

## Background

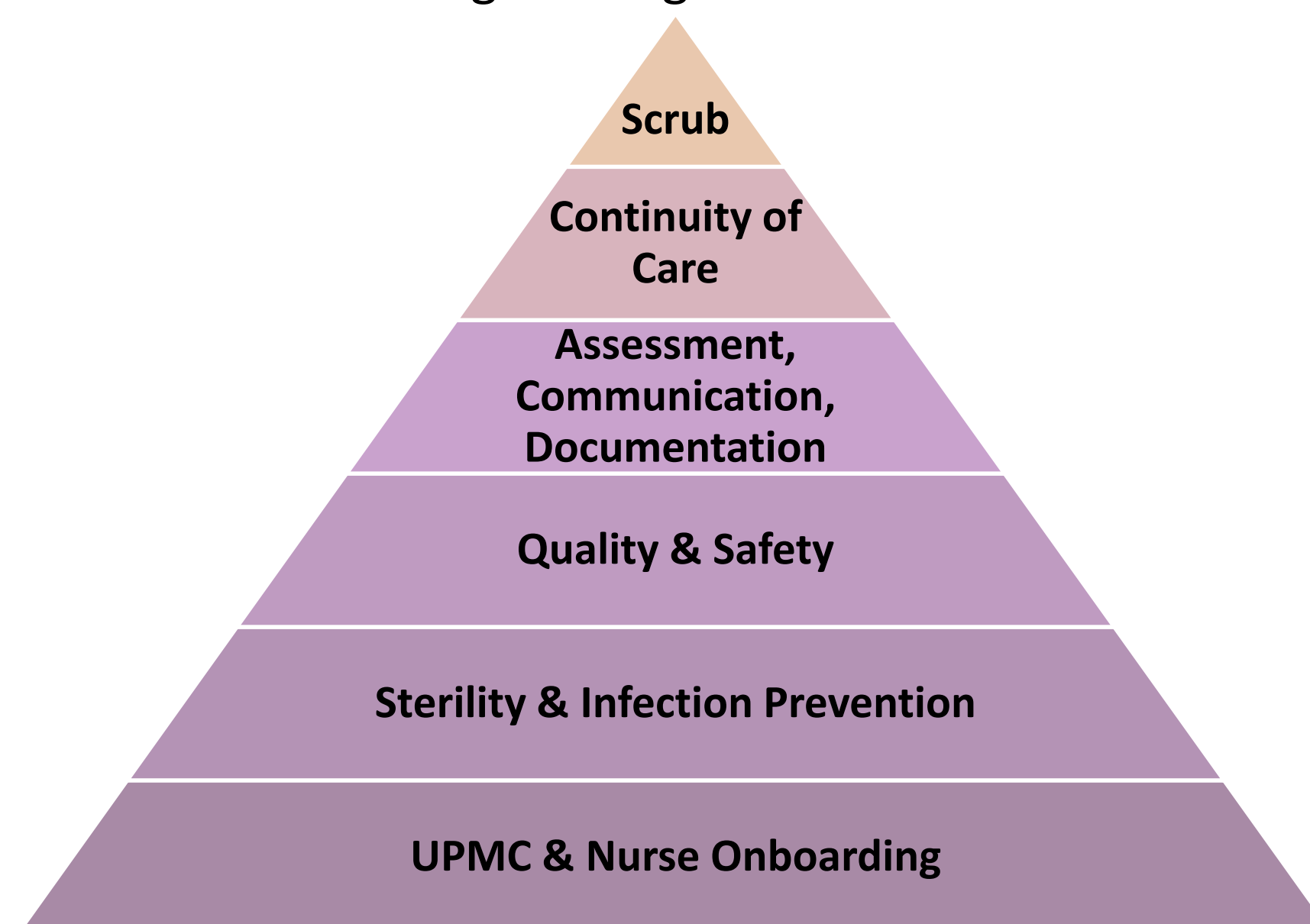
The Operating Room (OR) is a highly complex environment where new nurses often experience inconsistent onboarding and excessive educational demands.

A system-wide review revealed wide variation in orientation length, frequently exceeding six months, with ongoing challenges in orientee retention, confidence, and foundational learning.

To address these gaps, the system implemented a flexible, tiered perioperative nurse orientation model to standardize onboarding across 28 hospitals, improve knowledge retention and confidence, reduce first-year turnover, and support long-term workforce stability.

## Model

A tiered orientation model was implemented to standardize onboarding, promote progressive skill development, and improve knowledge retention, with a target completion of 18 weeks, including six weeks of scrubbing training.



The model is continuously evaluated and refined based on educator feedback, learner outcomes, and operational demands.

Adjustments support educators managing high orientee volumes and allow independent scrub skill practice while balancing real-time staffing needs.

Ongoing analysis informs re-sequencing of orientation content to prioritize specialty-specific circulating competencies while maintaining scrubbing as a core onboarding component.

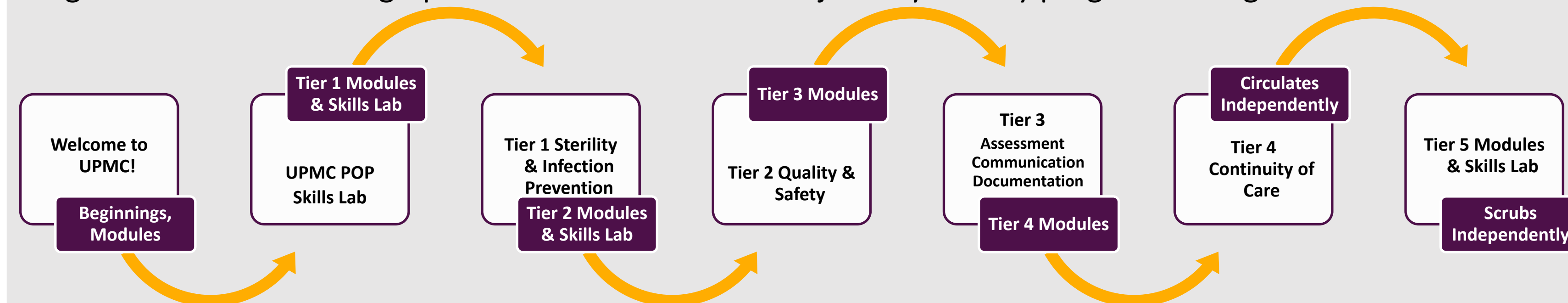
# Building Competence: A Tiered Orientation Model for Perioperative Nurse Success

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## Implementation

A system-wide review of perioperative onboarding practices guided development of a phased implementation, initially piloted with newly hired nurses (<1 year experience) across nine pilot hospitals.

Orientation documentation was standardized and transitioned to an electronic platform. Interactive virtual modules and skills labs were implemented to support competency development prior to participation in live surgical cases. The below graphic illustrates an orientee's journey as they progress through orientation.



Key clinical and administrative stakeholders were engaged to support adoption, and educators were prepared to mentor preceptors to ensure consistent application of the model.

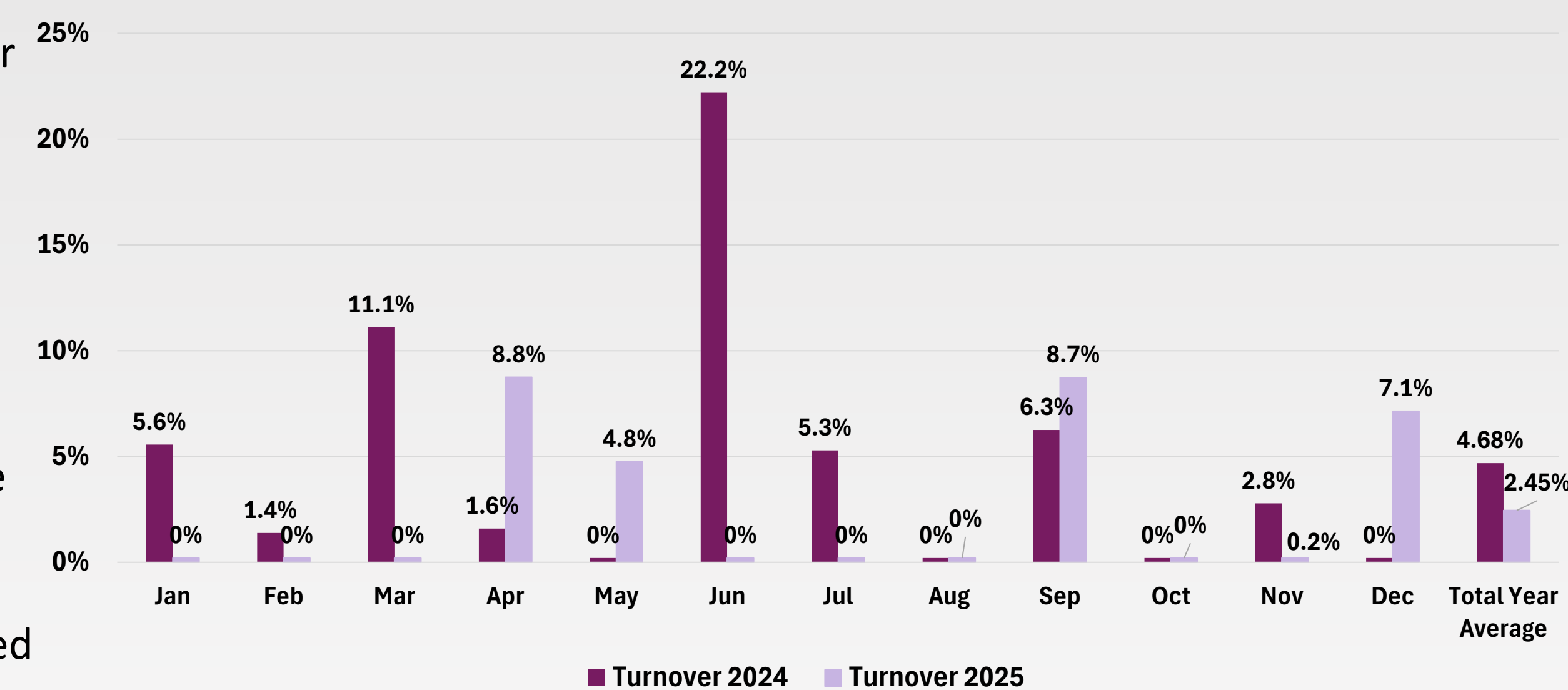
## Results

### Turnover Reduction:

Comparison of 2024 and 2025 data showed first-year operating room nurse turnover at pilot sites decreased from 4.68% to 2.45%.

This demonstrates a significant decrease in first year Operating Room nurse turnover, aligning with the project's goal of improving retention through structured onboarding and orientation.

First Year OR Nurse Turnover Comparison By Month



## Implications for Practice

Implementation of the revised onboarding model reduced first-year turnover and improved orientee satisfaction.

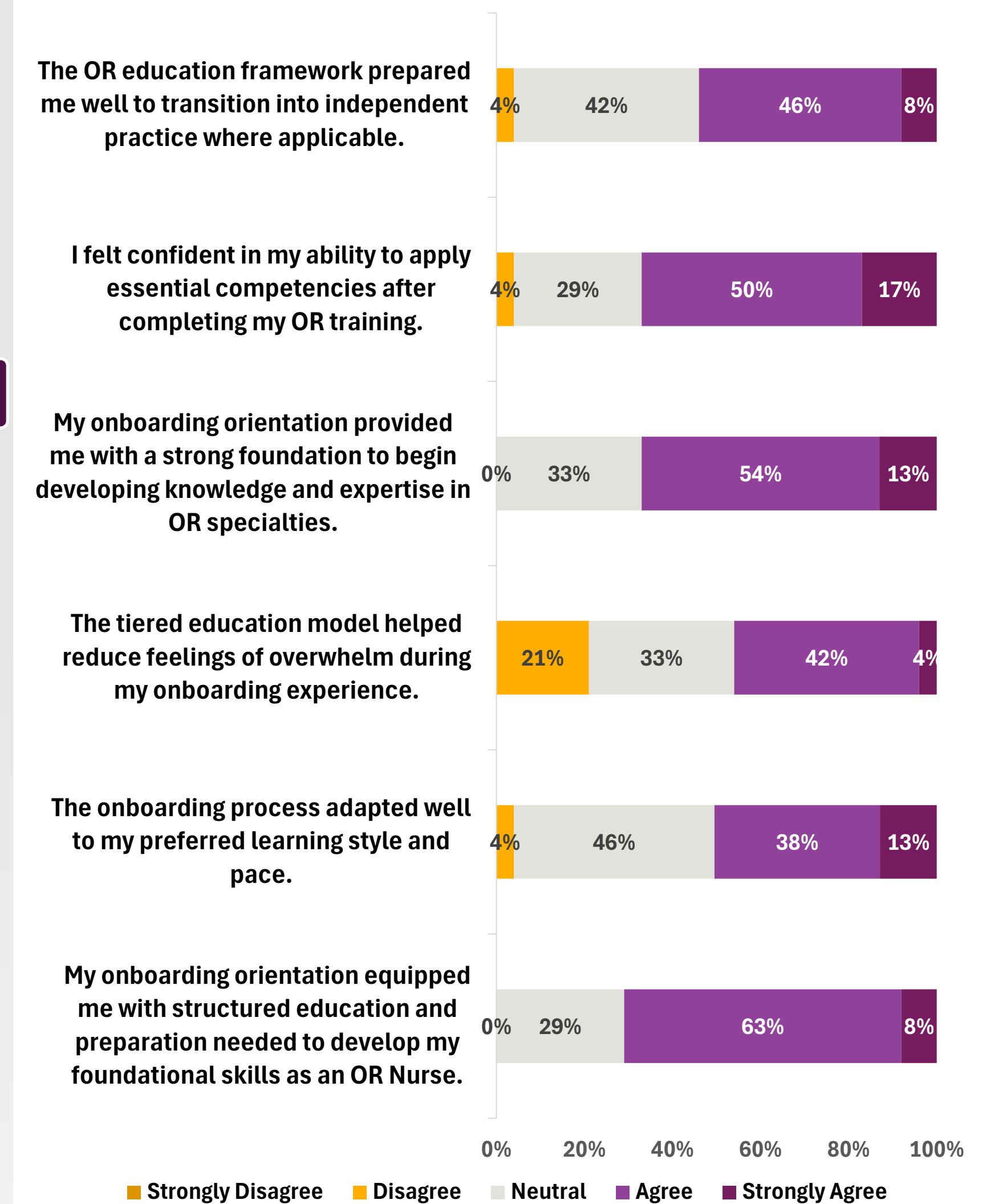
The structure aligns with adult-learning principles, enhancing engagement, confidence, and readiness for perioperative practice.

Inclusion of scrubbing training further expanded workforce flexibility by allowing nurses to support scrub roles and mitigate surgical technologist staffing gaps.

## Findings

This model was associated with reduced staff turnover and increased satisfaction, while standardized orientation shortened onboarding time and accelerated attainment of functional competency. Post-orientation satisfaction surveys had positive results.

### Perioperative Nurse Onboarding Feedback



Some orientees reported decreased confidence and difficulty resuming circulating roles after six weeks of scrubbing training, impacting progression in circulating specialty learning.

## Future State

Future refinements will focus on improved skill sequencing, specialty-specific pathways, and continuous evaluation using learner feedback and competency outcomes.

The orientation model supports long-term sustainability through scalability, adaptability, and continuous feedback integration, enabling ongoing improvement in response to learner performance and workforce demands.

## References

