Bridging the "Great Resignation" Experience Gap; Education and Orientation.
Virtual Technology Platforms for Millennials and Gen. Z Change Education As We Know It.

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ABSTRACT

Attracting, educating and retaining nurses in unprecedented nursing shortage, exacerbated by a pandemic created a host of uncharted challenges. The long-predicted nursing shortage is now upon us. The crisis has pushed educators to develop innovative onboarding and educational programs

Operating rooms are disproportionately affected to vacancies due to high numbers of 'Boomers and Gen X's who make up a large portion of OR nurses.

We saw the need to reinvent education and orientation experiences that appeal to the tech-savvy generation Z and Millennials entering the nursing profession at the same time, addressing the shortage OR OR educators.

INTRODUCTION

Methods used in education and orientation of OR nurses affects the reliability of staff to retain and apply knowledge to their practice.
Using a variety of teaching methods available in our technology laden world is essential to reach our newest professionals in the medical field.

Virtual Reality (VR) and newer software applications bring educators closer to all learners, allow for diverse learning styles while creating social distance.

Self-paced orientation methods using software that gives learners immediate posttest feedback and opportunity to provide valuable feedback to educators improved staff satisfaction with orientation process, information recall, and retention.

A new approach to staff education uses a combination of socially distant didactic options, HD technology and Virtual Reality provide safe and meaningful experiences for learners using using inexpensive tools and technology (Gauer et al., 2020).

Employing nurse educators who can provide virtual classrooms from anywhere is an alternative to conventional on-site educators.

Nurse educators need to use technology, create partnerships with tech companies and software developers who are forward thinking.

Anaphylaxis/Bronchospasm

Hover over QR code with camera, then take posttest.

SCMC-Bend Perioperative Orientation RN

Caregiver Name: _____
Date Completed: _____

METHODS- Orientation

Orientation booklets were designed and printed for every new hire. Booklets contain pertinent information and education specific to role.

Orientation content is self-paced giving the learner control over the process. RN's self identify areas requiring clarification. The Orientation Coordinator provides help and resources for orientation and supports the learner / preceptor relationship

Modules are provided in QR code using SWAY© and FORMS© Platforms. Orientee and educators receive immediate test results. Booklets are printed in small batches to allow for updates, additions and deletions in content.

Posttest results are automatically collated to Excel providing educators and leaders with quantitative and qualitative results. Learner satisfaction and orientation times were measured retrospectively.

RESULTS- Orientation

Redesigned orientation process was measured using 1-5 Likert scale
Overall Satisfaction:
Improved retention:
with learners needs as the priority improved . A variety of learning styles require diversity in educational methods while promoting inclusion in the workplace. Self-directed processes give the learner control in the orientation process. Onboarding booklets contain:
• role specific AORN competencies.
• facility information,
• required policy reads,
• all required educational modules
• video/audio recordings of relevant past education

I Felt Supported During My Orientation

5%
5%
2%
88%

Strongly Disagree ■1 ■2 ■3 ■4 ■5 Strongly Agree
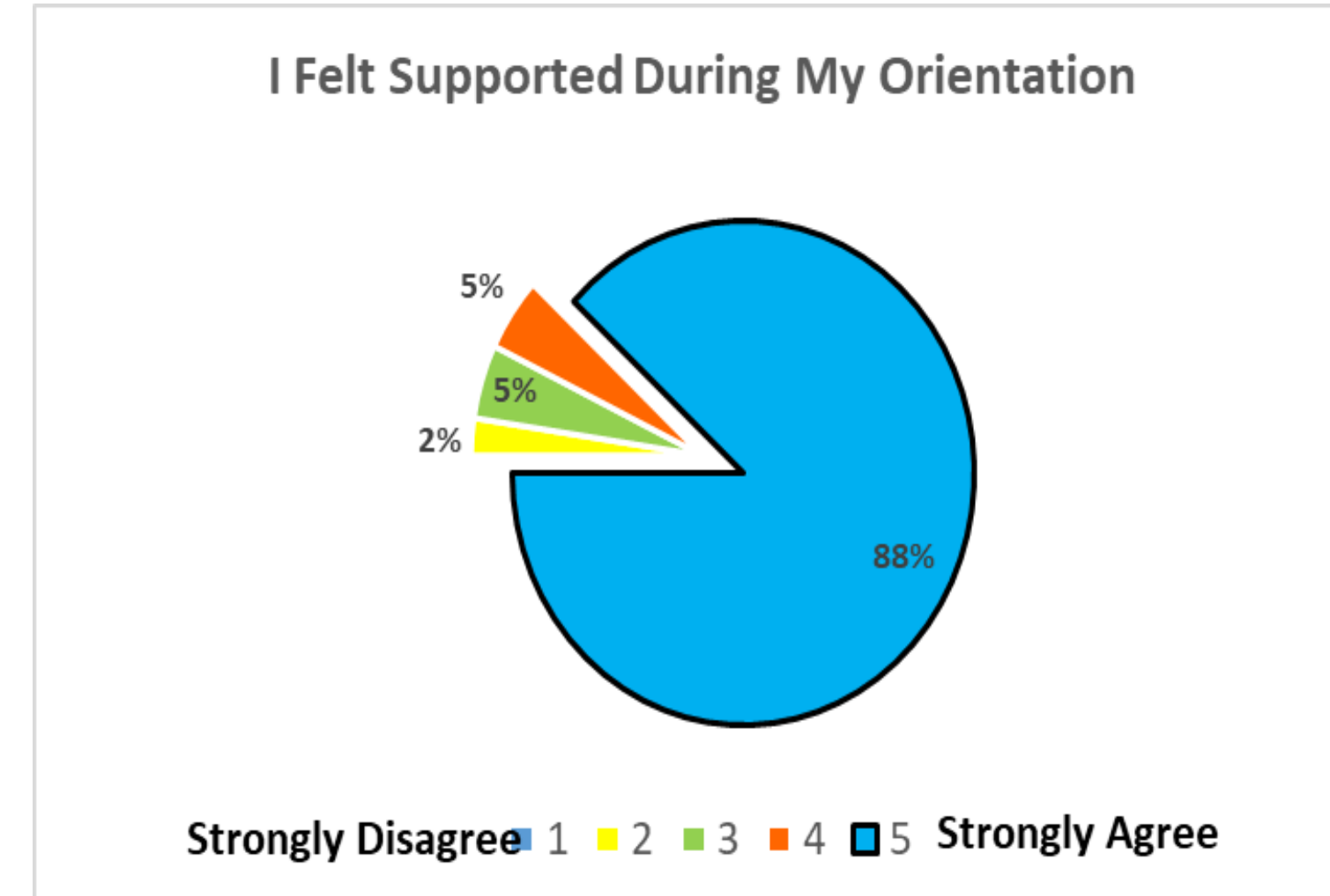
METHODS- Staff Education

1 hr. of dedicated education time is provided one day/wk. Education is presented using virtual, VR, HD simulation, and surgeon/anesthesia provider lecture formats. Staff on site attend in person, staff not on site may participate via WebEx or may view video sent via email link to all staff members.
• OR educator develops, presents and records the program via WebEx.
• Organizational IT staff record event using video camera on tripod
• SWAY© presentation, video recordings and posttest sent to all staff.
• Posttest and program evaluation embedded into SWAY© using FORMS©.
• Learners receive immediate posttest results upon completion and can self remediate.
• Results of posttest/evaluation automatically sent to educator.
• VR technology, HD simulation demonstrate low incidence/high risk OR events (FIOR, MH, ACLS) using 2021/2022 Stanford Perioperative Critical Event curriculum.

RESULTS- Staff Education

Number of educational sessions presented in 2021:
Fire in the OR (FIOR) VR/AI technology used to educate >130 OR team members.
Overall level of staff satisfaction with VR rated as "great or excellent."
FIOR posttest and evaluation data 2021:
• Average posttest score: 93.9
• Average evaluation score(Likert): 4.47%
• 130 staff and providers completed FIOR VR
FIOR posttest and evaluation data 2022:
• Average posttest score 95.4%
• Average evaluation score (Likert): 4.86
• 25 staff and providers completed FIOR VR
(2/23/22-2/27/2022).

Virtual and In Person Ed. Presented in a Way I Understood

14%
5%
3%
78%

Strongly Disagree ■1 ■2 ■3 ■4 ■5 Strongly Agree

CONCLUSION

The use of self paced web-based/digital orientation programs give learners control of the onboarding process, provide educators real time results of learner progress, and are financially beneficial to organizations (Mustapha et al., 2021).

Use of new software programs allow immediate remediation and focused content based on learner need. Self directed orientation processes result in accelerated orientation time, improved staff satisfaction and retention.

Utilizing available software programs, simulation and VR provide a broader reach for OR educators. Providing virtual education programs allow staff to participate from a distance and at a time that is convenient and does not impact OR efficiencies and staffing needs (Gauer et al., 2020).

Virtual education provides creative and diverse employment options to tenured OR nurses. Retaining these experts in the workforce provides inclusion and valuable mentorship to novice OR nurses (Caple & Karakashian, 2021).

RECOMMENDATIONS

• Refine orientation processes to appeal to the learning styles of tech savvy, self driven Gen Y and Gen. Z RN's entering the profession.
• Provide focused orientation methods using available, inexpensive technology and onboarding methods that appeal the the learning style of Gen Y and Gen Z RN's.
• Use virtual/digital options for OR education in an era of social distancing norms that provide inclusion to learners and financial benefit to organizations (Mustapha et al., 2021).
• Partner with tech developers and facility IT professionals to provide clear and complete audio and video record of educational sessions.
• Provide options for nurses to view/attend recorded inservice/educational sessions/events.
• Use available software to measure comprehension or gaps in knowledge after presentation of new skills/concepts.
• Retain Baby Boomers and Gen X RN's as OR educators by providing flexible employment models (Caple & Karakashian, 2021).

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AORN QR Code