

# Meaningful mentorship **BREEDS SUCCESS**

Novice RNs who are intimidated or overwhelmed starting a new career can count on innovative preceptor and orientation programs that help to ease the transition to life as a new RN.

BY MELISSA DI COSTANZO

In the fall of 2011, merely weeks after Woodstock General Hospital (WGH) staffers moved into a brand new space, administrators faced a big concern: 80 per cent of the new part-time RNs on the hospital's two acute care units were recent graduates, and 60 per cent of full-time RNs were new to the profession. These numbers made RN Jackie MacKenzie, director of acute inpatient services, panic. More beds at the new facility meant more RNs were required, but recruitment was a challenge.

Sixteen neophyte nurses "lacked the experience and the level of competency we needed," MacKenzie says. Some hadn't administered an intramuscular injection; others completed their practicums in community or public health, but had little exposure to acute care.

Given this, WGH managers decided that the hospital's traditional orientation, followed by unit-specific training, was not enough, so MacKenzie helped to devise a plan: enlist RNs and RPNs with more than five years of work experience to act as preceptors to their respective professional colleagues on the two acute care units for three months.

The idea immediately hit a barrier when some staff members said they didn't feel adequately prepared to precept. To help overcome this, would-be preceptors attended a two-hour workshop. "In next to no time, they...got into the groove," says MacKenzie.

Beginning in May 2012, one preceptor led three to four new nurses during each 12-hour shift, speaking daily with the charge nurse to learn if tricky procedures, such as a central line insertion, were on the board. Preceptors (eight RNs and four RPNs) exposed the group to these experiences, in addition to standard nursing

practices, such as patient assessments. Under the watchful eye of a preceptor, the new nurses participated once they felt comfortable.

If issues cropped up, nurses scribbled their comments in a log-book, monitored by charge nurses, managers and nurse educators. Managers held huddles to stay up-to-date. "We said from the outset 'we know we're doing this quickly, but we want to do it right, and we want to hear what you have to say,'" explains MacKenzie.

RN Shelley Kipp, a preceptor, appreciated the support. "This program allowed (for) more accountability," she says. "There was more follow-up (with preceptors and preceptees) to make sure (preceptees) (didn't) fall between the cracks." New nurses are now scored on their successes going through the preceptor program, whereas before, there was no way to say with any certainty how well they did during orientation.

The initiative has even prompted other hospital departments to reevaluate their orientation programs. An eight-hour education day has been added for all new staff, as well as one- to two-hour sessions to develop preceptors, and a post-orientation opportunity to examine lessons learned during the preceptor period. The project even encouraged some RPNs to sign up for BScN programs. Many emerged as strong teachers and trainers, MacKenzie says.

Patients also seemed pleased. Surveys conducted during the preceptor project indicate a post-discharge satisfaction score of 98 per cent. And although some nurses were hesitant to precept as the program got off the ground, they "saw the real benefit in making sure that our new staff were educated...they wanted them to be confident," MacKenzie says.



## Meanwhile...in North York...

New RNs starting their careers at Toronto's North York General Hospital (NYGH) can also thank an innovative orientation program for easing their transition into the working world. The program is the brainchild of RN Mary Ann O'Hearne, clinical team manager for NYGH's adult mental health outpatient services, and the Emergency Psychiatric Consultation Team (EPCT). The idea for the program was born when O'Hearne noticed two RNs new to the EPCT were missing key pieces of their written patient assessments. The new RNs, whose first language was not English, were struggling to draw specific personal information out of patients.

EPCT RNs act as consultants for NYGH's mental health program, O'Hearne explains. They work autonomously in the ER, making rapid recommendations and referrals to other health-care professionals and community resources. They report to a psychiatrist, who relies on their assessments and recommendations to determine a patient's needs. Incomplete assessments can affect treatment plans.

All RNs new to EPCT shadow crisis RNs for a month to learn about the hospital's other mental health programs. O'Hearne decided the pair would spend two months with RN Fern Quint, who heads the hospital's urgent care clinic. "Exposure in the urgent care clinic made it easier to transition to the emergency department, because it's the same type of patients...at different stages of crisis," explains O'Hearne. Quint, she

adds, is an empathetic nurse who spends time with the patients she assesses, making her an ideal teacher.

RNs in the urgent care clinic offer short-term crisis stabilization counseling and help patients transition to the community. Quint must conduct thorough assessments, a similar requirement of EPCT nurses.

Julia Fridmar was one of the two trainees who observed Quint with patients. She was also able to conduct her own assessments, with Quint interjecting if she thought something was missing. After the patient left the exam room, the trio talked about what went well, and areas for improvement.

Fridmar admits when she started at NYGH, she felt overwhelmed and frustrated when she could not provide proper documentation. Now, she feels confident in her ability to capture important information.

Quint also role-played with the nurses, acting as a patient to help the RNs feel comfortable with gentle probing. They prepared scripts when tackling tricky questions, such as asking a patient if they've thought of harming themselves.

Quint says it was "gratifying for me to see the nurses take a lot more pride in their own work out of the confidence that they developed." O'Hearne is thinking about providing similar support for all new hires. "I wanted to make sure I gave them everything I possibly could to be successful." **RN**

**Do you have an example of an innovative mentorship/preceptorship program at your organization? We want to hear about it. Your story could be featured in a future issue of the magazine. Email [editor@RNAO.ca](mailto:editor@RNAO.ca)**

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