

AORN Position Statement on Orientation of the Registered Nurse and Surgical Technologist to the Perioperative Setting*

POSITION STATEMENT

AORN believes:

- that in collaboration with the perioperative registered nurse (RN) in the circulating role, all perioperative team members promote a culture of safety and effective communication that facilitates and supports a safe patient outcome^{1,2};
- teamwork is an essential element in a successful orientation program;
- facilities should consider forming an advisory committee that incorporates both experienced perioperative RNs and surgical technologists (STs) to work with the orientation coordinator to design and implement both an orientation program and a preceptor development program;
- certain, basic responsibilities should be incorporated into the orientation of perioperative RNs and STs, and these should be met consistently to ensure optimal patient outcomes³⁻⁸;
- the orientation of perioperative RNs and STs should be measurable (eg, competency assessments that are both role and scope specific)⁹;
- implementation and evaluation of the orientation program should be outcomes focused, be centered on the nursing process, and incorporate the Perioperative Patient Focused Model¹⁰ and the Perioperative Nursing Data Set¹¹;
- new graduate RNs should participate in formal, transition-to-practice programs¹²⁻¹⁶; and
- novice STs should participate in structured, orientation programs.

AORN believes:

- that education on the following topics should be developed by the organization and incorporated into the orientation of perioperative RNs and STs as applicable:
 - **Safety**^{10,11}
 - Equipment/instrumentation/supplies, including but not limited to:
 - Basic instrumentation
 - Basic OR equipment (eg, tables, lights, electrosurgical unit, suction)
 - Energy-generating devices (eg, electrosurgery, laser, phacoemulsification)
 - Minimally invasive (ie, endoscopic) equipment
 - Powered equipment
 - Robotics
 - Latex allergy

- Medical devices
- Medication safety
- Patient positioning
- Pneumatic tourniquets
- Prevention of retained surgical items
- Radiation safety
- Specimen management
- Surgical smoke safety
- The Universal Protocol™

- **Physiological Responses^{10,11}**
 - Basic life support/code response – cardiac and respiratory status
 - Malignant hyperthermia
 - Monitoring and sedation (RNs only)
 - Normothermia
 - Vital sign status

- **Infection Prevention and Control^{10,11}**
 - Hand hygiene, gowning, and gloving
 - Instrument processing (ie, care and handling)
 - Personal protective equipment
 - Preoperative skin antisepsis
 - Sterilization and disinfection
 - Surgical attire
 - Wound classification and management

- **Behavioral Responses^{10,11}**
 - Advanced directives
 - Advocacy
 - Age-specific policies
 - Cultural/population-specific policies
 - Documentation
 - Patient Self-Determination Act
 - Preoperative teaching (includes postoperative self-care)
 - Regulatory and organizational patient privacy policies (eg Health Insurance Portability and Accountability Act, compliance, patient privacy).
 - The concept of informed consent

- **Health Systems^{10,11}**
 - Career advancement
 - Certification
 - Code of conduct^{17,18}
 - Committee participation
 - Communication
 - Critical thinking
 - Disaster planning
 - Employee rights
 - Employee safety
 - Environmental responsibility (eg, hazardous waste, sustainability)
 - Ethics^{17,18}

- Fire safety
- Industry representative policies
- Legal issues/documentation
- Organizational structure
- Performance improvement projects
- Professional associations
- Regulatory issues
- Scope of practice
- Team roles
- Terminology

AORN believes:

- the duration for orientation of a novice perioperative RN may be 6 to 12 months,
- orientation for a novice perioperative RN should include both a didactic and a clinical component,
- the duration for orientation of a novice ST may be up to 6 months,
- the ST should be a graduate of an accredited education program or should successfully complete a specialty certification process^{**},¹
- the duration for orientation of an experienced perioperative RN or ST may be a minimum of 3 months, and
- orientation programs should be customized to meet the individual needs of the orientee and incorporate the facility-required learning experiences and the orientee's baseline knowledge and preferred learning method.¹⁹

AORN believes:

- the perioperative RN should be oriented to both the scrub and circulating roles during the orientation period,
- the scope of responsibility of the perioperative RN includes the scrub role as it relates to patient outcomes,
- the perioperative RN performing in the role of the scrub person is practicing nursing,^{7,8,11,12,14,20-22} and
- the perioperative RN should be oriented to his or her responsibilities in the coordination of care and delegation of specific duties of the scrub role.^{3,8,20,21}

AORN believes:

- the orientation process should include orientation to off-shifts, weekends, and on-call situations^{4-6,8,11,23};
- a basic orientation for a novice perioperative RN or ST should include at least 40 hours for every clinical specialty within his or her defined practice area^{4,8,23}; and



- a skills assessment should be completed to accurately assess competency levels in all specialties for the novice and experienced perioperative RN and ST.

AORN believes:

- orientation should be accomplished using a preceptor system (ie, an experienced perioperative RN or ST serves as an immediately available resource for the orientee),^{24,25} and
- the orientee should not be included in staffing allocation until he or she has completed orientation and is identified as competent to work independently.

RATIONALE

Orientation programs in facilities vary, and one orientation program may not adequately address every need. Orientation timelines and their effect on the budget vary depending on the capacity of the facility.^{6,11,14}

Before a new perioperative RN or ST begins to work independently in his or her environment, the orientation coordinator assesses the ability of the health care system to accommodate the required learning experiences and the orientee's baseline knowledge and preferred learning method.

AORN acknowledges the long and rich history of the perioperative RN performing in the role of scrub person.²⁰⁻²² Maintaining the scrub role skills can present a challenge in some facilities; however, performance in the scrub role enhances the overall competence of the perioperative RN in the circulating role. When a perioperative RN performs in the scrub role, there must also be a perioperative RN in the circulating role for the duration of the procedure.

The perioperative RN maintains an active presence when performing the scrub role to ensure the appropriate delegation and supervision of scrub duties to new orientees and to maintain an integral link between the scrubbed team members and the perioperative RN circulator, which contributes to achieving optimal patient outcomes. The perioperative RN's presence in the scrub role enhances the perioperative RN's ability to assess and implement a plan of care, including the appropriate delegation of duties to orientees.

Perioperative nursing practice incorporates cognitive, behavioral, and technical components. When performing in the scrub role, the perioperative RN augments his or her ability to anticipate, plan for, and respond to the needs of the patient, surgeon, and other team members. The perioperative RN is cognizant of patient responses to both planned and unplanned surgical events. He or she contributes to the overall well-being of a patient by being vigilant in assessing the patient's condition.

The perioperative RN is responsible for coordinating care, including delegating technical functions under his or her direct supervision to an individual who is not licensed to practice as an RN based on the individual's level of training and competency.

Off shifts, weekends, and on-call situations present challenges to the new perioperative RN or ST. Providing adequate support during these new situations⁵ helps to ensure both employee and physician satisfaction and patient safety. It is critical that orientation to these situations is accomplished using a preceptor system (ie, an experienced perioperative RN or ST serves as an immediate resource for the orientee).

Glossary

Novice perioperative RN: Any registered nurse who has not worked in the perioperative environment before, including a new graduate, an experienced nurse from another area of nursing, or a nurse with previous perioperative experience who has not maintained basic competency.

Novice surgical technologist: An entry-level practitioner who has recently graduated (ie, within the past 12 months) from an accredited surgical technology program and who has been employed for 1 year or less. An experienced, certified ST with previous OR experience who has not maintained basic competency also is included in this category.

Experienced perioperative RN: A registered nurse with recent perioperative experience (ie, within the past 2 years). This RN should have a minimum of 2 years of experience in a facility of similar size and patient acuity as the hiring facility. A skills assessment should be completed to accurately assess competency levels in all specialties.

Experienced surgical technologist: A surgical technologist with recent perioperative experience (ie, within the past 2 years). This technologist should have a minimum of 2 years of experience in a facility of similar size and patient acuity as the hiring facility. A skills assessment should be completed to accurately assess competency levels in all specialties.

Orientation coordinator: A designated experienced perioperative registered nurse (eg, nurse educator, manager) who oversees staff orientation activities.

* *This position statement does not apply to perioperative RNs or surgical technologists who are contracted travelers.*

** *AORN recognizes that different standards exist across the country with regard to educational preparation and certification of surgical technologists. AORN believes that allied health care providers including surgical technologists should be graduates of accredited education programs or should successfully compete a specialty certification process.¹ Supervision of allied health care providers is a function of the perioperative RN.^{1,2}*

Editor's note: *The Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery is a trademark of The Joint Commission, Oakbrook Terrace, IL.*

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