Using Modern Technology to Improve the Flexibility of the Orientation Process While Increasing Orientee Competency and Satisfaction: A Quality Improvement Project

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Introduction: Based on the literature, Blended Learning ((Video, Remote, Didactic, & Skills Check)) refined the education process, enhanced student competency and improved orientee satisfaction.

Identification of the Problem: Traditionally, orientation for clinical staff (RNs and CTs) required a full one to two days of class time to review all the needed face to face education for the Perianesthesia environment. Orientees denoted dissatisfaction with traditional learning methods. Dissatisfiers identified by orientees included: Parking costs, less comfortable learning environment, less time in clinical areas, and didactic lectures that could have been self completed.

QI Question/Purpose of the Study: The aim of the project was to reduce the classroom time, increase bedside clinical instruction, and promote remote self directed learning through technology prior to coming to the classroom.

Methods: Project was conducted in 6 Perianesthesia Nursing units of a large academic hospital setting. A DMAIC approach was used to identify causes and implement solutions. Competency was measured by posttests and in person skills assessment. The overall program was also evaluated through quantitative survey.

Outcomes/Results: The control group were orientees that came in during November 2024 through April 2025. The interventional group were orientees that started as of May 1st 2025. Post Department class surveys collected data on three categories: Learning Environment, Learning Style, and Presentation Content. Environment and Presentation Content: the interventional group scored higher. Learning style scores for both groups were the same with one person finding the technology less helpful.

Discussion: The results showed that self-directed blended learning in a remote location increased orientee satisfaction. The benefits of the Blended Learning Orientation gave orientees additional clinical time and the program was more cost effective for both sides.

Conclusion: Evidence identified significant recommendations that blending technology and traditional methods of learning had greater outcomes. The Automated Blended Learning Program (ABLP) that was developed improved consistency of learning, decreased classroom/instructor time during orientation, and improved orientee satisfaction with self directed learning.

Implications for perianesthesia nurses and future research: Future research relating to ABLP is needed to validate the continued effectiveness of this innovative method of learning in a larger sample size .