

Strengthening New Nurse Retention and Clinical Confidence at ROH

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BACKGROUND/INTRODUCTION

Retention and clinical confidence among newly licensed nurses are critical determinants of patient safety, workforce stability, and organizational success particularly in a Level 1 Trauma Center. At Regional One Health (ROH), new graduate nurses (GN) transition across multiple high-acuity settings including perioperative services, intensive care units, and medical-surgical areas, requiring a strong foundation in clinical skills, teamwork, and professional identity.

Traditional orientation models relying heavily on lecture-based presentation and static PowerPoint delivery were identified as insufficiently engaging and ineffective in promoting confidence and knowledge retention among new nurses.

PROBLEM STATEMENT

An internal assessment of the Registered Nurses/Graduate Nurse (RN/GN) orientation program revealed:

- Low engagement with lecture-based content
- Redundancy of topics across sessions
- Limited opportunity for hands-on learning and reflection
- Inconsistent alignment with Nurse Residency Program goals

PICOT

In the ROH RN/GN orientation program (P), does the use of dynamic fun, simulation, and active learning-based presentation (I), compared to traditional lecture-based orientation (C), improve knowledge, clinical skills, and orientation satisfaction (O) during transition to unit practice (T)?

OBJECTIVES

Redesign RN/GN orientation using active-learning strategies that enhance:

Learner Knowledge

Clinical Skill Competence

Team Communication

Orientation Satisfaction

Confidence in Transitioning

THEORETICAL FRAMEWORK

Benner's Novice to Expert Theory

Benner's framework guided the progression of newly licensed nurses as they transitioned from novice to advanced beginner during orientation. The Model emphasizes experiential learning, clinical judgment development, and reflective practice, aligning well with simulation, skills validation, and real-time feedback used throughout the onboarding process.

Angelili's Adult Learning Theory

Redesign of the RN/GN orientation experience. The theory emphasizes factors such as:

Behaviorism

Constructivism

Cognitivism

Purpose Driven

Self-Directed

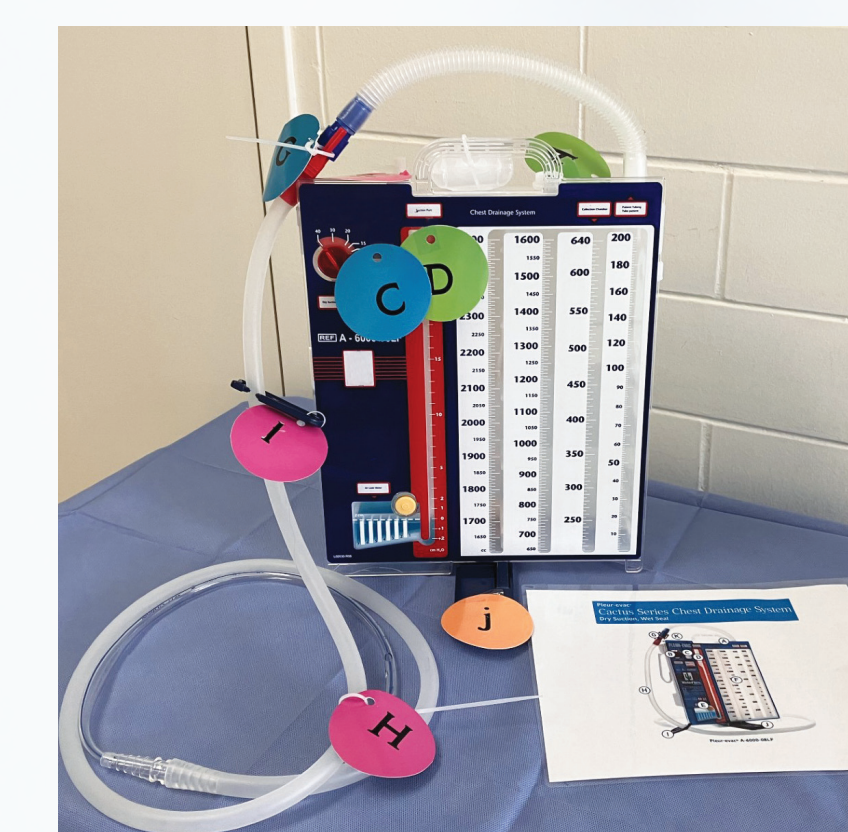
CLINICAL SKILLS AND ACTIVITIES

Hands on learning and competency validation included:

- Chest tube management
- Chest tube drainage system and troubleshooting
- Blood culture labeling and collection
- Type & Cross process with specimen identification
- SBAR handoff communication role-play
- IV/PCA Pumps/CADD
- Interdisciplinary teamwork scenarios
- Escape Rooms
- Mock Trial



CHEST TUBE INSERTION SET UP



CHEST TUBE DRAINAGE SYSTEM SET UP

OUTCOMES

Following Implementation:

- Increased orientation engagement and satisfaction.
- Improved confidence in clinical skill performance.
- Enhanced teamwork and communication during simulations.
- Smoother transition from orientation to unit practice.
- Stronger alignment with nurse residency goals and outcomes.

CONCLUSION

Transforming RN/GN orientation from a passive learning experience to an interactive, learner-centered model strengthens clinical confidence, fosters professional growth, and supports high-quality patient care. Investment in dynamic onboarding is essential for sustaining the nursing workforce in high-acuity environments.



PERIOPERATIVE RELEVANCE

This project aligns with AORN priorities by:

- Supporting perioperative nurse readiness
- Enhancing patient safety through \ competency-based education
- Promoting evidence-based professional development

REFERENCES

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