AWHONN POSITION STATEMENT

Orientation of the Registered Nurse to the Perinatal Setting

An official position statement of the Association of Women’s Health, Obstetric and Neonatal Nurses.

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Position

The Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) recommends that nurse orientation is customized to meet the needs of the individual orientee based on baseline knowledge and preferred learning method, such as hands on skills, discussion, case scenarios, and simulation. Learning outcomes should be focused on the nursing process and should incorporate specific information required by each facility, including key safety content. The duration of orientation is based on the individual nurse and experience; specialized areas of practice such as perinatal care may require more than a standardized 12-week process.

Background

Whether they are new to the profession, the unit, or the organization, new nurses may be the most vulnerable during orientation when they are exposed to new information, teaching styles, and behavioral and environmental factors that affect their practice (Perregrini, 2021). It is expected that all members of the perinatal care team promote a culture of safety and use effective communication strategies that facilitate and support safe patient outcomes. Continuous support of the nurse orientee during the onboarding period can promote successful transition into perinatal practice (Friedman et al., 2013); improve retention (Friedman et al., 2013; Guerrero et al., 2017); reduce feelings of failure, insecurity, and self-doubt; and prevent high levels of burnout (Hatzenbuhler & Klein, 2019). Support of the nurse orientee includes the following:

- Creating a safe and productive learning environment through various learning methodologies such as classes, simulations, and gamification (Perregrini, 2021; Pertiwi & Hariyati, 2019);
- Engaging a nursing leadership team that consists of administrators, coordinators, managers, and clinical/education specialists (Perregrini, 2021; Pertiwi & Hariyati, 2019);
- Selecting the most appropriate preceptor for onboarding (Perregrini, 2021; Pertiwi & Hariyati, 2019);
- Recognizing that nurses may require a break from precepting (Perregrini, 2021);
- Providing an ongoing support system that consists of a preceptor and mentor (Perregrini, 2021; Pertiwi & Hariyati, 2019); and
- Developing an individualized onboarding plan which accounts for previous experience (Perregrini, 2021).

An orientation period of at least 12 weeks for those entering any area of practice has been recommended (Lesher et al., 2021). However time-based orientation is not the only factor to consider. It is important to provide additional, focused training on the complexity of patient care and the demand in multiple clinical areas such as triage, antepartum care, support for physiological birth and labor, perioperative care, postpartum care, newborn transition, and newborn care.

Extended orientation timelines provide nurse orientees with the opportunity to integrate into the social structure of the clinical setting, apply skills during formal education, and learn new skills within the demands of the environment (Baumann et al., 2018; Lesher et al., 2021). Organizations are encouraged to incorporate up-to-date, interactive, evidence-based education into orientation plans (American Association of Critical-Care Nurses, 2019; Association of periOperative Registered Nurses, 2018; Emergency Nurses Association, 2019). In addition, a continual process of knowledge acquisition, skills refinement, and risk recognition is essential. Because of the number and complexities of competencies associated with successful orientation, many professional organizations consider these factors rather than designating a finite period in which they are achieved (American Association of Critical-Care Nurses, 2019; Emergency Nurses Association, 2019).

Competence is defined, measured, and evaluated using various methods or tools that focus on specific knowledge, technical skills, and the ability to deliver safe, high-quality care. Competence is assessed and evaluated by the nurse orientee, nurse peers, nurse supervisors, mentors, and/or preceptors (American Nurses Association, 2021). The orientation process and required competencies focus on the patient population, procedures, conditions or diseases, and...
AWHONN POSITION STATEMENT

Competence in Nursing Practice

Competencies ensure quality of care, provide structure for the orientation; and are used to communicate role expectations, guide feedback, and ensure that accreditation requirements are met. Registered nurse preceptors serve as theoretical, practical, and visual representations of an organization’s culture (Keleekai-Brapoh & Toresco, 2020) and guide nursing practice, professional behaviors, and clinical leadership (Reilly et al., 2019). Professional practice models provide nurse orientees with a clear understanding of what is expected of them regarding clinical skills, knowledge, and professionalism (Ortiz, 2016). The Association of Nursing Professional Development (2021) and the American Nurses Credentialing Center (n.d.) support defining and promoting the discipline of nursing through grounded core principles and constant improvement.

Role of the Nurse

Adult learning is the practice of a mature mind gathering information and using that information to guide and direct decisions and actions. Adult learning requires the learner to assume the responsibility of gathering and applying knowledge. An adult learner must be an active participant, have the capability to assimilate knowledge with past experiences, and understand the connections among these factors. All preceptors and educators should implement adult learning principles into the orientation process. When nurses transition to various areas of practice, orientation programs should account for patient acuity: providing care for patients at lower to higher risk helps orientees bridge gaps in knowledge (Schmitt & Schiffman, 2019). As each milestone in practice approaches, the adult learner can complete a self-assessment then demonstrate competency with the identified skill.

Preceptor development is essential to the success of the orientation process (Barba et al., 2019; Lindfors et al., 2018). Nurse preceptors are role models and transitioning nurse orientees should set their own professional growth goals based on those models. During transition to practice, the preceptor ensures the orientee’s successful transition from novice to competent practitioner. The number of preceptors used during orientation can vary; however, a small number of preceptors who communicate with each other is often preferred to offer the orientee varying perspectives (Schmitt & Schiffman, 2019). The preceptor-orientee relationship affects the nurse orientee’s professional track throughout the entire career trajectory.

The preceptor trains the orientee in nursing practice, provides opportunities to perfect communication and psychomotor skills, verifies the ability to navigate equipment and documentation system in real time, directs the creation and management of care plans, and helps the orientee assimilate to the team (Powers et al., 2019). To provide this level of education and support, the preceptor may employ strategies such as feedback, questioning, thinking out loud, role play, and discussion of assessment (Powers et al., 2020). Use of these strategies during orientation protects patients and helps the orientee develop clinical reasoning.

Clinical reasoning develops over time and with experience. The fast-paced changes of complex perinatal care do not allow much time for the novice nurse to assess and think about possible consequences or risk reduction. Therefore, the primary role of the preceptor is to ensure patient safety and nurture the orientee’s clinical reasoning skills.

Clinical educators are committed to developing and growing the skills of nurses and are integral to the development of a healthy workforce. Clinical educators collaborate with the preceptor and orientee to identify areas of opportunity and establish weekly performance improvement goals. As the preceptor and nurse orientee work together to ensure a successful transition to practice, the clinical educator helps the preceptor obtain proficiency in training and answers the orientee’s questions about clinical practice.

Recommendations

Nurse orientees identified leadership as critical to their personal success (Schmitt & Schiffman, 2019), and many facets of leadership can support and improve orientation processes for novice nurses.

- Nurse managers should provide structure; set expectations for the unit; and are responsible for managing human and financial resources, ensuring patient and staff satisfaction, maintaining a safe environment, ensuring standards and quality of care, and aligning unit goals with hospital strategic plans (Agency for Healthcare Research and Quality, 2012).
- Nurse preceptors, educators, and clinical nurse specialists should facilitate integration into the team by acknowledging that the nurse orientee has theoretical knowledge and some practical experience but is not an expert and is not expected to perform at the expert level (Charette et al., 2019).

- Hospital administrators, nurse managers, and other nurse leaders such as preceptors, educators, and clinical nurse specialists should develop training programs to enhance the orientee’s self-efficacy in diversity, inclusion, and equity to enhance the delivery of quality care to diverse patients, families, and communities (Piggott & Cariaga-Lo, 2019; Zappas et al., 2021). The exchange of ideas and open communication is encouraged and supported in the presence of differences in race, gender, sexual orientation, religion, age, social class, or disability (Piggott & Cariaga-Lo, 2019).

- Hospital administrators should provide adequate funding and resources to promote safe staffing ratios that support the needs of the orientation process.

- National nursing organizations should provide support through statements and resources to support the orientation needs of their members.

- Regulatory bodies such as The Joint Commission focus on compliance with evidence-based practice, standards of practice, and regulatory requirements. The Joint Commission identifies the minimal standards required for the provision of care, treatment, and services. These minimal standards relate to patient safety, fire safety, and emergency codes (HR.01.04.01, The Joint Commission, 2021). The American Nurses Association (2021) supports the definition of minimal standards for the regulation of practice by regulatory agencies (2021).

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**References**


The Joint Commission. (2021). Competency assessment vs orientation. The human resource (HR) chapter of the accreditation manuals include requirements for ‘orientation’ and ‘competency’ assessment: How do these activities really differ from each other?  https://www.jointcommission.org/standards/standard-faqs/ambulatory/human-resources-hr/000002152/