Objective Critical Thinking Assessment to Customize Clinical Orientation
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Problem: Nursing orientation into a hospital system provides a registered nurse (RN) with the necessary education of organizational culture, policies and procedures. The experience highlights weaknesses in critical thinking ability (CT) as it pertains to nursing knowledge requiring extensions to the clinical orientation which is also time consuming and can overwhelm the nursing budget. Identifying knowledge weaknesses prior to orientation may reduce orientation extensions, improve productivity and reduce organizational orientation costs.

Appraisal of Evidence: The expected orientation for experienced RNs was 4-8 weeks in our organization. New graduate RNs were expected to receive 12-16 weeks of clinical orientation dependent upon the type of unit of hire. Analysis of actual orientation times of all RNs oriented during one calendar year identified that the average length of orientation was 18 weeks. Review of orientation documentation from clinical preceptors and educators identified the extensions were related to clinical competency issues, weaknesses in pediatric nursing knowledge and CT.

Strategy for Change: A custom Elsevier exam designed to evaluate the CT of RNs in the domain of pediatric nursing was administered to all RNs during the hiring process. Clinical orientation was structured to focus on areas of weakness as identified by the exam results as it pertains to the nursing process, fundamentals, medical surgical, professional issues or specific clinical concepts (cardiac, neurological, gastrointestinal, etc.). Remediation of content areas to increase clinical knowledge was incorporated into the orientation through the online remediation modules associated with the exam. Elsevier manages the remediation material offering textbook references to information supporting the clinical information covered in the exam. Remediation is documented through exemplar writings following Benner’s Novice to Expert Conceptual Model to improve CT ability.

Design to Evaluate Outcomes: Outcome measurements included length of orientation, retention at one year, and nurse vacancy rating.

Results of Impact of Change: Length of orientation has been reduced to within expected ranges for experienced and new graduate RNs. Clinical educators have reported fewer critical incidents concerning areas of knowledge weaknesses for RNs engaging in remediation and exemplar writing. Occurrence reports have been submitted for new RNs concerns clinical issues with documented areas of knowledge weakness when remediation was not completed. The organizations nurse attrition rate dropped from 32.8% to 10.2% within the first year of implementation and our current nurse vacancy rating is 2%. 

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**Recommendations for Adoption:** Administration of the exam during the hiring process allows the unit leadership to design an orientation plan to meet the knowledge needs of the newly hired RN. The unit clinical educator establishes the remediation plan and presents the RN with the required concepts for remediation during the first week of orientation.

**Lessons Learned:** Offering an educational model to improve knowledge weaknesses improves critical thinking skills of the bedside nurse. Improved CT skills at the bedside improve patient care through improved clinical competency, reduced critical incidence and reduce nurse attrition. All outcome reduces organizational costs providing improved patient care costs for the organization.

**Bibliography:**


