Shifts:	Level:	Tasks:	Reminders:
1-6 (6 shifts) (W eek 1-2)	Level 1 Focus: Assessment and Documentation **Orientee will take level 1 tasks on all patient assignments**	<ul> <li>Assessment</li> <li>Documentation</li> <li>Hand hygiene</li> <li>Patient education/Learning assessment</li> <li>Telemetry management</li> <li>Patient bedside monitor</li> <li>Safely setting up a room</li> <li>Identify abnormal VS</li> <li>Pain management</li> <li>Intake &amp; output documentation (I/O)</li> <li>Assessing Pulmonary Artery Catheter, Central lines, and Arterial Lines</li> <li>Chart review</li> </ul>	The acuity of the patient should vary in your rooms. You may have devices- remember that the orientee should be focusing on a safe assessment and documenting that assessment. Complete all other tasks together so the orientee can see and learn appropriate workflow
6-12 (6 shifts) (Week 3-4)	Level 2 Focus: Medication, Communication & Teamwork ** Continue using level 1 work** **Orientee will take a component of each patient**	<ul> <li>Medication Goals:</li> <li>Medication Administration</li> <li>Medication education</li> <li>MAR/pharmacy messaging</li> <li>IV management/therapy</li> <li>IV Drip assessment, tracing, medication changes</li> <li>High alert medications</li> <li>High Alert Meds: Insulin gtt and Heparin Gtt</li> <li>Inotropes/Vasodilatons/Vasopressors</li> <li>Sedation</li> <li>PCA</li> <li>Epidural</li> <li>Flolan/Nitric</li> <li>Pharmaceutical waste disposal</li> <li>Controlled substance waste disposal</li> </ul>	All these skills will not be a priority on the 1 <sup>st</sup> shift of tier 2. Identify what can be achieved during your assignment and use the feedback tool to request new assignments. A great time to see low-frequency, high- risk skills and therapy platforms.

6-12 (6 shifts) (Week 3-4) 12-15 (3 shifts) (Week 5)	Flex Shifts: Level 2 or Level 3 This is meant to show that if you are feeling confident you can push towards level	Critical Thinking Progression: <ul> <li>Interventions on Arterial Lines, Central lines, and Pulmonary Artery Catheters.</li> <li>Accepting and reviewing orders</li> <li>Immunosuppressant/anti-rejection medications &amp; labs</li> <li>Abnormal/critical values/results</li> <li>Provider paging/ Multidisciplinary Rounds</li> <li>Teamwork</li> <li>Delegation</li> <li>Begin Clustering Care</li> </ul> ** Level two references the above items** **Level three references the below items**	It is easy to want to add on more tasks here- prioritize medications and documentation and hold steady for the next tier to add interventions Identify ACTION items if you are extending level two. What is the problem, how can it be achieved Ex: Will appropriately titrate norepinephrine while the patient is walking
	3 or spend more time in level 2!		<i>Ex: Will communicate with the provider during multidisciplinary rounds</i>
12-18 (6 shifts) (Week 5-6)	Level 3 Focus: Safety & Quality ** Continue level 1 and 2 work**	<ul> <li>Patient hygiene/ CHG Bathing</li> <li>Isolation precautions/PPE</li> <li>Hazardous waste disposal</li> <li>Suicide precautions</li> <li>Restraints</li> <li>CAUTI prevention</li> <li>PI prevention</li> <li>Wound care</li> <li>Fall prevention</li> <li>CLABSI prevention</li> <li>Blood product administration</li> <li>Pan Culturing (blood, urine, sputum)</li> </ul>	This is where you get into the bread and butter of performing tasks. Cannot peel back on documentation, medication admin or assessments to perform these tasks. Clustering Care and Prioritization will become goals here

(six shifts) (Week 7-8) 24-27 (three shits) (week 9)	completing all 1-3 level tasks** Level 5 Focus: Workload Management Now completing all levels 1,2,3,4,5 using preceptor as resource	<ul> <li>Patient belongings</li> <li>Devices with full autonomy</li> <li>IABP/Impella/VAD/CRRT</li> <li>Help All Orientation shift as able</li> <li>Continue Landing!</li> <li>Knowing resources</li> <li>Independence</li> <li>Prioritizing</li> <li>Delegating</li> <li>Time management</li> <li>Recognize patient change/deterioration</li> </ul>	You should JUST now feel like you're peeling back as a preceptor, the orientee has almost all items now Now is when you can identify one-off items you haven't gotten to see Fine-tuning and assessing for gaps
18-24	Level 4 Focus: Continuum of Care ** Orientee is still	<ul> <li>Bedside report/handover</li> <li>Nursing plan of care</li> <li>Admission (navigator)</li> <li>Discharge (navigator)</li> </ul>	Your orientee has likely seen all the listed devices- now is the time to target putting all of the tasks they've learned together.
12-18 (6 shifts) (Week 5-6)		<ul> <li>Bedside Procedure / Timeout</li> <li>CIWA/COWS</li> <li>Tracheostomy management</li> <li>Ventilators</li> <li>Chest tube</li> <li>Oxygen therapy</li> <li>Incentive spirometry</li> <li>Feeding tube</li> <li>Ambulation</li> <li>Patient transport</li> <li>ACS Care</li> <li>Heart Failure</li> <li>Transplant</li> <li>TTM</li> <li>Temp Pacemakers/Epicardial Wires</li> <li>Dobhoff Insertion via Cortrak</li> <li>**Start Landing!**</li> </ul>	

## **Reminders:**

- The figure beside depicts how orientation should progress. Use the information to guide your goal setting; however, the items in each tier are not restricted to a specific week or shift alone (i.e. if you have a patient with a heparin drip on week 1, or have a device that you may not see in the next weeks, ensure the orientee demonstrates competence with that skill).
- While the tiers are evidence based, the shift volume is an estimation! If you feel confident about documentation by shift 4, discuss progressing to the next tier! Please use the week guide as a reference. Share trends you identify as we are learning together!!
- This does not take the place of your checklist. Your checklist must be completed by the end of orientation.
- Ask questions frequently and often, I appreciate all that you do, and your knowledge is SO VALUABLE!!!

