



Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Emergency Nurse Orientation

Description

Emergency nursing is a specialty of nursing practice that is both autonomous and collaborative. The emergency nursing orientation process, tailored for the new graduate or experienced transitioning nurse, provides an introduction to the specialty's professional standards.¹ The focus of assessment and intervention based on a presenting chief complaint and patient acuity is a specialized approach unique to emergency nursing. Emergency nurses work in stressful, fast-paced, and time-constrained environments where they integrate evidence-based knowledge, make rapid assessments, make critical decisions, and perform life-saving interventions while prioritizing and multitasking.²

Emergency nurses require a skill-set well beyond that necessary for nursing licensure, one that is specific to their practice environment and the care of a wide variety of patients. The qualified emergency nurse is competent to provide emergent, urgent, and non-urgent care to patients across the health and age continuum. This requires a fluid and continual process of knowledge acquisition, skills refinement, and risk recognition through continuing education.¹

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. As the professional organization for the specialty of emergency nursing, ENA defines the scope and standards of the emergency nurse's role.
2. Successful emergency nurse orientation is a comprehensive, individualized, evidence-driven, competency-based approach, incorporating adult learning principles, active teaching and learning activities, and socialization strategies.
3. A successful emergency nurse orientation program involves the nursing team (managers, nurse educators, preceptors, and peers).
4. A competent and effective preceptor is critical to the success of the orientation process.
5. Successful completion of an emergency nurse orientation is based on each participant's ability to demonstrate competence by applying knowledge using critical thinking skills and risk recognition, while demonstrating proficient technical skills to provide safe, quality care.
6. Research is needed to investigate the effectiveness of the wide variety of emergency nurse orientation programs and the demand for a practice-specific residency program.





Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Background

A comprehensive orientation program implemented within a standardized framework facilitates success of the orientation process. A standardized framework for the delivery of content and evaluation of the orientee provides support for the preceptor and assures the comprehensive educational needs of the orientee are met through the building of knowledge and skills.³ The use of a standardized tool for evaluation of the orientee provides an objective view of the orientation and enables gaps and failure to progress to be identified.³ Specific exercises and discussion questions foster the development of critical thinking and clinical reasoning during the transition into practice.²⁻¹⁰ The debriefing and discussion process after simulation or at the end of the clinical day provide the preceptor the opportunity to evaluate the thought processes behind the actions of the orientee. Clearly designated questions designed to facilitate reflective practice and evaluated with a rubric enable the preceptor to document progress of the orientee to assess risk recognition in patient scenarios. Critical thinking skills and risk recognition require the ability to assess, identify the highest priority or biggest risk to the patient, and strategize stabilization interventions.^{4,8}

The complexity of knowledge needed to be a competent emergency nurse requires a variety of active teaching and learning methods, such as:

- Self-paced learning modules
- Realistic simulations
- Traditional classroom lectures and group discussions
- Case scenarios
- Electronic learning
- Hands-on patient care with a competent and effective preceptor
- Hands on competency skill training and evaluation
- Collaborative relationships with interprofessional members of the emergency care team⁷
- Consistent application of teamwork principles¹⁰

Hands-on experiences support and provide context for the didactic classroom lessons.^{11,13} Integral to orientation is the ability of the learner to actively participate in, question, and critique the process. Incorporation of social integration and support into orientation programs assists in facilitating the transition from orientee to emergency care setting team member.^{1,13}

The preceptor functions as a failsafe for the emergency nurse orientee and the patient while modeling the desired characteristics and behaviors of the competent emergency nurse. The preceptor assignment will enable adequate individual instruction of the orientee while providing learning opportunities for the orientee. The preceptor role specifically can positively impact the one-year retention rates of the novice emergency nurse.¹² Preceptor confidence and competence is increased through specialized education in adult learning theories, feedback and evaluation communication, and conflict resolution.⁶





Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

The broad spectrum and depth of information required to work in the emergency care setting can be overwhelming for the new and transitioning emergency nurse. To facilitate this transition, the orientation program is individualized to the person rather than a designated time period, with a focus on the demonstration of the acquisition of the required knowledge and skill set to provide quality and safe care in the emergency care setting.⁸

As the emergency nurse gains experience, competence, and readiness, additional specialty orientation is required before performing the roles of triage and charge nurse. Further information on the qualifications and competency for the triage nurse role can be obtained from the Triage Qualifications and Competency Position Statement.¹⁷ Emergency nursing's professional association, ENA, defines the specific functions of the specialty of emergency nursing.¹ The framework for emergency nurse orientation content is derived in part from the *Emergency Nursing, Scope and Standards of Practice*,¹ the Emergency Nursing Online Orientation course,¹⁴ and the *Emergency Nursing Core Curriculum*.¹⁴ Any of the above-mentioned orientation programs and resources can help build a strong educational foundation for the emergency nurse or enhance a standardized program.

Resources

Emergency Nurses Association. (2017). *Emergency nursing: Scope and standards of practice* (2nd ed.). Des Plaines, IL: Author.

Hammond, B. B. & Zimmerman, P. G. (Eds.). (2013). *Sheehy's manual of emergency care* (7th ed.). St. Louis, MO: Elsevier Mosby.

Sweet, V. (Ed.). (2018). *Emergency nursing core curriculum* (7th ed.). St. Louis, MO: Elsevier.

References

1. Emergency Nurses Association. (2017). *Emergency nursing: Scope and standards of practice* (2nd ed.). Des Plaines, IL: Author.
2. Harding, A. D., Walker-Cillio, G. E., Duke, A., Campos, G. J., & Stapleton, S. J. (2013). A framework for creating and evaluating competencies for emergency nurses. *Journal of Emergency Nursing, 39*(3), 252–264. <https://doi.org/10.1016/j.jen.2012.05.006>
3. Wilburn, S., Jones, S., & Hamilton, B. K. (2018). Implementation of a standardized evaluation tool to improve preceptor confidence. *Journal for Nurses in Professional Development, 34*(3), 151–157. <https://doi.org/10.1097/NND.0000000000000451>
4. Bashford, C. W., Shaffer, B. J., & Young, C. M. (2012). Assessment of clinical judgment in nursing orientation: Time well invested. *Journal for Nurses in Professional Development, 28*(2), 62–65. <https://doi.org/10.1097/NND.0b013e31824b4155>
5. McCarthy, G., Cornally, N., O'Mahoney, C., White, G., & Weathers, E. (2013). Emergency nurses:



Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Procedures performed and competence in practice. *International Emergency Nursing*, 21(1), 50–57.

<https://doi.org/10.1016/j.ienj.2012.01.003>

6. Olmstead, J., Hoskins, R., MacCartney, V., & Little, J. (2013). World's best orientation progress grading sheet: Handling employees demonstrating failure to progress through orientation. *Journal of Emergency Nursing*, 39(1), 82–85. <https://doi.org/10.1016/j.jen.2012.10.005>
7. Joswiak, M. E. (2018). Transforming orientation through a tiered skills acquisition model. *Journal for Nurses in Professional Development*, 34(3), 118–122. <https://doi.org/10.1097/NND.0000000000000439>
8. Boyer, S. A., Mann-Salinas, E. A. & Valdez-Delgado, K. K. (2018). Clinical transition framework. *Journal for Nurses in Professional Development*, 34(2), 84–91. <https://doi.org/10.1097/NND.0000000000000435>
9. Innes, T., & Calleja, P. (2018). Transition support for new graduates and novice nurses in critical care settings: An integrative review. *Nurse Education in Practice*, 30, 62–72. <https://doi.org/10.1016/j.nepr.2018.03.001>
10. Senyk, J., & Staffileno, B. A. (2017). Reframing nursing preceptor development. *Journal for Nurses in Professional Development*, 33(3), 131–137. <https://doi.org/10.1097/NND.0000000000000343>
11. Kostovich, C. T., & Clementi, P. S. (2014). Nursing presence: Putting the art of nursing back into hospital orientation. *Journal for Nurses in Staff Development*, 30(2), 70–75. <https://doi.org/10.1097/NND.0000000000000045>
12. Goss, C. R. (2015). Systematic review building a preceptor support system. *Journal for Nurses in Professional Development*, 31(1), E7–E14. <https://doi.org/10.1097/NND.0000000000000117>
13. Sorrentino, P. (2013). Preceptor: Blueprint for successful orientation outcomes. *Journal of Emergency Nursing*, 39(5), 83–90. <https://doi.org/10.1016/j.jen.2012.05.029>
14. U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality. (2014). *Pocket guide: TeamSTEPPS*. Retrieved from <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.html>
15. Emergency Nurses Association. (2015). Emergency nursing orientation online course. St. Louis, MO: Elsevier. Retrieved from www.ena.org/education/onlinelearning/Pages/ENO.aspx
16. Sweet, V. (Ed.). (2018). *Emergency nursing core curriculum* (7th ed.). St. Louis, MO: Elsevier.
17. Stone, E. & Wolf, L. (2017). Triage qualifications and competency [ENA Position Statement]. Retrieved from https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/triagequalificationscompetency.pdf?sfvrsn=a0bbc268_8

Authors

Authored by

Mary Ellen Zaleski, DNP, RN, CEN, RN-BC, FAEN

Reviewed by

2018 ENA Position Statement Committee Members

G. J. Breuer, RN, CEN, CCRN, FAEN Cynthia Dakin, PhD, RN

Judith Carol Gentry MHCA, BSN, RN-BC, CEN, CFRN, CPEN, CTRN, CNML, NE-BC





Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Kimberly Johnson, PhD, RN, CEN
Sue L. Leaver, MSN, RN, CEN
Sherry Leviner, PhD, RN, CEN, FNP-C
Cheryl Riwitis, MSN, RN, FNP, EMT-B, CEN, CFRN, FNP-BC, TCRN, FAEN
Jennifer Schieferle Uhlenbrock, DNP, MBA, RN, TCRN
Sally K. Snow, BSN, RN, CPEN, FAEN
Elizabeth Stone, PhD, RN, CPEN
Justin Winger, PhD, MA, BSN, RN, Chairperson
Diane Salentiny-Wroblewski, PhD, MS, RN-BC, CEN, ACNS-BC

2018 ENA Board of Directors Liaison

Ellen Encapera, RN, CEN

2019 ENA Board of Directors Liaison

Gordon Gillespie, PhD, DNP, RN, CEN, CPEN, CNE, PHCNS-BC, FAEN, FAAN

2018 & 2019 ENA Staff Liaison

Monica Escalante Kolbuk, MSN, RN, CEN

Developed: 2015

Approved by the ENA Board of Directors: July 2011

Revised and Approved by the ENA Board of Directors: September 2015

Revised and Approved by the ENA Board of Directors: March 2019.

© Emergency Nurses Association, 2019.

This position statement, including the information and recommendations set forth herein, reflects ENA's current position with respect to the subject matter discussed herein based on current knowledge at the time of publication. This position statement is only current as of its publication date and is subject to change without notice as new information and advances emerge. The positions, information and recommendations discussed herein are not codified into law or regulations. In addition, variations in practice, which take into account the needs of the individual patient and the resources and limitations unique to the institution, may warrant approaches, treatments and/or procedures that differ from the recommendations outlined in this position statement. Therefore, this position statement should not be construed as dictating an exclusive course of management, treatment or care, nor does adherence to this position statement guarantee a particular outcome. ENA's position statements are never intended to replace a practitioner's best nursing judgment based on the clinical circumstances of a particular patient or patient population. Position statements are published by ENA for educational and informational purposes only, and ENA does not "approve" or "endorse" any specific sources of information referenced herein. ENA assumes no liability for any injury and/or damage to persons or property arising out of or related to the use of or reliance on any position statement.

