A preceptor needs assessment distributed to 109 preceptors at Orlando Health’s Dr. P. Phillips Hospital revealed that 48% of the preceptors believed the orientation process should be restructured to improve nursing onboarding, team member engagement and nursing retention rates. To align the Intensive Care Unit (ICU) and the Progressive Care Unit (PCU) with Orlando Health’s strategic imperative to become the best place to work, the nursing teams adopted a new individualized orientation process (IOP). Applying Patricia Benner’s (1982) novice to expert principles, the IOP provides a new model to teach nurses competent and safe nursing care practices. This model is cost effective and introduces innovation to the area of clinical nursing education.

**Individualized Orientation Process**

The goal of the IOP nurse-centered orientation is to allow the Nurse Educator (NE) and the preceptors to facilitate dynamic and flexible learning experiences while focusing on patient safety and quality of care. Historically, orientation time is measured on a macro scale that includes all learning activities. At Orlando Health, most orientations range from 12 to 16 weeks. The orientation progress is measured by weekly goals, creating a time discrepancy between goals set and actual completion time. In contrast, the IOP only considers actual shifts worked under the direct supervision of a nursing preceptor, regardless of other mandatory training. A shift is defined as a 12-hour day caring for patients. Goals are set and evaluated daily by the preceptor and orientee.

Team assignments are flexible to meet the learning needs of the orientee. The IOP allows for enhanced training opportunities as the orientee is immersed in different learning situations as they present on the floor.

The Nurse Educator plays an active role in the orientation process:
- Orientation Introduction
- Unit Expectations
- Orientation goals
- Orientee’s needs assessment
- Standardization of nursing documentation according to unit and hospital guidelines

The Preceptor is a facilitator of individual learning:
- Always looking for teaching/learning opportunities
- Constant goal evaluation / overall performance
- Focuses on the orientee’s needs

The Leadership Team helps evaluate the orientee’s progress and readiness to practice nursing independently.

**Orientation Pathway**

25 nurses have completed the individualized orientation process. 10 ICU nurses and 15 PCU nurses. 15 nurses had at least one year of experience and 10 were new graduate nurses from local and regional colleges. Unit orientation times in the ICU and PCU have decreased significantly from 36-48 Shifts to an average of 13 shifts, reducing orientation costs. Nurse graduation from the IOP is reviewed by the NE and leadership to ensure nurse readiness to practice nursing in a safe and competent manner.

**Background**

**Results**

<table>
<thead>
<tr>
<th>Cost of Orientation Per Critical Care RN</th>
<th>Pre Implementation</th>
<th>Post Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average expected length of orientation</td>
<td>36-48 shifts</td>
<td>13 shifts</td>
</tr>
<tr>
<td>Average Cost per Shift</td>
<td>$288</td>
<td>$288</td>
</tr>
<tr>
<td>Average Cost per Week</td>
<td>$864</td>
<td>$664</td>
</tr>
<tr>
<td>Average Total Orientation Cost</td>
<td>$10,368 - $13,824</td>
<td>$2,880 - $6,624</td>
</tr>
</tbody>
</table>

**Team Member Engagement**

**Lessons Learned**

- Both units’ nursing cultures continue to improve and excel.
- Orientation focuses on:
  - Supporting nurses to maintain quality of care and patient safety
  - Promotes standardization of onboarding practice
  - Promotes team work
- Building the nursing workforce requires strategic planning. Recruitment must be accompanied by retention strategies to prevent staffing shortage, nurse burnout, increased turn over and vacancy rates.

**References**
