

A Case Study for Pediatric Educators

CHILDREN'S HOSPITAL USES PHASED, INDIVIDUAL ORIENTATION PROCESS FOR FLOAT TEAM NURSES

Hospital's retention rate of float team nurses well above national averages.

Variety of backgrounds present challenges, opportunities

Float teams present an onboarding and orientation challenge for children's hospitals due to the wide range of competencies needed, variety of backgrounds new hires and traveling nurses bring with them, and the span of staff and units needing to work together to ensure the success of float team nurses. Lucile Packard Children's Hospital, a part of Stanford Medicine Children's Health, has designed an orientation program aimed at providing consistent, current, and customizable education to members of their float team.

Finding a solution

Miranda Schmidt M.S.N.-Ed, RN, NPD-BC, CCRN-K, Nursing Professional Development Specialist- Float Team, and the hospital's education team use a three-tier, phased orientation process, which is assigned to each learner at the start of employment. Since many float team nurses often enter with a specialty, the education and competencies during orientation can be customized to meet individual learning needs of the travelers, transfers, new hires, and experienced nurses joining the team. Phased orientation education elements include educator support, consistent preceptor unit-based orientation, and Pediatric Learning Solutions (PLS) online courses worked into the phased learning structure. The general guidelines for each phase include:

- **Phase 1 – Fundamental Competencies.** All nurses within the enterprise receive online resources and preceptor-based education as they complete the organization's standardized competencies. Competencies include patient assessment and monitoring, communication, documentation, and standard labs. RN fellows spend about four to six weeks in an individualized orientation and RN residents spend about six to eight weeks in this phase. Both groups take didactic classes to build on nursing foundations before moving to phase 2.
- **Phase 2 – Unit-specific Competencies.** This allows newly hired RNs to develop more specific knowledge and skills to ensure full competency in their clinical practice area. RNs take unit-specific education classes before practicing with full autonomy. This phase lasts about four to six weeks for RN fellows and six weeks for RN residents. During remaining two to four weeks of orientation time, RN residents and RN fellows work closely with preceptors to transition to practicing with full autonomy and complete any remaining competencies.
- **Phase 3 – Specialty.** This phase traditionally occurs at least one to two years after completion of orientation. After meeting their competencies, these RNs may obtain roles such as Preceptor, Charge Nurse, Extracorporeal Membrane Oxygenation, or Advanced Renal Therapies. Selection for these roles is based on overall performance and professional interest.



LESSONS LEARNED

The float team leaders' collaboration and unit-based educators are crucial to success of retention and satisfaction of employees.

Patience, thoughtful approaches and collaboration with the unit-based educators allows for more success across the orientation.

Monitoring of the float team's new hires requires partnership between unit-based educators and float team managers.

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Throughout each phase, educators check in with learners to see how they are doing on their competencies and provide additional support if needed. For each skill required, Schmidt has learners take an online, application-based exam to gauge learning needs or allow them to “test out” of a required phase of orientation.

Schmidt uses a cloud-based spreadsheet to track new hire start dates, 30-day check ins, competencies, professional development, and retention. This resource has proved valuable in consolidating data management to a central location and provided transparency in turnover and onboarding and orientation efforts of the Float Teams.

Improving retention rates

By following a structure of tiered, area-specific orientations, Schmidt was able to maintain high retention rates in a time with high turnover across the U.S. According to the [2022 NSI National Health Care Retention & RN Staffing Report](#), in the past five years, the average hospital turned over 95.7% of its RN workforce. Compared to a retention rate of 4.3%, Stanford had the following for the first three years of this initiative:

- 78% (32/41) of float team staff was retained from 2019 to 2022.
- 41% (13/31) of float team staff was retained from 2020 to 2022. This data coincides with the impact of the COVID-19 pandemic.
- 72% (39/54) float team staff was retained 2021 to 2022.

Next steps

- Implement a similar orientation structure for respiratory therapists and ancillary employees.
- Continue monitoring and tracking onboarding and orientation of float team members.
- Publish work to support continued efforts in professional development with emphasis on float teams.
- Share best practices with other organizations.
- Monitor the internal career development within float teams (i.e., Advanced Degrees, Certifications, and Clinical Ladder)
- Use this data to justify additional full-time equivalent roles in leadership, education and highlight the distribution of the float team across the organization.