

Designing a Comprehensive Model for Critical Care Orientation

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CE

This article has been designated for CE credit. A closed-book, multiple-choice examination follows this article, which tests your knowledge of the following objectives:

1. Examine the role and challenges of critical care educators in integrating diverse levels of nursing experience into an orientation model
2. Describe the educational and training needs of preceptors assisting with implementation of a critical care orientation program
3. Discover the benefits of a critical care model of orientation on the unit, the staff, and the hospital

One of the greatest challenges in clinical nursing education is providing an orientation program that meets the needs of critical care nurses with various backgrounds and levels of experience within a relevant and stimulating format. Since the 1990s, a major shift has occurred within the culture of intensive care units (ICUs) to employ, orient, and mentor new

graduate nurses. Formerly, after graduation, the standard progression for all critical care nurses was at least 1 year of medical-surgical experience in a general care area. The gradual transition from medical-surgical nursing into the critical care environment that once existed has changed in response to the dwindling supply of nurses in the workforce. Concurrently, the population of patients in ICUs has increased, the severity of illness has increased, and the length of stay has decreased. Critical care educators are challenged to accommodate graduate nurses into ICUs while maintaining competence and ensuring the highest quality of care. In this article, we describe how we faced that challenge and exceeded all expectations.

Assessment of Orientation

The previous program of orientation for critical care nurses at Northwestern Memorial Hospital,

Chicago, Illinois, consisted of 2 primary methods: classroom education and clinical instruction with a preceptor. Nurses were hired into any of our 5 ICUs: medical, surgical, cardiothoracic, neurosciences, and coronary care. The length of orientation ranged from 8 to 12 weeks, depending on the nurse's number of years in nursing and level of experience.

Each new nurse was enrolled in the Critical Care Course, a 3½ day course that included lectures covering a basic review of cardiac dysrhythmias, pulmonary disorders, renal failure, interpretation of blood gas analyses, and monitoring hemodynamic parameters. Before implementation of our new critical care orientation program, most ICUs did not accept new graduates. All new nurses, regardless of experience, were required to either attend the classes offered every 2 months or test out of the classes via written examination. Task competency was

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