

Background:

- New graduate nurses onboarded in groups to a float pool team in a large pediatric hospital.
- Tracking preceptor feedback is challenging due to rotations across multiple units.
- Documentation must be transparent, accessible to stakeholders, and retained for at least six years.
- Research highlights the crucial role of preceptors in guiding and evaluating new nurses.

Process:

- Previous documentation methods hindered communication among preceptors.
- Limited access to past feedback left leaders unaware of issues until orientees struggled.
- Initial improvement: Replaced QR code documents with TEAMS for better accessibility.
- TEAMS was effective but difficult to navigate and lacked permanence.
- Second brainstorming session led to the introduction of a digital notebook.
- The digital notebook successfully supported three residency cohorts.

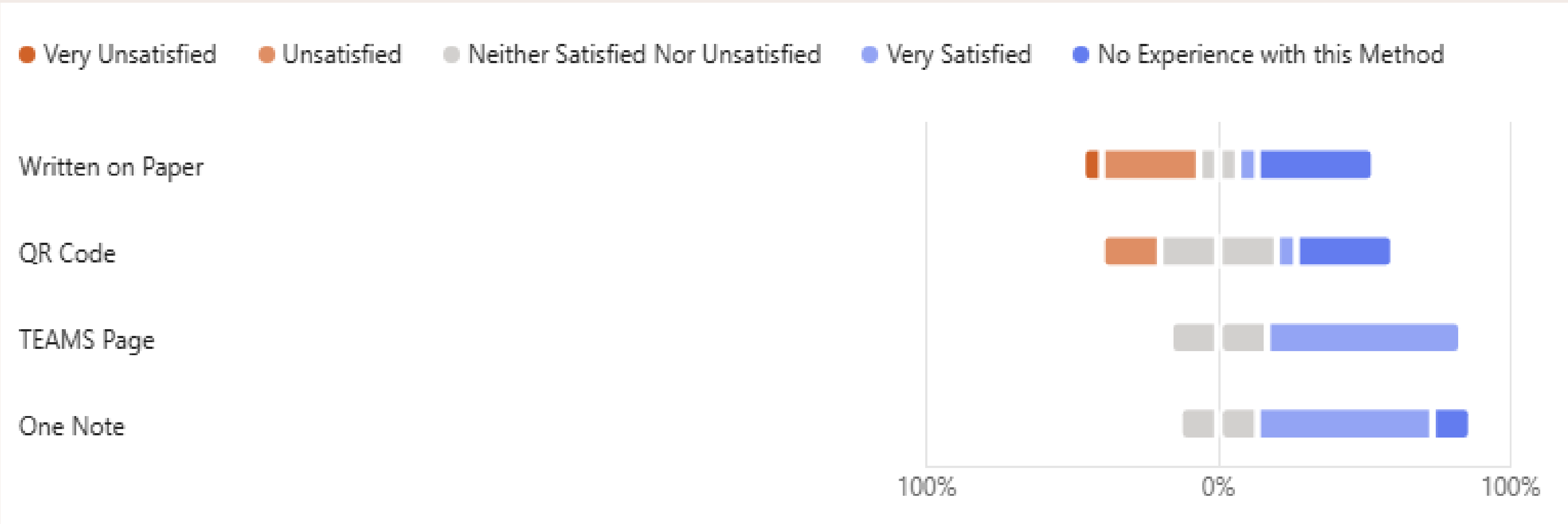
Further Recommendations:

- Increase organizational use of the platform.
- Minimize redundancy of static information.
- Educate preceptors on platform usage.
- Reduce time commitment for educators managing the platform.
- Enhance engagement from specialty unit preceptors working with Clinical Resource Team Float Pool orientees.

Advantages and Disadvantages of Each Orientee Progress Update Report Method

Characteristic	QR Code	TEAMS Channel	OneNote
Permanency	✗ (Can expire or change)	✗ (Messages can be deleted)	✓ (Highly permanent unless manually deleted)
Accessibility	✗ (Requires scanner & active link)	✓ (Accessible with login & permissions)	✓ (Available offline if synced)
Transparency	✗ (Only users with the QR code can access)	✓ (All channel members see discussions)	⚠ (Moderate - Only shared users can see content)
Honesty	✗ (Can link to misleading content)	⚠ (Traceable but messages can be deleted)	✓ (Recorded and not easily altered without tracking)

Preceptor Self-Reported Level of Satisfaction with Each Orientee Progress Update Report Method



Example of a OneNote Entry (Preferred Method of Updating)

COMPASS Updates

C4/C10 – week of 11/17
Friday, November 15, 2024 7:42 PM

COMPASS

Competency Level: 97.7 - needs IV placement, urinary cath insertion

Orientee background: PCT at Baylor Heart & Vascular Hospital, nursing degree TCU

Methods of learning/feedback: Hands on/verbal feedback in the moment and examples.

Patient assignments/acuity:
C4: chronic urology teenager pre-op, one perfed appy post op with perc drain, one admit pre-op for appy
C10: long-term EEG 3 month old, FTT 4 year old, bronchiolitic 8 month old on NC and IVF

Areas for improvement: get in the habit of doing the little things now – like always using Curo caps, labeling IV tubing, etc. Keep an eye on your cardiac monitors and respond to any alarms – you can pull up the monitors on your own screen if that is helpful to see them right in front of you. Working on confidence with answering phone and communicating with other team members

Strengths: Interacts very well with patients and families! Stayed on top of charting including ongoing charting like iv assessments.

Specific Needs: only got one shift on C10 during orientation due to an error with pre assigning, so could potentially benefit from another shift there. Has not been assigned to B4, B5, D10, RF

Preceptor: Delaney



Scan for reference list