

A Case Study for Pediatric Educators

TIERED PICU ORIENTATION GETS NEW NURSES TO PATIENT BEDSIDE FASTER

Hospital educators successfully improve the quality and effectiveness of their PICU orientation program

In 2013, driven by the expansion from a 27- to a 41-bed plus overflow Pediatric Intensive Care Unit (PICU) and the need to hire more nurses, Children’s Mercy Kansas City revamped its onboarding program to more quickly and effectively get new hires ready for direct patient care.

Challenged with no longer having the luxury of providing 20 weeks of upfront training, the unit’s education coordinators had to create a program that ensured new nurses gained both competence and confidence in patient care skills.

The Results

- New nurses receive the right clinical education at the right time via the most effective method.
- New nurses transition to performing safe, quality patient care more quickly than in traditional models of orientation programming.


The Details

Children’s Mercy Kansas City set a goal of promoting and accelerating clinical readiness to provide safe, quality care to critically-ill patients. Recognizing that critical thinking and expert performance develops over time, the education team created a three-tier phased program, presented over a 18-month period, that focuses on basic skills and safe care of lower-acuity patients in Tier 1, progressing to care of higher-acuity patients and learning the “why’s behind the how’s” in Tiers 2 and 3.

Additionally, the team chose to use a blended learning model consisting of Children’s Hospital Association (CHA) e-learning courseware, classroom and at-the bedside precepted experiences. While the phased approach allows learners to apply new skills and build confidence as they progress from caring for lower- to higher-acuity patients, the blended approach allows educators and preceptors to focus their time on application of foundational learning (imparted in CHA’s online courses) and further enhancement of clinical judgment.

The Lessons

1. One teaching method can’t do it all! The sequenced combination of CHA’s e-learning courses, classroom and clinical experiences provide an effective and learner-centric onboarding program.
2. Account and plan for communication gaps between preceptors and new nurses.
3. Use newer nurses to teach the time management skills of Tier 1 and seasoned staff to teach pathophysiology concepts for Tiers 2 and 3.



PROCESS

Bootcamp	7 days
• Intro to PICU	
Tier 1	10 weeks
• Focus on lower acuity patients • 33 CHA and classroom courses • Work in unit with preceptor	
Work	3-6 months
Tier 2	12 clinical shifts
• Higher acuity patient training • 20+ CHA modules • Work in unit with preceptor	
Work	1 year
Tier 3	At 1.5 years
• Advanced training for three patient diagnoses • Most acute patients • Six weeks with preceptor	

CONTACTS

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