[PRIMARY CARE PRACTICE NAME AND/OR LOGO]

Nurse in Practice Program
Orientation Plan

This document outlines a comprehensive 12-month orientation plan to integrate a nurse seamlessly into a primary care practice. It is a foundational guide, allowing customization to address specific patient care requirements. Each segment includes a "Team Connection" summary, facilitating team-based, patient-centered care adoption throughout the orientation period. Feel free to tailor and refine the plan to suit the unique needs of your practice best and ensure a smooth transition for a nurse.

# Day 1 – Introducing the work environment

* Sign all required documents
* Conduct office tour (office equipment, emergency protocols)
* Orientation timeline and process
* Typical clinic day

#### Team connection:

* Roles and responsibilities within the clinic
* Who we are and what our goals are?

# Week 1 – Introducing tasks, tools, and resources

* Activate accounts for health technology systems. Examples:
* EMR
* Pathways (Referral Tracker if applicable)
* Other applicable health technologies platforms.
* Confirm access credentials to office equipment (computers, printers) if applicable.
* Demonstrate equipment and software functions if applicable. (EMR, electronic fax)
* Provide safety tour and training. Contact PSP for assistance.
* Introduce policies and procedures. Examples include:
* Occupational health and safety
* Practice privacy and security safeguards
* Complains resolution process
* Office closing procedure and after-hours care
* No-shows and late cancellations
* New patients and same-day visits
* Records retention and disposal
* Respectful workplace, psychological and cultural safety
* Violence at the workplace
* Working alone, working remotely
* Shadow MOA’s reception - coordination of health services
* Patient intake, registration, and triage
* Booking appointments and appointment types
* Supplies use and ordering

#### Team Connection:

* Describe what the next two/three weeks look like.
* Discuss collaboration with other practice team members, PSP practice coach, and NNPBC Practice Lead.

# First 30 days – Learning workflows and processes

* Training on health technology platforms
* Lab/task review workflow and tracking in the EMR
* Encounter billing
* Referrals workflow
* On-site resources and troubleshooting
* Autoclave use
* Shadow physician: set up visits (who and when)
* Charting practices (EMR templates and visit notes)
* Review of patient panel
* Encounter coding and ICD-9 codes
* Case studies of referrals and role mapping
* Collaborative case conferences
* Start seeing patients; Map out next week's schedule

#### Team connection:

* Further develop role clarity and collaboration channels
* Conduct 30-day check-in (See the Appendix Nurse in Practice - 30/90 Day Check-in Guide in this document)
* Set up weekly check-ins
* Discuss with a nurse the establishment of weekly touchpoints with the NNPBC Practice Support Lead

# First 90 days – Gradually establishing responsibilities

**NOTE:** This list is not exhaustive and may vary depending on RN/LPN competency and training, as well as the specifics of each practice. However, it can be helpful in determining the nursing role required to meet patient needs in team-based primary care.

* Health status assessment
* Assess patient health history

# Physical assessment

* Mental health assessment
* Sample collection
* Venipuncture
* BPMH and medication reconciliation
* Capacity assessment
* Pain management assessment
* Ear assessment
* Sexual Health Assessment
* Testing
* STI assessment and testing
* Pelvic and cervical cancer screening
* Pap smear
* Health promotion and prevention / CDM support
* Review goals of care
* Serious illness conversation and support
* Mental health support / counselling / referral
* Mental health and substance screening
* Health promotion screening
* Patient care planning
* Patient health monitoring
* Child and youth mental health assessment
* Cardiac care management
* Diabetic monitoring evaluation and management
* COPD and Asthma management
* Self-management promotion
* Group medical visits
* Patient education classes
* Treatment
* Ear syringing
* Would care
* Suture and staple removal
* Complex skin and would care (e.g. Negative pressure, debridement)
* Medication administration
* Vaccine administration
* Foot care
* Follow up management
* Post-hospital follow-up
* Obstetrics and Maternity care
* Long-term care
* Home visits

#### Team connection:

* Utilise supports and resources pertinent to the practice population.
* Develop knowledge, tools, and mindset to be able to contribute to a collective team-based care approach.
* Establish a trusting working relationship within which to collaboratively provide patient-centered care.
* Conduct 90-day check-in (See the Appendix Nurse in Practice - 30/90 Day Check-in Guide in this document).

# Integrating a nurse into practice

* Analyse the community and patient population to discuss goals and plans.
* Monitor and analyse EMR statistics and data.
* Learn about QI process.
* Develop a process to continue professional development.

#### Team connection:

* Discuss benefits of QI ideas and continuous improvement process.
* Reflect on evolution of primary care nurse role whilst constantly expanding your knowledge.

Appendix
Nurse in Practice – 30/90 Day Check-in Guide

The following guide is a suggested check-in protocol to be used to discuss the experiences of integrating a nurse into a primary care practice. Consider asking the following questions at 30- and 90-day check points to navigate the first year of integrating a new nurse into a practice.

## 30-day check-in

* Did your orientation and onboarding adequately prepare you for your first weeks in practice?
	+ If no, what additional training/preparation would have been useful?
	+ What information did you find most valuable?
* Was the sequence/schedule of orientation and onboarding effective for you?
* How satisfied were you with the onboarding process/ your first few weeks in practice?
	+ Is there anything you wish had been done differently? What would this look like?
	+ Is there anything that worked really well and you would recommend to others?
* How well do you think you understand your role in the clinic?
* What additional skills/information do you need to integrate better?
* What activities are you currently performing?
	+ List direct patient care activities (in-person/phone/video/text) and the percentage of your time spent per day
	+ List indirect patient care activities (e.g. researching COPD protocol, communicating to allied health) and the percentage of your time spent per day
		- List the administrative activities and the percentage of your time spent per day e.g. Setting up workflows, building spreadsheets, panel management, classification documents (e.g heart failure), general research, building binder materials)

## 90-day check-in

* How well do you feel integrated into a “team” of care providers at this clinic?
	+ What is working well with regard to team-based care?
	+ What areas could use improvement?
	+ How do you see your role evolving?
	+ Is the orientation plan a useful tool for you?
	+ Have you heard positive or negative feedback from patients?
* Reflection:
	+ What would be important for new hires to know/consider?
	+ What have you learned because of becoming a PCN nurse coordinator that you didn’t know before?
	+ Would you recommend working at primary care practice to another nurse? Why/why not?
* What activities are you currently performing?
	+ List direct patient care activities (in-person/phone/video/text) and the percentage of your time spent per day
	+ List indirect patient care activities (e.g. researching COPD protocol, communicating to allied health) and the percentage of your time spent per day
	+ List the administrative activities and the percentage of your time spent per day