nurses. The program and its components were shared with colleagues and providers so they could understand the new program. Orientation consisted of a didactic and clinical component and lists up to 6 to 12 months.

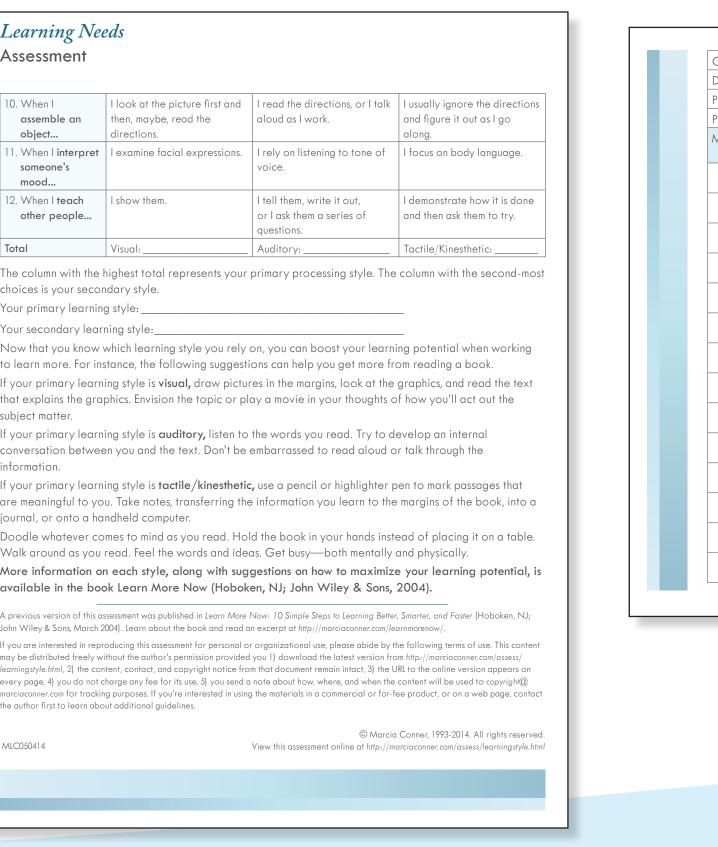
Binders for the OR were created. It outlined a pathway the colleague will follow in the orientation process. It also included learning tools - case log, learning needs assessment. Preceptor training specific to the operating was instituted for RNs and Surgical Techs.







Learning Needs

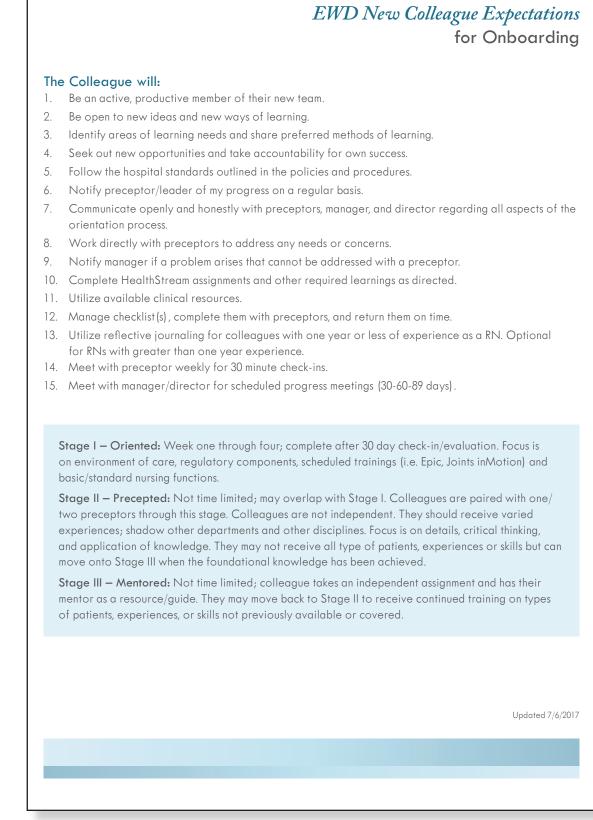


#### Complete HS Modules: Fire Prevention in the Operating Stroke – EWD View PeriOp Videos: Workplace Safety in a Chemotherapy (Nursing page) Perioperative Skin Antisepsis Positioning the Surgical Patier View PeriOp Videos: Safely positioning the surgical Surgical draping Preoperative skin preparation Preventing intraoperative skir Sponge Accounting

					<ol> <li>Seek out new opportunities and take accountability for 5. Follow the hospital standards outlined in the policies of 6. Notify preceptor/leader of my progress on a regular 7. Communicate openly and honestly with preceptors, morientation process.</li> </ol>
Learning Needs Assessment					<ul> <li>8. Work directly with preceptors to address any needs of</li> <li>9. Notify manager if a problem arises that cannot be ad</li> <li>10. Complete HealthStream assignments and other requir</li> <li>11. Utilize available clinical resources.</li> </ul>
What Is Your Learning Style?  By Marcia Conner  Learning style refers to the ways you prefer to approach new information. Each of us learns and processes information in our own special style, although we share some learning patterns, preferences, and approaches. Knowing your own style also can help you to realize that other people may approach the					<ul> <li>12. Manage checklist(s), complete them with preceptors,</li> <li>13. Utilize reflective journaling for colleagues with one y for RNs with greater than one year experience.</li> <li>14. Meet with preceptor weekly for 30 minute check-ins.</li> <li>15. Meet with manager/director for scheduled progress researched.</li> </ul>
same situation in a d Take a few minutes t by reading the word characterizes you, a Count the number or	ifferent way from your own. To complete the following que Is in the left-hand column. Of the Tonswering as honestly as possi of circled items and write your that into how you learn.	estionnaire to assess your pre the three responses to the rig ble with the description that o	ferred learning style. Begin ht, circle the one that best applies to you right now.		Stage I – Oriented: Week one through four; complete on environment of care, regulatory components, schedu basic/standard nursing functions.  Stage II – Precepted: Not time limited; may overlap w two preceptors through this stage. Colleagues are not i
1. When I try to concentrate	I grow distracted by clutter, and I notice things around me other people don't notice.	I get distracted by sounds, and I attempt to control the amount and type of noise around me.	I become distracted by commotion, and I tend to retreat inside myself.		experiences; shadow other departments and other disc and application of knowledge. They may not receive al move onto Stage III when the foundational knowledge h Stage III – Mentored: Not time limited; colleague take
2. When I visualize	I see vivid, detailed pictures in my thoughts.	I think in voices and sounds.	I see images in my thoughts that involve movement.		mentor as a resource/guide. They may move back to Sto of patients, experiences, or skills not previously availab
3. When I talk with others	I find it difficult to listen for very long.	I enjoy listening, or I get impatient to talk myself.	I gesture and communicate with my hands.		
4. When I contact people	I prefer face-to-face meetings.	I prefer speaking by telephone for serious conversations.	I prefer to interact while walking or participating in some activity.		
5. When I see an acquaintance	I forget names but remember faces, and I tend to replay where we met for the first time.	I know people's names and I can usually quote something we've discussed.	I remember what we did together and I may almost "feel" our time together.		
6. When I relax	I prefer to watch TV, view a movie, or visit an exhibit.	I play music, listen to the radio, read, or talk with a friend.	I play sports, make crafts, or build something with my hands.		
7. When I read	I like descriptive examples and I may pause to imagine the scene.	I enjoy the narrative most and I can almost "hear" the characters talk.	I prefer action-oriented stories, but I do not often read forpleasure.		
8. When I spell	I envision the word in my mind or imagine what the word looks like when written.	I sound out the word, sometimes aloud, and tend to recall rules about letter order.	I get a feel for the word by writing it out or pretending to type it.		<b>IMPLICAT</b>
9. When I do something new	I seek out demonstrations, pictures, or diagrams.	I want verbal and written instructions, or to talk it over with someone else	I jump right in to try it, keep trying, and try different		NULDCINIC

## **OUTCOME:**

New nurses have retained information longer and improved their long-term memory of the content. Preceptors feel supported to orientate consistently and comprehensively rather than feeling the pressure to "push" through orientation so the new nurse can be "put into staffing". The pathway and corresponding tools are now routine and familiar to all colleagues in the OR. In 2019, prepost and PACU departments along with the sterile processing department adopted the model.



## TIONS FOR PERIOPERATIVE **NURSING:**

Orientation to the OR is lengthy and is complex and costly. An onboarding program based on spaced learning helps to:

- Ensure a competent workforce
- Train new graduate nurses more effectively and efficiently
- Decrease turnover rate



