Perioperative Orientation Resources

Your Guide to Orientation, Recruitment and Retention

AORN

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Chapter I

We promote the education, selection and retention of qualified candidates that could become members and future leaders of AORN.

Introduction

In 2004, the AORN Board of Directors charged the AORN National Committee on Education (NCE) with developing a perioperative orientation guideline for the novice and experienced nurse in the perioperative arena for dissemination at Congress 2005. The Board felt the need for AORN to provide guidance to our members in this important area.

Background
A perioperative basic orientation guideline has the potential to affect the perioperative arena by promoting the education, selection and retention of qualified candidates who could become members and future leaders of AORN.

Development of this product was intended to help AORN to achieve our strategic direction of "being an indispensable resource for the perioperative nursing profession." It is an example of AORN "being a recognized leader of the perioperative nursing profession."

The first step the committee took was to develop a survey tool that they distributed at the Leadership Conference and the fall multispecialty conferences to determine what various facilities are doing in terms of orientation. The survey included questions about

- The length of time for orientation of both novice and experienced OR nurses,
- whether or not they have a development program for preceptors,
- whether they compensate their preceptors,
- what they believe it costs to orient a novice or experienced OR nurse,
- desirable qualities for a perioperative nurse, and
- the importance of environmental factors on a successful orientation program.

After reviewing the results from this survey and the parameters of the charge, the committee requested and received permission from the Board to expand the charge. The committee felt it was necessary to include additional information in the guideline, such as estimated costs of orientation, suggestions for candidate selection and preceptor development, and a tool to assess environmental factors that are supportive to recruitment and retention.

With the expansion of this project, the committee felt that they would be able to develop a resource that would enhance existing orientation guidelines and increase their usability by educators and managers. By building on the scope of the successful Periop 101 course, the committee felt that they would be able to establish a baseline for competency development and assessment. Additionally, the resource would provide an integrated orientation program that would enhance delivery of safe care and validate the value of orientation for the management team.

- The committee also felt that dialogue and feedback from the Clinical Nurse Educator Specialty Assembly would be invaluable and affect the success of this project. The committee chair attended a multispecialty conference in Washington, D.C. and met with the specialty assembly to get their feedback and suggestions. After collecting data from the Leadership Conference and the fall specialty conference/nurse educator meeting, the NCE met to finalize. The Educator SA provided content review as the resource was developed and finalized.

The AORN Board or Directors gave the NCE for 2011-2012 a similar charge — to update this valuable resource. This revised edition contains updated content, tools, forms, and references that will allow this resource to serve perioperative educators and managers in the years to come. Also included in this revised resource is the new AORN Position Statement on Orientation of the Registered Nurse and Certified Surgical Technologist to the Perioperative Setting that was developed by the NCE in 2009 and 2010 and approved by the Board of Directors in February 2011.

Risk Management and Orientation

In 1999, the Institute of Medicine (IOM) published a report titled "To Err is Human: Building a Safer Health System." (Kohn LT, Corrigan JM, Donaldson MS, eds. To Err is Human: Building a Safer Health System. Washington, DC: National Academy Press; 2000.). This report exposed the fact that every year, there are 44,000-98,000 unnecessary hospital deaths in the United States. This report was followed in 2001 by "Crossing the Quality Chasm: A New Health System for the 21st Century" (Committee on Quality of Health Care in America. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academy Press; 2001.), which further exposed the extent of medical errors in the United States' health care system. These reports led to a call for action to reduce medical errors. Because these reports were published, governmental bills laden with large amounts of money to assist in research and grants are available to health care systems for implementing patient safety initiatives. In addition to governmental action, various publications identified nursing core competencies to improve patient safety practices between 2003-2006, including Health Professions Education: A Bridge to Quality (Greiner AC, Knebel E, eds. Health Professions Education: A Bridge to Quality. Washington, DC: National Academies Press; 2003), Keeping Patients Safe: Transforming the Work Environment of Nurses (Page A, ed. Keeping Patients Safe: Transforming the Work Environment of Nurses. Washington, DC: National Academies Press; 2004), Performance Measurement: Accelerating Improvement (Committee on Redesigning Health Insurance Performance Measures, Payment, and Performance Improvement Programs, Board on Health Care Services. Performance Measurement: Accelerating Improvement. Washington, DC: National Academies Press; 2006), and Preventing Medication Errors (Aspden P, Wolcott JA, Bootman L, Cronenwett LR, eds. Preventing Medication Errors. Washington, DC: National Academies Press; 2007).

Orientation programs are fundamental for any patient safety initiative in a health care setting, but these programs vary extensively between states, hospitals, and even specialty areas within the hospitals. The committee that created this updated resourced identified the areas that are most vulnerable to error and has emphasized system changes in those respective areas.

Risk management experts consider the perioperative environment a high-risk clinical area. It is considered high risk because of the potential for liability associated with the myriad of surgical procedures, communication issues between team members, training requirements, and constant ongoing technological advances. In the fast-paced, hectic, and sometimes life-and-death OR environment, perioperative nurses do a fantastic job every day of being true patient safety advocates.

The passion for nursing in the perioperative arena runs deep and the camaraderie and collegiality of these nurses is unmatched in any other nursing profession.

However, with the fast pace of surgery, shortage of nurses, and constant need for staff to circulate and/or scrub on a surgical procedure, the amount of time allotted for novices to learn how to engage these roles has become noticeably shorter. With more information to share in a shorter time, the quality of orientation programs is of the utmost importance. Poor programs have many consequences, and most concerning are patient safety issues associated with a lack of knowledge and training of the caregiver. Hospitals easily fall prey to the urgency to push nurses through orientation, but research has shown that nurses who have a solid understanding of fundamentals in addition to a firm grasp on policy and procedure will be a better investment in the health and welfare of our patient population. Unfortunately, nurses who do not have the benefit of solid orientation programs based in theory, hands-on practice, and administrative support are more vulnerable to making mistakes that can harm patients. The safety of patients in the perioperative environment demands that we provide the most thorough orientation programs possible and support nurses as they methodically transit between hands-on training, labs, specialty orientation, and patient care scenarios. This investment in training will ultimately reduce the level of risk associated with the perioperative environment, and most importantly, will provide a safer environment for our patient population.

Cost of Orientation

Facilities often underestimate the costs associated with orientation. A survey of 200 perioperative nurse educators and leaders by the 2004–2005 NCE made it apparent that these costs are not well known. Many respondents stated that they were just guessing. The average estimated cost to orient a novice perioperative nurse according to that survey was at least $30,000 to $50,000. The same survey estimated the costs of orientation for an experienced perioperative nurse at $10,000 to $15,000.

Perioperative nurse executives and educators need to drill down to a very fine level to determine the true costs of orientation for new employees. Most respondents to this survey were likely only including the cost of the employee's time during orientation. There are many other costs, including program development, cost of the nurse educator, and preceptor costs. The committee developed an Excel spreadsheet to assist in preparing a comprehensive cost analysis. An overview of the six-step process for determining all the costs of an orientation program is included below.

- The Excel calculation included draws upon the resources used in the following article: Sandhusen AE, Rusynko BS, Wethington NP. Return on investment for a perioperative nurse fellowship. AORN J. 2004;80(1):73-81.
- A literature search by the 2011-2012 NCE did not produce any more recent articles that addressed these costs in specialty areas.
- The original development and frequent updates of the educational program are major factors to consider when estimating orientation costs. Many of these costs can be eliminated by purchasing a packaged orientation program from a recognized educational resource that is frequently updated to reflect changing practices and regulatory requirements.
- AORN has developed resources to assist in meeting the challenges of educating nurses to the perioperative environment. One of the premiere resources is AORN's Periop 101: A Core CurriculumTM. Detailed information on this program can be found in the appendix, on the AORN web site www.aorn.org/orientationcalculator, or by contacting AORN at periop101@aorn.org or calling 1-800-755-2676 ext. 258.

Orientation Calculator (www.aorn.org/orientationcalculator)

Process Steps

The Excel spreadsheet included as part of this resource will allow you to determine the total costs of developing an education and orientation program for new nurses in your facility. Below is a synopsis of the six steps in this process.

Step 1: Calculate the cost of program development. This step provides a comparison between purchasing a program and developing your own program. Factors include

- the cost of purchased program,
- the cost of the hours required to prepare classroom sessions, and
- the cost of revising an existing program.

Note that the calculator uses a formula of seven hours prep for one hour of classroom presentation. It can take 100+ additional hours to create an online course. The calculator does not account for these hours.

Step 2: Calculate the cost of recruitment. This step calculates the following costs:

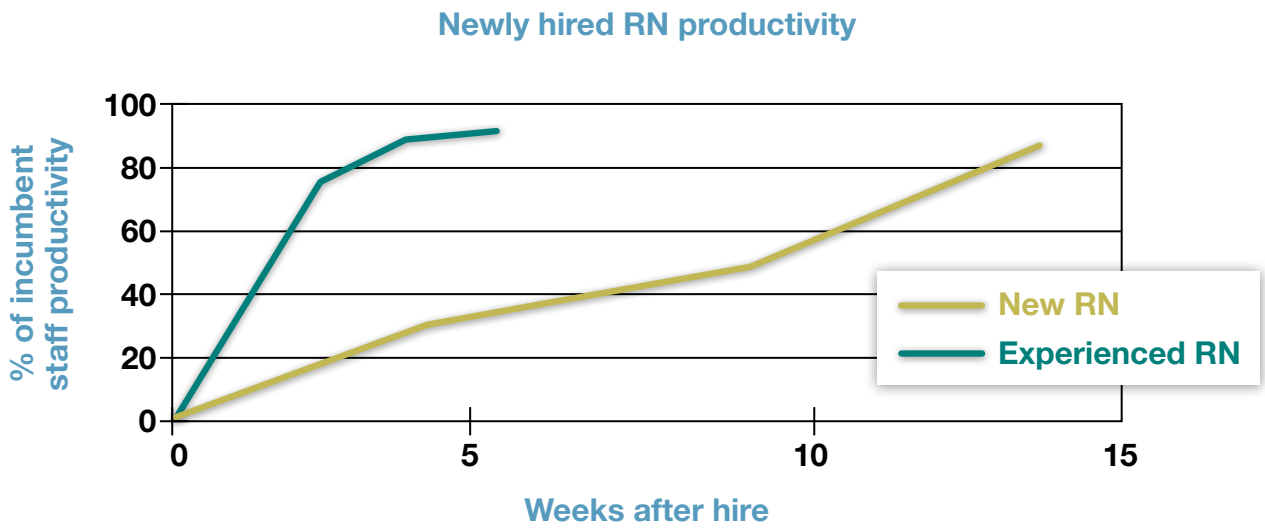
- advertising costs (recruiter hours, salary, and benefits),
- cost of staff involved in interviewing process (hours, salary, and benefits),
- referral bonuses if applicable, and
- sign-on bonuses if applicable.

Step 3a: Calculate the cost of orientation for RNs with no experience. This step calculates the cost of the time that a new nurse spends in orientation. Factors include:

- number of nurses in orientation times the length of orientation in hours times their average salary and benefits,
- cost of the instructor time to prepare classroom sessions,
- cost of instructor time to set up and prepare skills labs,
- cost of staff hours to backfill during orientation period,
- cost of purchased program per student, and
- cost of purchased books for students.

Step 3b. Calculate the cost of orientation for RNs with experience. This step calculates the cost of the time that an experienced nurse spends in orientation. Factors include:

- number of nurses in orientation times the length of orientation in hours times the average salary and benefits,
- cost of facilitator time working with nurses,
- cost of staff hours to backfill during orientation period,
- calculation of cost of decreased productivity of nurse during orientation. Allows two calculations – one based on average 50% productivity during entire orientation and one that calculates on a week to week basis. The chart below can assist with this second calculation.



Estimated Learning Curve for new and experienced RNs. From:

Jones CB. The costs of nurse turnover, part 2: application of the nursing turnover cost calculation methodology. J Nurs Adm. 2005;35(1):41-29.

Step 4: Calculate the cost of preceptors. This step calculates the cost of the time required to educate preceptors to work with new staff. Factors include:

- cost of purchased preceptor program,
- cost of instructor time to develop a preceptor program,
- cost of replacement staff (incentives, overtime),
- cost of preceptor incentives, and
- cost of loss of productivity of preceptor during orientation process. (The chart above can assist with this calculation.)

Step 5: Calculate other costs. This step calculates the other costs associated with an education/orientation program. Factors include:

- finance staff costs,
- external consultant costs, and
- other staff hours unaccounted for in previous steps.

Step 6: Calculate the total. This final step will addl all the costs from steps 1-5.

The final tab on the Excel spreadsheet (Cost Comparison) will allow you to compare the costs of an in-house-developed program to the costs of a purchased packaged program.

Educational Environment Assessment

As you have probably already discovered, a quality orientation program is a costly proposition. The expense involved in providing orientation is not only financial, but also can be time consuming and tedious from a preceptor's perspective. Preceptors can often be heard saying that it is quicker to do it themselves or that they would love to have a day away from their preceptor work. Watching and educating a new employee takes a considerable emotional commitment.

If your department's staff turnover rate is high, you might want to consider developing an educational environment survey to give to staff members. This survey will require a time investment, but the results could identify the challenges facing your orientation program for you and your administration. Constructively addressing the results of the survey may increase staff retention and improve the outcome of your orientation program.

Because orientation programs require considerable costs, it is prudent to make investments into this program wisely. Your administration can complete the "Cost of Orientation Analysis" included in Chapter 1 to determine the cost of your orientation program. Facilities can use this tool to determine not only the cost for a successful orientation, but also the investment lost to the department if an orientee leaves the facility at some point during their orientation process. We are sure that you will find out that the costs are much higher than you imagined. For this reason, it is very important to be sure that the environment is conducive to success.

Below is an example of an educational environment survey that you should consider implementing at your facility to assess the whether the environment is supportive to new learners. Once your facility is done with the survey process, it needs to share the results, evaluate them, and develop and implement an action plan to correct any deficits the survey identified. Your facility's goal should be to provide a positive workplace for all employees, an environment will help you retain your current staff as well as orient and retain new staff.

Educational Environment Survey

The results of this Educational Environment Survey are anonymous and will be kept confidential.
Select the best answer on the scale provided.

Please rate each item as Strongly Disagree, Agree, or Strongly Agree.

Please complete this assessment and return to: _____by: _____

Physician Staff Relations			
	Strongly Disagree	**Agree**	**Strongly Agree**
1. There is a mechanism in place to report physician staff mistreatment.			
2. Conflict resolution strategies are in place and utilized at this facility.			
3. I am confident that issues that are reported will be addressed.			

Staff to Staff Relations			
1. There is a “zero tolerance for bad behavior/mistreatment” policy at this facility.			
2. There a “zero tolerance for workplace violence” policy at this facility.			
3. My colleagues “eat their young.”			
4. My colleagues have a positive attitude.			
5. My colleagues are receptive to change. Respect and Communication: In this section, please evaluate your manager.			

Respect and Communication: In this section, please evaluate your manager. (It could be optional to have staff identify their manager by name. You may also expand this section to include upper management or executive level management).			
1. I feel respected by the nursing management team.			
2. I feel respected by the physicians.			
3. I feel respected by my co-workers.			
4. There is open communication between me and the management team at this facility.			
5. I have a voice in my practice.			
6. There is open communication between me and the physicians at this facility.			
7. Management hears and addresses reported issues at this facility.			

Scheduling Options: Does your facility offer the following scheduling options?			
	Strongly Disagree	**Agree**	**Strongly Agree**
Weekend staffing options			
Dedicated night or off-shift staffing			
Flex Pool Employees			
Team Nursing in the OR			
Eight-, 10, 12 hour shifts			
Call responsibilities			
Self-scheduling			
Job Sharing			
Breaks and Lunches:			
Do you routinely have a morning break?			
Do you routinely have a lunch break?			
Do you routinely have an afternoon break?			
Overtime:			
Do you usually get to leave on time?			
Are you able to pick up overtime if desired?			
Are you required to work overtime?			
Physical Challenges:			
I was informed about the physical challenges of this job when I was interviewed (eg, prolonged standing, moving and positioning patients, moving heavy equipment, and repetitive lifting of heavy instrument trays).			
Instrument trays are routinely checked for weight limitations.			
I have received training in body mechanics.			
I have access to appropriate lifting and moving equipment and resources for patients of all sizes.			
Environmental Challenges:			
I have access to all necessary Personal Protective Equipment.			
Smoke evacuators are routinely used on cases.			

Disruptive Behaviors					
Behavior: **How many times have you observed or experienced these behaviors in the last month?**	**None**	**1 – 3 times**	**4 – 6 times**	**7 – 9 times**	**10 or more**
1. Verbal abuse, abusive language, yelling or raising voices					
2. Sexual harassment					
3. Physical abuse (shoving, pulling, snatching or uninvited physical contact)					
4. Throwing instruments or equipment					
5. Berating/chastising an employee in public					
6. Condescending/sarcastic behavior					
7. Disregard of policy					
Other behaviors: Please list:					

Positive Influences: Please list anything that you perceive as a positive that has occurred within the department during the last month.

Negative Influences: Please list anything that you perceive as a negative that has occurred within the department during the last month.

Chapter 2

Perioperative nursing requires use of the nursing process and the Standards and Recommended Practices with official AORN statements.

Recruitment

Recruitment is one of the most critical components of an orientation program. Good recruitment strategies can help ensure that you have an adequate selection of qualified candidates for your openings. The article by Jones in the Journal of Nursing Administration (2005) estimated that it takes approximately $60,000 to recruit, hire, and train one new nurse.

The need to hire additional staff may be due to increased turnover of your staff, the addition of new service lines, or the opening of new operating rooms. Whatever the reason, your first step should be to contact the nurse recruiter in your facility. Be sure that your recruiter is familiar with perioperative nursing. If the recruiter is not a nurse, you may want to offer to give the recruiter a tour of the OR. The more information recruiters have about perioperative nursing, the better equipped they are to help select appropriate candidates. If you do not have a nurse recruiter, someone in your human relations department should be able to assist you.

While currently in "remission" the shortage of RNs in the overall nursing workforce will return in the near future as the number of new graduates fails to keep pace with likely retirements. Some estimates show a deficit beginning as early as 2015 and reaching approximately 285,000 FTEs by 2020. By 2025 projections of the shortfall range from 200,000 to 600,000 FTEs depending on the variables considered. The implications for the perioperative setting are even more unsettling as this area has both a high percentage of diploma educated RNs (the most senior cohort) as well as a relatively low percentage (30%) of RNs under the age of forty. Coupled with the increased demands placed on the health care system as the population ages these projections will lead to an intense competition for new graduates as well as for experienced perioperative RNs. (Buerhaus, Staiger, & Auerbach, 2009)

The Health Resources and Services Administration has projected an overall 41% increase from 2000 to 2020 in the demand for full-time equivalent RNs. Broken down into selected areas, the increased demands are as follows:

- Hospitals 40%
- Nursing Homes 73%
- Public Health -4%
- Ambulatory Care 23%
- Home Health 91%
- Occupatonal Health 12%
- Nursing Education 40%
- School Nursing 8%

Source: Buerhaus P, Staiger DO, Auerbach DI. The Future of the Nursing Workforce in the United States: Data, Trends and Implications. Sudbury, MA: Jones and Bartlett Publishers; 2009.

Recruitment Strategies

As you can see from these sobering statistics, there will not be a good supply of RNs in the future. You need to find ways to attract nurses to your facility. Below are some strategies to consider for facilitating the recruitment process.

1. Marketing Campaigns:
    A. Work with the human resources department: Human resources recruiters know about current marketing strategies appropriate to your area. By establishing a relationship with recruiters, you can educate them about perioperative nursing's specific needs and opportunities.
    B. Staff preparation: It is essential to communicate to your staff that every patient, visitor, and student is a potential coworker. By providing everyone with positive experiences, the staff is marketing their job as a great career choice. Students have very limited OR experience and as perioperative nurses, we have to make this experience count if we hope to recruit the student upon graduation.
    C. Shadow days: Offer interested candidates the opportunity to shadow a perioperative nurse for a day before extending a job offer. This opportunity may be non-paid time—a voluntary experience for the interested candidate. This is another opportunity for your staff to showcase their perioperative expertise and passion for their job.
2. Incentive/Recognition Packages: These are some incentive packages that might be offered at your facility:
    A. Sign-on bonuses.
    B. Recruitment bonuses.
    C. Scholarships: Many facilities offer scholarships or educational grants to employees. Perioperative nurses need to encourage their perioperative colleagues to further their education by becoming registered nurses. This takes a commitment of monetary compensation and flexibility of their schedules to pursue their classes.
    D. Contracts: Some facilities link perioperative orientation for novice nurses to a binding contract. Your facility's commitment of resources and the length of time required to orient a novice nurse to the perioperative setting should determine how you use contracts. For example, you might require prospective candidates to sign a contract agreeing that in exchange for their orientation to the perioperative environment, they will work for the facility for a specified period. Should employees leave, they must pay money back to the institution for the time they spent in orientation.
3. Collaboration with schools:
    A. Presenting information on perioperative nursing at nursing schools: Over the past several years, most basic nursing curriculums have dropped perioperative nursing. Perioperative nurses have a tremendous opportunity to go into schools and present information about the benefits of a perioperative nursing career and why every surgical patient deserves a perioperative RN. Another wonderful resource is the "Primer for Perioperative Education," available for download from the AORN web site at www.aorn.org/periopprimer
    B. OR nurse fellowship programs: You can set up a formal program with a nursing school in your community to introduce new nurses to the OR environment as part of a structured program. Inova Health System in Virginia has developed an excellent program and has generously shared an overview of their program and related forms with us. You will find these in the appendices.
    C. Chapter meetings: You can invite nursing students to your AORN chapter meetings. Your chapter may also decide to offer a scholarship to a nursing student.

D. High schools: Community outreach activities create an environment that opens the doors to the OR. Surgery is often a mystery to the public, especially high school students and other young people. Most of these students form their ideas and impressions of what goes on in an operating room from books, newspaper articles, movies, and television. They may also have family members or friends who have had surgery.

A. The media frequently presents medical news and information from a physician's perspective. Most students, therefore, tend not to think about other members of health care and surgical teams. Your outreach efforts will let students meet you and your colleagues and learn about the OR and surgical patient care from a nurse's perspective. You could also have a student appreciation night. You can access more information about outreach activities at www.aorn.org/studentrecruit

B. Students of all ages: Nurses have many great opportunities to market perioperative nursing to all age groups and to share our passion in our communities. By speaking to youth groups, perioperative nurses have the potential to develop interest in young minds and possibly plant the seed of a career choice.

4. Community Awareness: Mall displays during Nurse's Week or Perioperative Nurse Week, can increase community awareness of perioperative nursing. Volunteer at health fairs identifying yourself as an OR nurse and be available for questions.

Perioperative Nurse Candidate Selection

Many types of facilities are experiencing nursing shortages, not just acute care hospitals. Outpatient facilities, physician offices and teaching facilities are finding it difficult in keeping positions filled. During this challenging time, perioperative nursing is also feeling the pressure of a shortage of qualified nurses who are eager to enter the perioperative arena. As managers and mentors, we recognize that not every nurse will succeed in the perioperative setting and offer the following guidance in the form of a candidate selection process.

An interview process is essential in identifying nurses who will train to become perioperative advocates. You can explore the following concepts during the interview process to ascertain the nurse's knowledge, experience, flexibility, and adaptation to collaborative teamwork and possible stressful situations.

1. Perioperative nursing requires use of the nursing process and the AORN Perioperative Standards and Recommended Practices.
2. Learning activities in surgery allow visualization of anatomy, which helps students understand the pathophysiologic basis, history, physical exam findings, and diagnostic test results of patient health problems.
3. The practice of aseptic technique during surgery is one of the best ways to reinforce the nurse's knowledge of microbiology and epidemiology. You can also apply this practice in other clinical settings. Facility staff will watch candidates constantly as part of this monitoring of aseptic technique. Will the candidate be comfortable with this level of observation?
4. The OR is a very physically challenging environment. As a perioperative nurse, the candidate will be standing for long periods, moving heavy and bulky equipment, and repeatedly lifting heavy instrument trays. Will these tasks challenge the candidate?
5. The OR can be an extremely stressful environment. Does the candidate have coping mechanisms in place to handle the stressful situations effectively?
6. Surgical intervention excludes no culture, race, gender, or stage of growth and development. Learning activities in perioperative nursing can expose nurses to a diverse population and underscore the importance of the patient's sociocultural and developmental dimensions for planning and implementing nursing care. Is the candidate receptive to this environment?

7. Learning activities during the perioperative, intraoperative, and postoperative phases provide nurses with an excellent opportunity to integrate health promotion, acute care, and rehabilitation.
8. Learning activities in perioperative nursing expose nurses to the use of innovative technologies in patient care and provide an excellent example of the importance of balancing technology with care.
9. The surgical team is a model of interdisciplinary collaboration. Nurses participate as members of this team and learn to value the contribution each member makes to patient care.

Characteristics & Qualities Desirable in the Perioperative Nurse

A prospective nurse should have the following characteristics and qualities:

- knowledge and ability to apply evidence-based learning principles;
- ability to articulate safe nursing practices;
- knowledge of AORN's Standards and Recommended Practices;
- demonstrated application of the nursing process, care mapping, and/or critical pathways;
- willingness to work one-on-one with a preceptor;
- interest in the specialty;
- positive outlook;
- good listening and comprehension;
- empathy;
- ability to handle stressful situations in a positive manner;
- ability to deal with unusual circumstances;
- ability to learn from mistakes;
- demonstrated flexibility; and
- positive communication skills.

The National Committee on Education has developed a behavioral based interview tool that may be adapted for your use in interviewing potential candidates. It is found on the next page.

Behavioral Based Interview Questions for Novice Perioperative Nurses

Below is a list of potential interview questions that may be used. We suggest that you use a variety of questions when interviewing a candidate, with questions aimed at learning about the candidate's attitude, dexterity, teamwork, and critical thinking skills. Interviews should include direct, open-ended questions requiring the candidate to provide examples of experience and skills. If you are interviewing more than one candidate, be sure to ask the same questions of each candidate.

Attitude:

1. Describe what you think perioperative nursing entails and what you might like and dislike about the role.

2. How do you respond to positive feedback and constructive suggestions?

3. Describe how you are likely to react to consistent critiquing of your practice?

4. Describe a conflict you've had with another staff member and how you resolved it.

5. Perioperative nurses often work nights and weekends as well as staying late as the need arises.
   Give me an example of your previous employment work schedule, including demonstrating previous availability.

Teamwork:

1. What aspects of your work experience have prepared you for this role?

2. What would your co-workers say about your skills and abilities and why?

3. Tell me about a project that you have worked on as a member of a team.
   What went well and what could have gone better?

4. How would you know if you were successful on this job?

Dexterity:

1. What is the most complicated piece of medical equipment you have mastered? What made it complicated?

2. Did you find the mastery of this equipment, challenging or intimidating and why?

3. ***Are you aware that there are physical ability requirements for this position, such as standing for extended periods of time, crawling on the floor, repeatedly lifting heavy pans of instruments and pushing heavy medical equipment? Are you able to meet these requirements?

Critical Thinking:

1. Recall a recent stressful workday. (allow time to answer) What made it stressful and how did you handle it?

2. Tell me about a time when you saw room for improvement in some area of your work environment or in a process, what you did and how you were able to implement a change.

3. Tell me about a time when your job required you to perform a task that you didn't know how to do. How did you handle the situation?

4. What type of community involvement have you had, if any, that you feel has contributed to your ability to do this job?

5. Tell me of a time when you made a clinical error. How did you correct it? Has this event changed your practice? If so, how?

7. Give an example of your ability to multitask.

8. Describe a situation when you were required to re-prioritize a patient's plan of care.

*** See an example of a sample physical abilities checklist on page 22

You can add these interview questions for an experienced OR nurse.

1. You are 45 minutes into an open reduction/internal fixation of a pelvic fracture.

    A. The electrosurgical unit (ESU) that was functioning without incident now fails to operate. What are the most common causes of this occurrence?

    A. Someone has restored the functioning of the ESU, but a new problem arises. The patient's endotracheal tube becomes displaced. How might you assist anesthesia with re-intubation?

2. Explain why the phrase "the only thing constant is change" is particularly applicable to the OR environment.

Sample Physical Abilities Requirements Checklist

Abilities	R-Regularly R	O-Occasionally O	Measurable Descriptor
Vision: corrected or normal			Ability to read syringes, labels, instructions on equipment
Color vision			Ability to interpret color-coded packaging
Hearing			Instructions given through masks in noisy environment
Touch			Manipulate sutures, specimens, syringes
Smell			Assessment of drainage, skin, body odors
Finger dexterity			Manipulation of instruments, suture material, dressings
Temperature discrimination			Assessment of irrigation fluid temperature
Intelligible oral communication			Communication with patients, team members
Appropriate non-verbal communication			Therapeutic communication with client, rapport and trust with client and health care team
Pushing			Lbs/ft: 100 equipment, patient carts with and without patients
Pulling			Lbs/ft: 50, equipment, instrument tables, patient carts
Lifting			Lbs/ft: 50, clients, equipment, and supplies
Floor to waist			Lbs 75: Three-man lift of patients
12” to waist			Lbs 50: instrument pans from mayo to table
Waist to shoulder			Lbs 35: equipment, supplies, instrument pans
Shoulder to overhead			Lbs 10: equipment and supplies
Reaching overhead			Ht/lbs appropriate; equipment
Reaching forward			Use of equipment, supplies, and instrument pans
Carrying			Lbs 40: instrument pans to table 3 ft; equipment 50 yds
Standing			Long periods, up to eight hours
Sitting			Infrequent and short periods, break and lunch
Squatting			Infrequent and short periods; adjusting equipment, cleaning the OR
Stooping/Bending			Infrequent and short periods; adjusting equipment
Kneeling/Crouching			Infrequent and short periods; adjusting equipment
Walking			Long periods, up to eight hours
Running			Infrequent, emergency situations
Crawling			Short periods, emergency, adjusting equipment
Climbing			Infrequent, patient care activities
Stairs (ascending/descending)			Infrequent, emergency situations
Turning (head/neck/waist)			Frequent extended periods; may position for long periods
Repetitive leg/arm movement			Frequent, demanding; passing instruments, holding retractors
Use of foot or hand controls			Short periods, use of equipment

End of Chapter

Chapter 3

Teamwork is an essential element in a successful orientation program.

Orientation Overview

According to the AORN Position Statement on "Orientation of the Registered Nurse and Certified Surgical Technologist to the Perioperative Setting", AORN believes there are certain basic components that you must incorporate into the orientation of perioperative RNs and certified surgical technologists (CSTs), and your staff must meet them consistently to ensure optimal patient outcomes.

Facilities vary and one orientation program may not adequately address every need. Orientation timelines and their effect on your budget varies depending on the capacity of the facility. Facilities should consider developing an advisory committee that incorporates both experienced perioperative RNs and CSTs to work with the orientation coordinator to design and implement both the orientation program and the preceptor development program.

Before a new perioperative RN or CST* begins to function 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. Teamwork is an essential element in a successful orientation program.

As you plan orientation, keep in mind that if you have more than one opening, it may be more cost effective to have orientation on a rotational schedule instead of providing it randomly. For example, some facilities provide orientation of new OR nurses in the spring and fall.

Today's OR's are fast paced environments with tremendous production pressure on day to day operations. Before the start date of an individual orientation, a plan should be put into place. We recommend that part of the pre-employment process include completion of a needs assessment (especially for the experienced OR nurse) so that a well-organized plan can be designed for the individual. A good example is the Registered Nurse Surgical Skills Self-Assessment included in the Appendices.

Another aspect to consider when planning orientation is making sure that new employees feel welcomed. Be sure staff and surgeons know that there will be a new person orienting. Arrange for new employees to have locker assignments when they arrive. Does the OR secretary know that they're coming and when? You may want to send (or give) the new nurse a special welcome letter from the educator and/or the manager. There are two sample letters in the Appendices.

The next page is a planning questionnaire that you may find helpful.

Orientation Planning Questionnaire

1. How many people are there presently on orientation?

2. What service lines need to be included in this orientation plan?

Service Lines

☐ Access	☐ Orthopedics - general	☐ Podiatry
☐ Bariatric surgery	☐ Orthopedics – joints	☐ Thoracic
☐ Cardiac	☐ Orthopedics – sports	☐ Transplant
☐ ENT	☐ Ophthalmology	☐ Urology
☐ General Surgery	☐ Pain	☐ Vascular
☐ Hand	☐ Plastic – cosmetic	☐ C-sections
☐ Neurosurgery	☐ Plastic – reconstructive	

3. How many Blocks are available on each service?

Service	# Blocks	Service	# Blocks	Service	# Blocks
Access		Orthopedics - general		Podiatry	
Bariatric surgery		Orthopedics – joints		Thoracic	
Cardiac		Orthopedics – sports		Transplant	
ENT		Ophthalmology		Urology	
General Surgery		Pain		Vascular	
Hand		Plastic – cosmetic		C-sections	
Neurosurgery		Plastic – reconstructive			

4. How complete will the orientation be?

Service	How many weeks does the average nurse take to complete orientation to this service line?	How many preceptors are available in this service group?	Orientation will include the scrub role	Orientation will include the circulating role
Access				
Bariatric surgery				
Cardiac				
ENT				
General Surgery				
Hand				
Neuro				
Orthopedics - general				
Orthopedics – joints				
Orthopedics – sports				
Ophthalmology				
Pain				
Plastic – cosmetic				
Plastic – reconstructive				
Podiatry				
Thoracic				
Transplant				
Urology				
Vascular				
C-sections				

5. The final step includes a review of the data collected in the previous questions and establishment of a comprehensive orientation plan. The plan should have reasonable guidelines that take into account the capacity of the facility to provide orientees with a complete and satisfying experience.

If your new nurse is new to the OR, you must also plan on an orientation that includes education to support basic competencies. Many facilities across the country use AORN's Periop101: A Core CurriculumTM to accomplish this basic education. The course is made up of 25 didactic modules that provide the new nurse with the basic perioperative education they need. You can get more information by visiting the AORN web site www.aorn.org/Education/Curriculum/Periop101/Periop_101.aspx or by contacting customer service at periop101@aorn.org.

You should base your orientation programs on AORN's Perioperative Standards and Recommended Practices. You can order the most recent edition by calling AORN customer service at 800-755-2676 ext. 1 or online at www.aornbookstore.org.

On the next page are those competencies, identified by the NCE, which must be covered to ensure a comprehensive orientation

Orientation Checklist - RN

Orientee's Name: _____ Date of Hire: _____

Employee Number: _____ Date of Preceptorship Completion: _____

Primary Preceptor _____

Non-Patient Care Activities (Orientee should place date and initial in line provided when completed)
Patient Care Activities (Preceptor should date and initial when completed)

1. Completes the following competencies:

a. Administration

☐ HIPAA	☐ Vendor Policies	☐ Scope of Practice
☐ Employee Rights	☐ Organizational Structure	☐ Regulatory Issues
☐ Code Of Conduct	☐ Introduction to PNDS	☐ Terminology
☐ Legal Issues	☐ Documentation	☐ Employee Safety
☐ Culture of Safety	☐ Informed Consent	☐ Communication
☐ Advanced Directives		☐ Surgical Attire

b. Emergency Management

☐ Disaster Planning	☐ BLS Skills	☐ Fire Safety
☐ Malignant Hyperthermia	☐ Code Response	☐ Latex Allergy

c. Professional Development

☐ Team Roles	☐ Critical Thinking	☐ Professional Associations
☐ Committee Participation	☐ Career Advancement	☐ Certification
☐ Scope of Practice		

d. Delivery of Safe Care

☐ Time Out Procedure	☐ Medication Safety	☐ Fire Safety
☐ Assessment of Patients	☐ Positioning	☐ Cultural/ Population Specific Policies
☐ Electrosurgical Safety	☐ Count Policy	☐ Age Specific Policies
☐ Advocacy	☐ Performance Improvement	☐ Laser Safety
☐ Radiation Safety	☐ Anesthesia	☐ Conscious Sedation
☐ Specimen Handling	☐ Smoke Evacuation	

e. Aseptic Technique

☐ Infection Control	☐ Sterilization/Disinfection	☐ Scrubbing/Gowning/Gloving
☐ Surgical	☐ Skin Preps	☐ Wound Management
☐ Tissue Banking	☐ Environmental Responsibility	☐ Principles of Aseptic Technique
☐ Instrument Processing (Care & Handling)		

f. Equipment/Instrumentation/Supplies

☐ MIS (Endoscopic) Equipment	☐ Basic Instrumentation	☐ Powered Equipment
☐ Tourniquets	☐ Basic OR equipment (Table, lights,t ESU, suction)	

Initials	Signature/ Position	Initials	Signature/ Position	Initials	Signature/ Position

Suggested Timeline for Orientation of the Novice Nurse

A novice nurse is any nurse who has not worked in an OR environment before. This would include a new graduate or an experienced nurse from another area of nursing. It should also include a nurse with previous OR experience who has been away from the OR for an extended period. The orientation process should be the same. In a survey that NCE conducted of 200 nurses (including nurse managers and educators) to get feedback on current nursing orientation practice, the average orientation for a novice nurse was six months. The average orientation for an experienced nurse was three months. The NCE used the results of the survey to develop these suggested timelines.

The competencies listed in numbers 1, 2, and 3 should be covered during hospital orientation (which usually occurs during an employee's first week). If you are orienting an experienced nurse from your facility, evaluate these needs. The educator and preceptor should evaluate the orientee's needs upon arrival in the operating room. These competencies will be reinforced during the service rotations.

Week #1

RN Novice suggested competencies include:

1. Administration Activities:

A. Advance directives
B. Code of conduct
C. Communication
D. Culture of safety
E. Documentation
F. Employee rights
G. Employee safety
H. HIPPA
I. Informed consent
J. Introduction to PNDS
K. Legal issues
L. Organizational structure
M. Regulatory issues
N. Scope of practice
O. Terminology
P. Vendor policies
Q. Surgical attire

2. Emergency Management:

A. BLS Skills
B. Code response/crash cart
C. Disaster planning
D. Fire safety
E. Latex allergy
F. Malignant hyperthermia

3. Professional Development:

A. Career advancement
B. Certification
C. Committee participation
D. Critical thinking
E. Professional associations
F. Scope of practice
G. Team roles

Weeks 2 & 3

4. Delivery of Safe Care:

The initial exposure for the new orientee should include a didactic introduction to the following competencies. This can be delivered via modules, videos or individual instruction. Some practical application should be included. Hands-on exposure will be reinforced during service rotations.

A. Advocacy
B. Age specific policies
C. Anesthesia/ intubation
D. Assessment of patients
E. Conscious sedation
F. Count policy
G. Cultural/population specific policies
H. Electrosurgical safety
I. Fire safety
J. Laser safety
K. Medication safety
L. Performance improvement
M. Positioning
M. Radiation safety
O. Smoke Evacuation
P. Specimen handling/sending labs
Q. Time out procedure

Weeks 4 & 5

5. Aseptic Technique:

The initial exposure for the new nurse should include a didactic introduction to the following competencies. You can deliver this with modules, videos, or individual instruction. You should include some practical application should be included. Your orientees' service rotations will reinforce hands-on exposure.

A. Aseptic technique principles
B. Environmental responsibility
C. Infection control: verifying sterility, developing a surgical conscience, opening supplies and delivery to the sterile field
D. Instrument processing (care & handling)
E. Scrubbing/gowning/gloving
F. Skin preps
G. Sterilization/disinfection
H. Tissue banking
I. Wound management

Weeks 6 & 7

6. Equipment/Instrumentation/Supplies:

The initial exposure for the new nurse should include a didactic introduction of the following competencies. You can deliver this with modules, videos, or individual instruction. You should include some practical application should be included. Your orientees' service rotations will reinforce hands-on exposure.

A. Basic instrumentation
B. Basic OR equipment (table, lights, ESU, suction)
C. Care and cleaning of instruments and equipment
D. MIS (endoscopic) equipment
E. Powered equipment
F. Rotation in clean holding/ workroom/preference cards
G. Sterilization/disinfection equipment
H. Tourniquets

7. Service Rotations:

The novice nurse should rotate through each service, allowing at least one week for each service. Larger services require at least a two-week orientation. Specialty orientations for services that require a special call will require longer orientation—you should customize these timelines after orientees complete general orientation. If the orientation involves many different services, it may be beneficial to rotate orientees again through each service for one day near the end of their orientation. The timeline for a hospital with the following services would include 17 weeks of service rotations:

A. Bariatric surgery
B. Cardiac
C. ENT
D. General
E. GYN/OB
F. Neurosurgery
G. Ophthalmology
H. Ortho
I. Pain
J. Pediatrics
K. Plastics
L. Podiatry
M. Transplants
N. Urology
O. Vascular

A graphic of this timeline is below.

Timeline for Orientation of Novice Nurse

Week 1	Week 2 & 3	Weeks 4 & 5	Weeks 6 & 7	Weeks 7 - 24
Administration Emergency management Professional development	Delivery of safe care	Aseptic technique	Equipment and instrumentation	Specialty rotations

Suggested Timeline for Orientation of the Experienced Nurse

An experienced nurse is a nurse with previous operating room experience. When experienced nurses arrive in the OR, they should complete skills assessment forms included in the Appendices. After evaluation of the nurses' skills and experience in different services, you should develop individualized orientation for each of them. The average orientation for an experienced nurse is three months.

The competencies listed in numbers 1, 2, and 3 should be covered during hospital orientation (which usually occurs during the first week). If the nurse is an internal transfer, some of these activities may be omitted. The educator and preceptor should evaluate the orientee's needs upon arrival to the operating room.

Week #1

Experienced RN suggested competencies include:

1. Administration Activities:

A. Advance directives
B. Code of conduct
C. Communication
D. Culture of safety
E. Documentation
F. Employee rights
G. Employee safety
H. HIPAA
I. Informed consent
J. Introduction to PNDS
K. Legal issues
L. Organizational structure
M. Regulatory issues
N. Scope of practice
O. Terminology
P. Vendor policies

2. Emergency Management:

To be completed along in the first week in the OR

A. BLS Skills
B. Code response/ Crash cart
C. Disaster Planning
D. Fire Safety
E. Latex Allergy
F. Malignant Hyperthermia

3. Professional Development:

To be completed in the first week in the OR

A. Career advancement
B. Certification
C. Committee participation
D. Critical thinking
E. Professional associations
F. Scope of practice
G. Team roles

Week #2 & 3

4. Delivery of Safe Care:

The experienced nurse should be evaluated on the following competencies. This can be delivered via modules, videos or individual instruction. Hands-on exposure will be reinforced during their service rotations.

A. Age specific policies
B. Anesthesia/intubation
C. Assessment of patients
D. Conscious sedation
E. Count policies
F. Cultural/population specific policies
G. Electrosurgical safety
H. Fire safety
I. Laser safety
J. Medication safety
K. Performance improvement
L. Positioning
M. Radiation safety
N. Smoke evacuation
O. Specimen handling/sending labs
P. Time out procedure

Aseptic Technique:

The experienced nurse should be evaluated on the following competencies. This can be delivered via modules, videos or individual instruction. Hands-on exposure will be reinforced during their service rotations.

A. Disinfection - sterilization/ autoclaves/gas/steris
B. Environmental responsibility
C. Infection Control – verifying sterility developing a surgical conscious/ opening supplies and delivery to the sterile field
D. Instrument processing (care & handling)
E. Principles of aseptic technique
F. Scrubbing/gowning/gloving
G. Skin preps
H. Surgical attire
I. Tissue banking
J. Wound management

Week #4

1. Equipment/Instrumentation/Supplies:

The experienced nurse should be evaluated on the following competencies. This can be delivered via modules, videos or individual instruction. Your orientees' service rotations will reinforce hands-on exposure.

A. Basic instrumentation
B. Basic OR equipment (table, lights, ESU, suction)
C. Care and cleaning of instruments and equipment
D. Minimally Invasive Surgery (endoscopic) equipment
E. Powered equipment
F. Rotation in clean holding/ workroom/ preference cards
G. Sterilization/disinfection equipment
H. Tourniquets

Weeks #5 through 12

1. Service Rotations:

The experienced orientee should rotate through each service in your facility. Based on the number of different services your hospital offers and the orientee's previous experiences, you should develop individualized plan should be developed. Ideally, a minimum of one week for each service is recommended. Larger services may require a longer orientation. Specialty orientations for services that require a special call will require a longer orientation. Individualize this plan with a goal of completing it within three months. Below is a list of some of the different services. The majority of the time spent during orientation should be in service rotations.

A. Bariatric Surgery
B. Cardiac
C. ENT
D. General
E. GYN/OB
F. Neurosurgery
G. Ophthalmology
H. Ortho
I. Pain
J. Pediatrics
K. Plastics
L. Podiatry
M. Transplants
N. Urology
O. Vascular

The timeline is shown graphically below.

Timeline for Orientation of Experienced Nurse

Week 1	**Week 2 & 3**	**Weeks 4**	**Weeks 5-12**
Administration	Delivery of Safe Care	Equipment & Instrumentation	Specialty Rotations
Emergency Management	Aseptic Technique		
Professional Development			

Chapter 4

Building relationships is a crucial step in helping the nurse adapt to the perioperative setting.

Preceptor Selection

Just as important as the selection of perioperative candidates is the selection of their preceptors. It takes a special kind of nurse to be a good preceptor. Precepting is hard work and takes a professional and emotional commitment.

Preceptor Compensation: NCE surveyed 200 perioperative nurses, including managers and educators, and found that only one third of the facilities had any type of monetary compensation for preceptors. Although there is no consistent compensation for preceptors across the country, institutions that do pay a differential pay a range of $1.00 to $2.75 per hour. If you choose not to offer monetary compensation for this valuable role, you should consider other ways of acknowledging these dedicated staff.

Prior to any structured orientation to the perioperative setting, preceptors need to be available. The preceptors should have the following characteristics:

- Knowledge and ability to apply adult learning principles;
- ability to articulate perioperative nursing practice;
- knowledge of AORN's standards, recommended practices, and guidelines;
- demonstrated application of the nursing process, care mapping, and/or critical pathways;
- willingness to work one-on-one with a student/orientee.

Preceptor Development Checklist

Preceptor's Name: _____ Date of Hire _____

Employee Number: _____ Date of consideration into program: _____

Qualities to identify in an RN or CST prior to inviting their participation in a preceptor development program.

1. People Skills:	☐ Demonstrates interest ☐ Displays positive outlook ☐ Demonstrates empathy ☐ Ability to resolve conflict	☐ Ability to sustain enthusiasm ☐ Exhibits active listening skills ☐ Provides meaningful feedback ☐ Handles stressful situations in a positive manner
2. Clinical Skills: RN's should have a minimum of two years clinical experience in an OR setting:	☐ Demonstrates clinical competence ☐ Delegates effectively ☐ Utilizes resources ☐ Articulates/demonstrates - clinical decision making skills - problem solving strategies - critical thinking skills	☐ Demonstrates organizational skills ☐ Understands scientific, evidence-based rationale for practice
3. Teaching Skills:	☐ Ability to assess learning needs ☐ Develops measurable performance goals ☐ Communicates effectively with orientee ☐ Displays openness to discussion ☐ Provides constructive feedback	☐ Applies adult learning principles ☐ Objectively evaluates progress ☐ Commits to orientation process/plan

Behavior Based Interview Questions

Interviews for preceptor candidates should include direct, open-ended questions requiring the candidate to provide examples of experience and skill. You should use the same questions for all candidates for realistic comparison of all candidates. Below are some examples. The qualities that are being identified are in parentheses.

1	What sorts of things have you done to become better qualified for your career? (ambition)
2	How do you learn about a piece of equipment or process? (analytical skill)
3	When was the last time you had a disagreement with a peer? How did you resolve the situation? (team work/collaboration)
4	People frequently borrow ideas from past experiences and then apply them to a new setting. How have you done this? (creativity)
5	Describe a situation where you anticipated a problem or potential problem. (decision making)
6	How do you involve yourself in determining and/or developing goals for your unit? (developing short-term goals)
7	What are your personal/professional goals for yourself in five years? Ten years? (developing long-term goals)
8	Tell me about a time you went above and beyond to get your assignment done? (energy)
9	Give an example of how you have used of logic and good judgment in solving a problem. (judgment)
10	How do you show the orientee you are listening to them? (listening)
11	What would you do if the orientee's work is not up to expectations? (motivating others)
12	How do you present your position when it differs from others? (negotiating)
13	When communicating with others, what types of situations cause you the most difficulty? Give an example. (oral communication)
14	How would you instruct an orientee in performing a skill they have never done before? (performance management)
15	Have you ever had to persuade fellow staff members to accept a new way do perform a task? (persuasiveness)

16	How would you describe your teaching style? (presentation)
17	How would you use questions to get the information you are seeking from the orientee? (questioning)
18	What have you done in the past to make your orientee/fellow staff more productive or successful? (removing obstacles)
19	Have you ever settled a conflict between fellow staff? What was the situation and what was your role? (resolving conflict)
20	How do you help improve the skills of your orientee? (developing people)
21	Describe how you prioritize tasks. (setting priorities)
22	Do you have any examples (from personal experience) of a good and bad preceptor?
23	What do you think are five qualities of a good preceptor?
24	What is your involvement in your professional organization?
25	Please describe how you would begin orientation with the following candidate: DK is a 44-year-old nurse who is returning to work after taking ten years off to raise her family. Her professional background includes medical, surgical, and intensive care departments. How would your approach be different if this was a new graduate?

Guideline for Preceptor Development

Goal:

To develop a program capable of producing reliable preceptors and, in turn, producing well trained clinical staff.

Topics to address:

1. People Skills:

- ☐ Active listening
- ☐ Providing meaningful feedback
- ☐ Conflict resolution
- ☐ Handling stressful situations in a positive manner
- ☐ Receiving feedback

2. Clinical Skills:

- ☐ Measuring clinical competence
- ☐ Delegation
- ☐ Organization
- ☐ Value of scientific, evidence-based rational for practice
- ☐ Articulates clinical decision making/problem solving strategies
- ☐ Critical thinking skills

3. Teaching Skills:

- ☐ Assessment of learning needs
- ☐ Application of adult learning principles
- ☐ Developing measurable performance goals
- ☐ Development of a skills checklist
- ☐ Evaluation/documentation
- ☐ Communication
- ☐ Collaboration: above and below

Evaluating Performance

Performance evaluations are not punitive. Through correct evaluation, staff members can improve their performance. When evaluating performance, written goals and objectives act as an action plan for improvement. We have included some hints for writing goals and objectives on the next page.

The information related to the OR nurse fellowship program at Inova Health System may also be useful in evaluating performance. You will find this information in the Appendices.

Sometimes staff members need improvement in areas related to critical skills development. We have included some tools to use that will help in these areas on the following pages.

You should evaluate new nurses frequently. During each service rotation, the service's team leader and/or the preceptor should complete an evaluation. The orientee will meet with their preceptor, educator, and/or manager weekly to review evaluations from their preceptor and peers. These evaluations will enhance the orientee's learning experience by providing appropriate and timely feedback.

Writing Goals and Objectives

Learning connotes a change in knowledge, attitudes, or skills as a result of an educational experience. Behavioral objectives guide the planning of learning activities and the measurement of learning outcomes. They should state what the learner will do as a result of the teaching.

A behavioral objective has three components: performance, conditions, and criteria.

Performance states what the learner will do. It uses an action verb and denotes an activity that you can measure. Examples of action verbs:

Choose	*Describe*	*Analyze*
Identify	*Prepare*	*Compare*
List	*Demonstrate*	*Contrast*
Collect	*Measure*	*Evaluate*

Verbs such as believe, understand, value, and know are not measurable and should be avoided when performance is being described.

Conditions state what special circumstances will be included in the learner's performance. Examples of conditions include aseptic technique, medical emergency, and use of equipment.

Criteria offer a component of evaluation. They state how the preceptor and orientee will know when the orientee has learned was is required. A criterion states how long or how well the orientee must perform a behavior. Score, weight, quality, number of times, accuracy, and frequency are some examples of criteria.

Examples of Behavioral Objectives:

The orientee will calculate the correct drug dosage to add to each liter of warmed sterile saline for five procedures.

The orientee will demonstrate back table setup, while maintaining aseptic technique, five times.

The orientee will achieve a score of 85% on the examination.

Critical Thinking

Critical Thinking

- "Entails purposeful, informed, outcome-focused (results oriented) thinking that requires careful identification of key problems, issues and risks involved
- Is based on principles of the nursing process and scientific method
- Uses both logic and intuition, based on knowledge, skills and experiences.
- Is guided by professional standards and ethics codes."

(Source: Alfaro-LeFevre, R., Critical Thinking and Clinical Judgment, A Practical Approach, 2004)4th ed., 2009

Pitfalls for Critical Thinking

- Seeing similarities, where they may not exist
- Making premature decisions
- Over reliance on information received from others
- Following protocols for the sake of following
- Overconfidence

Attributes That Demonstrate Critical Thinking	Methods to Determine if Attributes are being Exhibited
Resourcefulness	• Seeks out needed information • Reviews medical records, thoroughly • Reviews reference texts and/or other materials • Researches policies and procedures • Is able to locate desired information
Analyzes Information	• Utilizes assessment skills • Makes associations • Draws competent conclusions based on assessments • Employs deductive reasoning • Is able to see the big picture • Applies previous knowledge to new situations
Rational Thinking	• Follows logical sequences • Is able to logically articulate their decision making process • Is able to articulate the rationale for their behavior • Articulates rational behavior • Demonstrates creative problem solving
Insightfulness /Reflective	• Is able to identify their own limitations

Able to Interpret Subtle Signs	• Is able to identify and interpret changes in patient's status • Is able to anticipate subtle changes in patient status • Recognizes subtle symptomatology previous observed • Demonstrates intuitive interpretation of indicators • Demonstrates an innate ability to make sound judgments
Intellectual Risk Taker	• Discusses and reports information with the appropriate personnel • Discloses information to the appropriate persons regardless of consequences

Characteristics of Critical Thinkers

- Self confident: Expresses the ability to think through problems and find solutions.
- Inquisitive: Seeks reasons and explanations and is open to new information and ideas.
- Honest and upright: Speaks and seeks the truth, even if the truth sheds unwanted light.
- Alert to context: Looks for changes in circumstances that may warrant a need to modify thinking or approaches.
- Open and fair-minded: Shows tolerance for different viewpoints; questions how own viewpoints are influencing thinking.
- Analytical and insightful: Identifies relationships; shows deep understanding.
- Logical and intuitive: Draws reasonable conclusions and uses intuition as a guide to search for evidence.
- Reflective and self-corrective: Carefully considers meaning of data and interpersonal interactions; corrects own thinking; observant for mistakes; identifies ways to prevent mistakes.
- Sensitive to diversity: Expresses appreciation of human differences related to values, culture, personality or learning style preferences, adapts to preferences when feasible.

Barriers to Critical Thinking

Tradition: This is the way they have always done it.

Institutional rules: If you are new in a facility you don't want to go against the way thing are done. Following the way an institution wants it to be done.

Fear of mistakes: Is tied to vulnerability, what if I do something and make a mistake?

Time is a huge barrier. We do not have time to figure it out. We should just pick something and do it. If it does not work out, we will go back and try it something else.

Standard: Making sure you follow your standards.

Cultures that Show Support of Critical Thinking

Optimally, organizational culture should encourage empowerment and rapid action to resolve problems.

The facility uses preceptors and mentors for orientation, cross-training, and focused development activities.

Multidisciplinary teams share their experiences and work together with open communication so that learning can take place across disciplines.

Staff is involved in making clinical decisions such as developing policies, protocols and standards, and interviewing new staff.

When mistakes such as medication errors and falls happen, the organization looks at these events as opportunities to improve care or put systems in place so the mistakes will not happen again.

The facility gives support to nurses with new ideas.

Strategies to Promote Critical Thinking

Report: This helps nurses put together the whole picture of what happened during the day. Hand-off reports are especially useful. As nurses ask questions about the patients, they will think, "Oh, that is important and I will remember to collect that information the next time."

Rounds: Allows the new nurse to begin to see different viewpoints or different ways to view a particular problem.

Consultation: Consultation usually involves data-gathering questions. Nurses can learn from consultants or their reports.

Role Modeling and Coaching: This is probably the most helpful strategy. Rather than giving the answer, you can ask nurses what they think is going to happen, or what they would do if some specific event were to happen. This will help new nurses to connect the dots.

Traits of Critical Thinkers

When Approaching an Issue, Critical Thinkers should:

Consider the frame of reference of the other nurses, or disciplines involved:

What are the different attitudes of the people involved?

What assumptions are being made?

Why is the problem even occurring?

Identify what positive aspects the issue presents.

Consider what should have happened versus what did happen.

Determine accountability and ownership:

Does it affect me, my patients, or our team goals?

What will happen if I don't do anything about this?

What could happen if I do?

Should I solve this problem or do I need someone else?

Consider three possible solutions in terms of:

Immediate correction of the short term problem/s

Long-term remedies so the situation/s does not reoccur.

People, departments, systems, and/or resources that might need to be involved in the problem solving process.

A timeline for the evaluation of the problem and the solution/s.

Feedback

Preceptors sometimes find it difficult to give appropriate feedback to the new nurse. The role of supervisor is not a comfortable one for them. Sometimes they just need to get the conversation started. Here are some ideas you can pass on to your preceptors.

Lead in Phrases to Facilitate the Providing of Feedback

Tell me about your day…

How do you think your day went?

What would you like to talk about?

Let's talk about…

What resources would make "it" easier?

What can I / we do?

How can I / we help?

Let's talk about ways to manage…

Let's talk about other ways to manage…

Tell me what happened…

Let me help you organize your time/ work load/ equipment/ medications/ room…

Let's make a goal to…

From this point, these are the expectations…

Specifically, I'm thinking of the situation in where…

Can you take me through the chain of events?

Are you comfortable asking for help?

How have you attempted to resolve the situation?

Tell me what you observed…

What strategies have you tried?

Who have you already spoke with?

What else might you have tried?

Who else might have been able to help?

Tell me how you decided to…

Tell me what the most difficult part was for you…

Are you finding barriers that I may not be aware of?

Preceptor Review

You will also want to get feedback on how well your preceptors are performing. This is especially true if you have just oriented new preceptors. We have included a sample of an evaluation form that orientees can use to evaluate the preceptor. You will find this in the appendices.

Preceptors are an integral part of a new orientee's learning experience. You must match appropriate preceptors and mentors to assist in welcoming the new nurse. Building relationships is a crucial step in helping the nurse adapt to the perioperative setting.

Chapter 5

Retention Strategies

With RN shortages looming in the near future, your facility needs consistent focus on both recruiting nurses to your facility and retaining the nurses that you currently have. A recent study based on a nationally representative sample of 2,383 new nurses who graduated in 2004 and 2005 and who worked in a variety of settings said that 18.1% of new nurses leave their first nursing employer within a year of starting their job. Of these, 91.8% take another nursing job with a different employer. Recent studies of the costs of nurse turnover have reported results ranging from about $22,000 to over $64,000 (U.S.) per nurse turnover. When you look at the costs involved with recruiting a new nurse (see page 7), it makes sense to invest money and resources into keeping nurses in your organization. If you are successful, you will decrease your turnover rate and therefore reduce the costs of recruitment.

Your organization can use many different strategies to make an environment conducive to retaining nurses. We suggest that you look at your organization to see how employee-friendly the environment is. You can use the Environmental Assessment Tool found on page 11 to help you assess your enviroment.

Another way to get good feedback on the environment and how new employees are feeling is to ask questions at intervals during orientation. We suggest asking these questions at 30-, 60-, and 90-day intervals. You will probably be surprised at some of the answers you receive!

- During your interview process, did we give you an accurate picture of what to expect during your orientation?
- Who has been especially helpful to you during your orientation?
- Are you thinking about leaving this organization? If so, why?
- Have you noticed any processes or systems that we could improve upon?

In addition to asking about the environment, there are many things an organization can do to make employees feel valued and appreciated. Below are some suggestions to improve staff satisfaction and assist with team building.

- Consider permitting workers to access the latest tools and technology at work.
- Appeal to the generation of employees who have earbuds in place and phones in hand. For example; providing newer technologies like deviced that combine MP3 player, GPS, laptop computer, portable video player, text message device and a phone all in one.
- Put up a “pat on the back” bulletin board to recognize nurse accomplishments.
- Develop a clinical ladder.
- Organize turnover teams in the OR who set goals and compete for a lunch each month.
- Say thanks to your staff frequently.
- Create a “who’s who” bulletin board to focus on cultural diversity.
- Hold quarterly luncheons with ethnic themes.
- Give out a “top banana” or similar type award Hold a chili cookoff.
- Give out “kudo bags” to give to staff as mini awards.
- Institute scholarship or tuition reimbursement programs.
- Give out movie tickets.
- Give bonuses or gifts to long-term employees.
- Give out “you’ve been caught doing something good” awards.
- Recognize staff in your hospital newsletter.
- Set up a day at the ballpark.

- Hold a summer picnic.
- Institute gain or profit sharing based on patient satisfaction scores.
- It's no longer work/home life balance, work is now consider part of life (ie self scheduling, flex time, minimal call, varied shift hours)
- Ability to personalize benefits (cafeteria plans)
- Embrace social networking such as Google, Facebook, YouTube, and Twitter to enable staff to share information, training, providing employee support, and staff education
- Create engaged employees by demonstrating trust, effective communication, respect, values, and commitment
- Develop and project a facility brand, create a sense of pride, live the values, promote social responsibility
- Showing staff respect always
- Consider leadership planning and mentoring

Additional Retention Resources

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MagnetTM hospitals: the power to attract and retain top OR nurses. AORN J. 2009;90(4):609.
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Additional General Resources

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Developing a plan to improve the odds of retaining your staff. OR Manager. 2002;18(12):1,10-11.
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Appendices

* Items are available as separate files that can be customized for your facility.
** Orientation calculator is available as a separate file

Periop 101 was designed as a blended education program to be used in conjunction with a complete education program, including a clinical preceptorship.

AORN Position Statement on

Orientation of the Registered Nurse and Certified Surgical Technologist to the Perioperative Setting

Position Statement

1. AORN believes there are certain basic components that must be incorporated into the orientation of perioperative registered nurses (RNs) and certified surgical technologists (CSTs) and met consistently to ensure optimal patient outcomes. 3-5, 7,8,18

This position statement on orientation does not apply to registered nurses or surgical technologists who are contracted travelers.

NOTE: In collaboration with the perioperative RN in the circulating role, the CST* functions as a member of the team to maintain an environment that facilitates a safe patient outcome.

2. AORN supports the use of an outcomes-focused orientation process that incorporates the outcomes defined in the Perioperative Nursing Data Set.10. The following topics should be developed by the organization and incorporated into the orientation of perioperative RNs and CSTs* as applicable..

Domain 1: Safety. The patient will be free of signs and symptoms of acquired physical injury. (Patient-specific outcomes are in parentheses.)

- Prevention of retained surgical items (O.20)
- Electrosurgical safety (O.10, O.70)
- Laser safety (O.90)
- Medication safety (O.130)
- Positioning (O.80)
- Radiation safety (O.110)
- Smoke evacuation (O.90)
- Specimen handling (O.40)
- Universal Protocol (O.30)
- Pneumatic Tourniquets (O.60)
- Equipment/instrumentation/supplies\
  - Minimally invasive (ie, endoscopic) equipment (O.60)
  - Powered equipment (O.10)
  - Basic instrumentation (O.10)
  - Basic OR equipment (eg, tables, lights, electrosurgical unit, suction) (O.80, O.60)
- Implants (ie, documentation/tracking)

Domain 2: Physiologic response. The patient's physiologic responses to surgery are as expected. (Patient-specific outcomes are in parentheses.).

- Individualized plan of care (O.730)
- Normothermia (O.290)
- Basic life support/code response – cardiac and respiratory status (O.320, O.310)
- Latex allergy (O.100)
- Malignant hyperthermia (O.280)
- Monitoring and sedation (O.310, O320, O.330)
- Prevention of infection (O.280)
  - Infection control
  - Surgical attire
  - Wound management
  - Instrument processing (ie, care and handling)
  - Sterilization/disinfection
  - Skin preps
  - Scrubbing, gowning, and gloving
- Respiratory status (eg, airway maintenance, assisting with intubation/extubation) (O.310)
- Surgical Implants – Synthetic and Biologic (O.280)

Domain 3A: Behavioral response. The patient and family are knowledgeable regarding the perioperative process.

- Advance directives (O31)
- Informed consent (O31)
- Preoperative teaching (includes postoperative self-care) (O18 - O23)

Domain 3B: Behavioral response. The patient and his or her family member's rights and ethics are supported. (O26)

- Advocacy (O.23, O.24, O.26)
- Age-specific policies (O.21, O.24)
- Cultural/population-specific policies (O.28)
- Documentation (O24)
- Health Insurance Portability and Accountability Act compliance (O.25).
- Patient privacy policies (O.25)
- Patient self-determination act (O.23)

Domain 4: Health system concerns. The perioperative RN and CST* have knowledge regarding the perioperative and health system environment.

- Career advancement
- Certification
- Code of conduct
- Committee participation
- Communication
- Critical thinking
- Disaster planning
- Employee rights
- Employee safety
- Environmental responsibility (eg, hazardous waste, sustainability)
- Fire safety
- Legal issues/documentation
- Organizational structure
- Performance improvement projects
- Professional associations
- Regulatory issues
- Scope of practice
- Team roles
- Terminology
- Vendor policies

3. The recommended duration for orientation of a novice perioperative RN should be six to twelve months.
4. Orientation for a novice perioperative RN should include both a didactic and clinical component.
5. The recommended duration for orientation of a novice CST* should be up to six months.
6. Entry into practice for a CST* must follow graduation from an accredited surgical technology program.
7. The recommended duration for orientation of an experienced perioperative RN or CST* should be a minimum of three months.
8. Completion of an individualized orientation for both novice and experienced RNs and CSTs* should be measured by successful competency assessment that is role and scope specific.
9. 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.
10. The scope of responsibility of the perioperative RN includes the scrub role as it relates to patient outcomes. Therefore, the perioperative RN should be oriented to both the scrub and circulating roles during the orientation period.
11. 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
12. The orientation process should include orientation to off shifts, weekends, and on-call situations 4-6,8,10,14
13. A basic orientation for a novice perioperative RN or CST* also should include at least 40 hours for every clinical specialty within his or her defined practice area.4,8,14
14. A skills assessment should be completed to accurately assess competency levels in all specialties for the novice and experienced perioperative RN and CST*.
15. Orientation should be accomplished using a preceptor system (ie, an experienced RN or CST serves as an immediately available resource for the orientee). The orientee should not be included in the staffing numbers ratio.

Rationale

- Orientation Programs

Facilities vary and one orientation program may not adequately address every need. Orientation timelines and their effect on the budget varies depending on the capacity of the facility.6,11,14 Facilities should consider developing an advisory committee that incorporates both experienced perioperative RNs and CSTs* to work with the orientation coordinator to design and implement both the orientation program and the preceptor development program.

Before a new perioperative RN or CST* begins to function 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. Teamwork is an essential element in a successful orientation program.

- Scrub Role

AORN believes that the perioperative RN performing in the role of the scrub person is practicing nursing. [1,7,8,10,11,14] Maintaining these skills can present a challenge in some facilities; however, performance in the scrub role enhances the overall competence of the nurse in the circulating role. The perioperative RNs presence in the scrub role does not negate the need for a perioperative nurse in the circulator role. AORN acknowledges the long and rich history of the perioperative RN performing in the role of scrub person[1].

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 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.

Delegation

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

- Off Shift Orientation

Off shifts, weekends, and on-call situations present challenges to the new perioperative RN or CST*. Providing adequate support during these new situations 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 nurse or certified* surgical technologist serves as an immediate resource for the orientee).

* AORN recognizes that different standards exist across the country with regard to educational preparation and certification of surgical technologists. The Association of Surgical Technologists (AST) supports the certification exam as the outcome indicator for graduation from accredited surgical technology programs. Beginning in August 2011, the CST exam will become the only outcome indicator for accredited programs.

Glossary

Novice perioperative RN -- any RN 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 OR experience who has not maintained basic competency.

Novice certified* surgical technologist -- an entry-level practitioner who has recently graduated from an accredited surgical technology program and who has been employed for one year or less. Experienced CSTs* with previous OR experience who have not maintained basic competency also are included in this category.

Experienced perioperative RN -- an RN with recent perioperative experience. This nurse should have a minimum of two 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 certified* surgical technologist -- a technologist with recent perioperative experience. This technologist should have a minimum of two 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 nurse educator or designated experienced perioperative RN, clinical nurse specialist, and/or nurse manager who is a registered professional nurse.

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AORN's Periop 101: A Core Curriculum 101™ Information about Online Course

AORN, a recognized leader in perioperative nursing, offers Periop 101: A Core Curriculum™ as the ideal solution for your facility's OR nurse recruitment and education needs by developing your nurses into OR nurses. This easy-to-implement online education program allows perioperative educators to establish and deliver an ongoing, efficient, consistent education program for nurses new to the perioperative field. Periop 101 was designed as a blended education program to be used in conjunction with a complete education program, including a clinical preceptorship.

Periop 101: A Core Curriculum™ is an online program that liberates your educators from the challenges associated with a traditional classroom style. Since the didactic portion of education is provided online, your educators can concentrate on facilitating clinical preceptorships, rather than preparing for lectures. In addition, AORN's robust learning management system provides your team the reporting mechanism required to maintain education records, including student transcripts

- **Saves Time** – Use of this course can shorten your preparation time for nurses to function competently in the OR, saving time and money
- **Saves Money** – Using Periop 101 reduces the need for travel to get education, resulting in resources used more efficiently
- **Effective Training** – Your students learn the "whys" of what they do and not just the "hows" from on-the-job training, leading to safer, more knowledgeable nurses

The program was written by 32 expert perioperative nurse authors; peer-reviewed, and is based on AORN's Perioperative Standards and Recommended Practices. The comprehensive curriculum consists of 25 online, internet-based learning modules, so students may access their online learning modules from anywhere and at any time. Each module topic is updated continually to reflect the latest changes in AORN's Perioperative Standards and Recommended Practices and other health care regulations and resources so you are assured of the most current information and standards.

Course Content

- The learning modules deliver didactic material and include the following:
- Overview, goals, learning objectives, and outline
- Glossaries
- Online reading
- Required reading assignments, which includes applicable information from AORN's latest Perioperative Standards and Recommended Practices and the latest Alexander's Care of the Patient in Surgery
- Recommended video viewing assignments
- Numerous click-and-print handouts for students
- Brief streaming video clips from the AORN Perioperative Nursing Video Library
- Interactive learning reinforcement exercises
- Critical skills assessment checklist
- Posttest for each module
- Comprehensive, randomized online final exam
- Preceptor guidelines for each module, which include suggested clinical activities
- Nursing contact hours (for RN students only)

Your facility participates by appointing a Periop 101 Administrator and a preceptor to help guide nurses through their education and ensure that lessons are understood as they apply to your facility. This unique blended learning model helps both your facility and your nurses succeed.

Benefits

This program provides you with the tools you need to prepare nurses for the perioperative setting. When you provide a formal, consistent education program, you'll have better, safer patient care.

- With this program, you have invested in your employees' future and may attract potential employees.
- Free access to the Periop Admin Group, an e-mail-based Internet discussion forum offered on AORN's ORNurseLink. The purpose of the forum is to invite discussion and networking of the Periop 101 Administrators on issues related to teaching the course.
- Each new Periop 101 agreement includes two free registrations for the Administrator Course on how to use the administrator functions for the online program.
- A designated number of free registrations for the Preparing the Preceptor Module
- Free listing on AORN's online Perioperative Nursing Program Directory
- After registering online, your Periop 101 students receive an email offer for one year of free AORN membership.

Successful completion of the didactic course earns a nurse **40 nursing contact hours**. The student modules in the course include:

- Anesthesia
- Aseptic Technique
- Documentation
- Electrosurgery
- Endoscopic Surgery
- Environmental Sanitation and Terminal Cleaning
- Hemostasis, Sponges, and Drains
- Introduction to Perioperative Nursing
- Critical Thinking
- Natural Latex Allergy/Sensitivity
- Medications and Solutions
- Patient and Family Education
- Perianesthesia Nursing
- Perioperative Assessment
- Positioning the Surgical Patient
- Professionalism
- Safety in the Surgical Suite
- Scrubbing, Gowning and Gloving
- Skin Prep
- Specimens
- Sterilization and Disinfection
- Surgical Draping
- Surgical Instruments
- •The Surgical Environment
- Wound Closure and Healing

Required Texts and Recommended Videos

- AORN's *Perioperative Standards and Recommended Practices* (current year)
- *Alexander's Care of the Patient in Surgery* (current edition)

Recommended video titles as a supplement to the online learning and clinical practicum are available from AORN and Cine-Med in CD or DVD format, or as an annual online video library subscription – a good source of continuing education for other nursing staff members.

Accreditation

- AORN is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
- AORN is provider-approved by the California Board of Nursing, Provider Number CEP 13019.

For more information, email periop101@aorn.org.

Sample ROI for orientation costs

Instructions: Each step included in calculating the cost of orientation is shown in an individual tab (shown at the bottom of your screen) of this file, labeled with the step number and abbreviated name.

Each tab/page contains cells with automatic calculations as well as cells where the user will need to input data manually (cells requiring manual inputs will be highlighted in yellow).

Each tab/page will contain specific instructions—some in the text of the page and others in a "comment" attached to the cell. Those cells with "comments" will have a red triangle in the corner of the cell that will pop up as the user places the cursor over that cell.

Each tab/page will contain a GRAND TOTAL on the page. It may be necessary to scroll down the page to see all of the information (Note: if you would like to see the entire page, you can decrease the zoom of the page by clicking on View and then Zoom on your toolbar and selecting the appropriate percentage).

The final tab/page is Step 6: Calculate Total. This tab will be an automatic calculation of the GRAND TOTALS contained on the previous tab/pages and will not require any input by the user.

Click here to be taken directly to the Excel document.

Resources

Root S. *Perioperative Orientation Resources: A Guide to Orientation, Recruitment, and Retention.* Denver, CO: AORN Inc; 2011.
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Inova Health System
Inova Learning Network

Several internships and fellowships covering a wide range of specialty fields in nursing are available in the Inova Health System career path development program. One such program is the Operating Room Nurse Fellowship program.

Operating Room Nurse Fellowship

The Operating Room Nurse Fellowship program provides a learning environment for registered nurses to apply fundamental skills and knowledge of operating room nursing. This six-month program includes didactic learning, mock practice sessions and a clinical preceptorship in the OR. The attached documents are representative of education tools used for the Fellowship program.

Note: These documents reflect the current orientation/education process for the Inova Health System. The article that appears in the appendices reflects the process that was in place at the time the article was written. It still serves as a good example of how you can create an orientation program

Inova Learning Network
Or Nurse Fellowship Program

Observation Class Information for O.R. Instructors/Managers

The observation class is on your OR fellowship schedule. This information will explain what you need to do with your fellow.

Background

The observation class has been designed based on feedback received from past O.R. fellow graduates. Four learning styles are identified by Dr. Kolb and to accommodate the needs of various learning styles requires structuring a variety of learning experiences. This class has been designed to meet the needs of the different styles of learning and the reflective observation portion of the learning cycle. The class was designed based on evaluation comments from previous fellowship graduates.

Learning Design

The design is composed of three parts, a clinical observation, a written reflection on the responsibilities, patient outcomes and nursing actions of the circulating nurse and a class discussion of the observation and reflection. All of this is done on the same day.

1. **Structured Observation**

   The fellow will observe a surgery on the first morning of the O.R. fellowship class. It may be any kind of procedure that employs the typical scrub and circulating role (not a cysto). The surgery should be short enough that the entire procedure from the time the circulating nurse enters the room to the time the patient goes to PACU is completed. If there are multiple short procedures during the morning this is fine. At least one complete surgery must be observed.

   The fellow is to focus on only the role of the circulating nurse at this time. What are the responsibilities of the circulator? What are the nursing actions of the circulator? And what patient outcomes are related to the nursing actions implemented? The circulating nurse / OR instructor should explain what the circulator is doing during the case and answer questions of the fellow. This is designed as an observation only; the fellow is not expected to interact with any patient care during this morning. This observation should be accomplished in the hiring O.R. It is the hiring hospitals responsibility to tell the fellow what time you want them to be at your OR on the morning of this observation (because start times vary at different hospitals).

The fellow should complete their observation by a time early enough to have lunch, travel to Fairfax and write their assignment prior to the 1:00 start time of class this day. If the surgery they are observing completes earlier then they may proceed to Inova Fairfax hospital to begin writing their observation in preparation for the afternoon class. A computer lab has been scheduled at Inova Fairfax for the fellow to use for typing their observations in the Word document that was provided to them on a disc at the OR fellowship orientation class. This written assignment is due on this day to be turned in for the afternoon class. The fellows may type the assignment at their home hospital before coming to Fairfax or they may choose to use their own laptops if they so desire. They will need to have a printed copy to turn in to me when they arrive at Fairfax.

The fellow should take time for lunch either before or after they write the observation form. The classroom portion at Fairfax will begin at 1:00 pm.

2. **Reflection Tool (Observation Form)**

   The Perioperative Nursing Data Set from AORN is used as the structure base for the written reflection tool of the observation in the OR of what the circulating nurse did (does not include scrub person at this time). The fellow should review the materials they were given at OR fellowship orientation prior to this day of class and use as the basis for writing their observations. An explanation of how to use the observation tool was provided at the OR fellowship orientation class along with a disc that had the form on it.

   The fellow should print 2 copies of their written observation, one for them to use in class and one to turn in to Barbara Rusynko.

3. **Reflection Class**

   The fellow will be asked to describe the circulating nursing actions and the rationale for those actions using the Perioperative Nursing Data Set from AORN. Each student was informed at orientation that a copy of the PNDS was in the library for them to take out to review.

Grading

The written observation and discussion in the class will be graded. The Observation Class Evaluation Tool is on page 73.

Inova Learning Network
Or Nurse Fellowship Program

Learning Plan: D. Role of the Circulating Nurse

Classroom Objectives:

1. Identify the primary functions of the operating room circulating nurse.
2. Describe the nursing process used to prioritize and sequence circulating activities in the operating room.
3. Describe the role of the circulator using the framework of the perioperative nursing data set.
4. Discuss the role of the circulator in providing patient care utilizing the nursing process in assessing, planning, implementing and evaluating care.
5. Identify the functions of the circulator during the three periperative phases of patient care.
6. Discuss the Joint Commission's Universal Protocol and the responsibility of the circulator.
7. Discuss JCAHO's Universal Protocol and the responsibility of the circulator.
8. Describe the circulator's responsibility for nursing documentation.

This session will consist of the following segments:

1. Reading Assignment.
2. Classroom presentation on PNDS with review clinical observation form
3. A clinical observation day.
4. Classroom discussion of clinical assignment

Reading Assignment:

Beyea, S.C.: Perioperative Nursing Data Set, 3rd ed., AORN Inc., 2011, pp 1-7
(Inova Fairfax Hospital has copies in library to take out)

Rothrock, J.: Alexander's Care of the Patient in Surgery, ed. 14, St. Louis, 2011,
Elsevier Mosby, pp 1-12.

Clinical Observation Activity:

This observation exercise is for the nurse fellow who has no OR experience and is learning to work in the perioperative setting. An observation of surgery is scheduled during the initial week of your fellowship class. See your schedule for the specific date and time. You are to observe the work of the *circulating nurse in the OR*. You are not to deliver any patient care during this exercise. The procedure(s) that you are scheduled to observe must be one(s) that will be completed during an eight hour shift. In other words, you are to observe at least one procedure from preparation to end of surgery.

During the observation you are responsible for identifying nursing interventions, outcome criteria and activities of the circulating nurse using AORN's Perioperative Nursing Data Set (PNDS, Beyea). The aim of this exercise will be to focus your understanding of the basic responsibilities and role of the circulating nurse. *Reflecting on the role of the scrub person is not the focus of this exercise.* It is critical that you read all instructions for this prior to the day of the observation so you may prepare appropriately.

Preparing For Part II PNDS Role of Circulating Nurse:

Utilize the Observation Tool form (distributed in class) for this assignment to record your observations. This is a word document; an electronic version is available in your course materials. The assignment data will be used as a class discussion in week 3, Part II PNDS. You are required to complete the observation tool (form).

List the corresponding nursing interventions and activities of the circulating nurse in the appropriate column. Focus on identifying and listing the nursing interventions and activities for each outcome. These activities of the circulating nurse that you describe should paint a picture of the role of the circulating nurse during the surgery you observe.

When you identify what the nurse did write this down, be specific for this procedure, *do not quote out of the textbook; focus on what the circulating nurse actually did during the surgery that you observed.* If you did not see an intervention in a category explain what you were looking for and why you did not see it. Ask the circulating nurse questions to understand what you observe or what you were looking for that you did not visualize.

The far right column is for listing the outcome criteria for each outcome. Make your outcome patient specific.

Classroom Discussion:

A classroom discussion of the assignment will occur in part II..

References:

AORN: Standards, Recommended Practices and Guidelines, Standards of Nursing Practice, current year, AORN Inc.
Additional sources: See reading assignments
OR obsv rev 4/11

Inova Learning Network
O.R. Nurse Fellowship Program
Case Study Guidelines

Case Study presentations assist in the development of critical thinking skills. Case studies are used by health care professionals as a way of conveying patient information. The goal of this case study is to demonstrate the synthesis of the perioperative didactic with clinical application by the OR Fellow. This focus is the circulator role.

Getting Started: Review your assignments. Choose a patient population/procedure you want to further explore. Discuss our choice with your department designee/preceptor. Pick ahead of time the case you want to present. Read in your textbook about the procedure the night before; remember that may or may not be how the surgery goes. If you feel more comfortable, observe while your preceptor circulates, then you can ask questions.

In week 8, email an overview/synopsis of what you will present. This should be a double spaced/font size 12 typed paper; no longer than 3 pages numbered.

If you use an abbreviation, explain it.

Don't use trade names; i.e. Bovie but ESU.

All references used (cited or paraphrased) should be listed on a separate sheet of paper. References should be current (preferred less than five years, no more than ten years). No blogs or Wikipedia.

The oral case study presentation is allotted 30 minutes. Verbal presentation should be completed within 15 – 20 minutes and allow 5 – 10 minutes for discussion. Visual aids, power points and other items can be sued to adjunct your presentation.

The Case Study Format suggested by not limited to be as follows:

- Patient History with symptoms – brief history of present illness or how the patient problems began.
- Pathophysiology
- Relevant lab/diagnostic studies – discuss any abnormal findings and their clinical significance to the patient's diagnosis as well as impact for intraoperative care. Review the tests done and discuss why they were ordered.
- Medications – be sure to include herbal medications and OTC medications.
- Pre-op, Intra-op and Post-op Nursing considerations – What nursing diagnoses/interventions/actions/outcomes did you consider as you prepared and entered each phase?
- Surgical Procedure – be patient specific; what was actually done. Was it the same as scheduled? If not, how did this impact the nursing care?
- Ethical and legal aspects.

Use the case study components form to organize your presentation. The focal points are patient safety, clinical understanding of the procedure, interventions linked to outcomes and understanding of OR processes. Be prepared to discuss the rationale of the nursing interventions specific to your patient.

CSG 7/11

Inova Learning Network
OR Nurse Fellowship Program
OR Fellowship Case Study Components

Role of the Circulating Nurse

Type Of Procedure Observed: _____

Date: _____ Student Name: _____

Components	Met	Unmet	N/A
Patient Selection			
Diagnosis			
Pathophysiology			
H & P			
Current Medications			
Lab/Diagnostic Studies			
Procedure			
Safety			
Allergies			
Fire Precautions			
Medication (intraoperative-Labeling, Amt, Indication)			
Red Rules			
Universal Protocol (Patient ID, Site Marking, Time Out)			
Intraoperative Checklist			
Falls			
Equipment			
Chemical (Preps)			
Positioning			
Counts			

BRID (Blood) Band			
Electrical			
Other			
Infection Control			
Antibiotics			
Aseptic Technique			
Normothermia			
Hair Removal			
Wound Class			
Other			
Specimen/Implants			
Handling			
Labeling			
Documentation			
Other			
Transfer			
Transfer/Transport			
Handoff to PACU/Nursing Unit			
Other			
Legal/Ethical			
Red Rules			
Universal Protocol			
Informed Consent			
Documentation			
Cultural Diversity			
Privacy Issues			

Patient Constraints (language, disability, etc.)			
DNR			
Other			
Written Communication			
Abbreviations used w/o definition			
Spelling			
Grammar (sentence structure)			
Readability			
Formatting			
Other			

CsStEvlCmp 7/11

Inova Learning Network
OR Nurse Fellowship Program

Program Components

During the fellowship, there are a number of components that you are REQUIRED to complete. The components are used to assess your work progress, performance, and learning while you are employed as a student in the fellowship. The components' results are provided to the hiring manager and the unit designee by the Inova Learning Network (ILN) upon completion. You may use this form to help you keep track of your completion of these components.

Evaluative Components	Date Completed	Notes
Instrument Quiz 1		
Instrument Quiz 2		
Instrument Quiz 3		
Observation Exercise		
Suture Exercise #1		
Suture Exercise #2		
Learning Journal 1		
Learning Journal 2		
Case Study Presentation Evaluation		
Transcript Periop 101 (completed 25 modules)		
Periop 101 Final Exam Pass (80%)		
6-Month Evaluations (in scrub & circulating roles) 6 months from the start of the fellowship		

Evaluation Of Fellow

Clinical - progress reports will be provided by the hiring unit utilizing the goals sheets and ILN Clinical evaluation tool. Performance evaluation using skills check list, competency list and department evaluation tools will be completed by the clinical department designees. The Operating Room designee will provide an evaluation of clinical performance in the sixth month of the program.

Classroom – participation in mock labs and return demonstration will be evaluated by Department designee. The AORN test will be graded by AORN. Class quizzes, assignments and case study will be evaluated by ILN Educators who will than provide results to the hiring department.

Inova Learning Network
OR Nurse Fellowship Program

Domain	Outcome	Nursing Interventions & Activities	Outcome Indicators
#1 Safety **0 - 199**	O.10. Thermal injury		
	O.20 Retained foreign object.		
	O.30 Correct site surgery.		
	O.40 Managing the specimen(s).		
	O.50 Continuum of care.		
	O.60 Extraneous objects.		
	O.70 Electrical safety		
	O.80 Positioning injuries.		
	O.90 Laser		
	O.100 Chemical Injury		
	O.110 Radiation		
	O.120 Transport/transfer injury		
	O.130 Medication Administration		
#2 Physiologic Responses **200-499**	O.200 Wound perfusion		
	O.210 Tissue Perfusion.		
	O.220 Gastrointestinal status		
	O.230 Genitourinary status.		
	O.250 Musculoskeletal status		
	O.260 Endocrine status		

	O.280 Infection.		
	O.290 Normothermia.		
	O.300 Fluid/Electrolyte, acid base balance.		
	O.310 Respiratory status.		
	O.320 Cardiac status.		
	O.330 Pain control		
	O.340 Neurological status		
#3A Behavioral Responses 500 - 699	0.500 Knowledge of psychosocial responses.		
	O.510 Nutritional management.		
	O.520. Medication management.		
	O.530 Pain management.		
	O.540 Knowledge of wound management.		
	O.550 Knowledge of expected responses.		
#3B Behavioral Responses 700 -899	O.700 Participates in decisions.		
	O.710 Knowledge of rehabilitation process.		
	O.720 Respect.		
	O.730 Individualized plan of care.		
	O.740 Privacy rights.		
	O.750 Competent care.		
	O.760 Consistent care		

Obsv tool form rev 2/11

Inova Learning Network
OR Nurse Fellowship Program

Observation Class Evaluation Tool

Student Name: _____

Date: _____ Grade: _____ % _____

Surgical Procedure Observed:_____ _____ _____

(Scale Definitions on reverse side)

Evaluation: 5 Comprehensive

4.5 Thorough
4 Complete
3.5 Acceptable
3 Weak
2 Unacceptable
1 Unacceptable

_____1. Identifies the PNDS patient outcomes as a result of circulating nurse actions.

_____2. Recognizes and describes nursing assessment data and relate it to role of the circulating nurse.

_____3. Describe actual interventions and the significance(impact)of those interventions to achievement of patient outcomes.

_____4. Discuss the integration of the perioperative circulating nurse perspective into pre, intra and post op phases of patient care.

_____5. Demonstrates the ability to follow the clinical observation exercise and use the perioperative nursing data set in the written assignment.

TOTAL POINTS _____

(45 possible points) (divide the number points student received by 45 to equal percent, example 31 divided by 45 = %)

Evaluator Comments: _____

Evaluator Signature: _____

Evaluation Scale Definitions:

5:0 Comprehensive:	Extremely high level of preparation and knowledge; exceeded expectations in all areas related to the criteria evaluated.
4.5 Thorough:	High Level of preparation and knowledge demonstrated in most areas; Exceeded expectation in most areas related to the criteria evaluated but has an occasional area where improvement could occur.
4.0: Complete:	Expected level of preparation and knowledge demonstrated; meets expectations related to the criteria evaluated but has some areas where improvement could occur.
3.5: Acceptable:	Minimal level of preparation and knowledge demonstrated; meets minimal objectives of the clinical observation; may have several areas where improvement could occur or more in-depth attention could be directed.
3.0: Weak	Below minimal level ; multiple areas exist where improvement is needed.
2.0: Unacceptable	Minimal level of expected preparation and knowledge not demonstrated: improvement needed in all areas
1.0: Unacceptable:	Failure to meet the course objectives.

Rev 10-2004

Sample Welcome Letter (1)

Welcome future perioperative nurse!

You are about to enter the exciting, fast-paced, highly technical world of perioperative nursing. Perioperative nursing is among the few nursing specialties where you can experience the ultimate in the nursing process, one patient at a time. Perioperative nursing embraces the realities of everyday situations while providing safe and competent care to surgical patients. If you are willing to seek challenges, while working in a highly technically skilled nursing arena, perioperative nursing is what you are looking for!

Multitasking, prioritizing and utilization of critical thinking skills are just a few of the essential characteristics necessary to be a competent and confident perioperative nurse. As your nursing skills develop within the perioperative practice arena so will your surgical conscious. A sound surgical conscious will ensure that patient safety remains a top priority. The rewards of being a perioperative nurse are numerous and the benefits that you receive from your orientation will be a direct result of the efforts that you put into it. Perioperative nursing allows you to see firsthand, the benefits of surgical interventions and how you played a vital role in them.

You have the ability to establish rapport with your patients and their families at a very critical time in their life. You are their advocate, their voice when they cannot speak for themselves and you will continue that communication until the patient has left the operating room area. Nothing can match the sense of accomplishment you will feel as you master yet another piece of complicated equipment needed to ensure the best outcomes for your patient.

When your day ends, you will have a feeling of pride and accomplishment in the care that you have been able to provide to each of your patients. You know that you have made a difference in their lives today and for the future.

Your devotion to the principles and practices of perioperative nursing will ensure your success. Good luck as you embark on your journey to a successful perioperative career.

signed/date

Sample Welcome Letter (2)

Date

Dear_____

I would like to take a moment and welcome you to the world of perioperative nursing. Perioperative nursing for me has been a great choice. I enjoy the diversity of cases and working as a team-member keeping our focus on one patient at a time. Perioperative nursing is one of the best areas to showcase your skills, knowledge and dedication to your surgical patients.

You will have continued opportunities to make a difference every day. For me, it is very satisfying to know that by my knowledge and commitment I will make a difference to my patients; the staff that I work with; the surgical community and the community in which I live. Perioperative nursing is an exciting and ever changing career. I take extreme pride in stating that I am a perioperative nurse!

As I welcome you, I would like to take a moment and tell you a little bit about our department.
<Insert individual facility info here>

These are just some of the services that I am very proud to be a part of.
<Insert individual facility info here>

I'm looking forward to working with you as you begin your career as a perioperative nurse. You will begin in the Department of Surgery on exact day, exact date, at exact time. At this time you will be assigned a locker and shown where to pick up your scrub uniforms to wear. Please bring a comfortable pair of shoes that will become dedicated to your work in the OR. I am also attaching a copy of your Job Description. Since you are new to perioperative nursing some of it might seem a little bit foreign. Don't be intimidated, it's our goal to help you become a very competent and confident perioperative nurse.

Once again, I would like to welcome you to perioperative nursing. Please feel free to contact me with any concerns or suggestion. Add phone number & e-mail address.

See you on <the date.>

Sincerely,

Printed name, etc

Preceptor Review by Orientee

Name of Preceptor: _____

Name of Orientee: _____

Service/s:_____Date: _____

1. Demonstrates Clinical Skill: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Comments:_____

_____

2. Demonstrates Organization: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Comments:_____

_____

3. Explains Scientific Rationale for Practice: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Comments: _____

4. Demonstrates Utilization of Resources: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Comments:_____

_____

5. Preceptor Available: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Comments:_____

_____

6. Communicates Progress: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Comments:_____

_____

Disposition:

Approachable / Supportive: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Listens Well: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Able to Handle Stressful Situations: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Positive Attitude: Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

Comments:_____

_____

Suggestions / Recommendations for improvement:_____

_____

Preceptor please initial after review:_____

Basic Technical Skills Evaluation

Name: _____

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Skills				
Preoperative Phase				
Preparing the Room				
Don and adhere to OR attire according to policy				
Prepare room and equipment based on patient's surgical needs				
Implement housecleaning tasks for sanitation				
Acquire appropriate supplies and equipment for procedure				
Test equipment for safe and proper functioning				
Line isolation monitor				
Overhead lights				
Electrical equipment (eg, Electrosurgery)				
Powered equipment				
Suction equipment				
Mechanical equipment				
OR furniture				
Vacuum outlet				
Report any malfunctions				
Select doctor's preference card and pull supplies				
Place furniture and supplies according to the procedure				
Select supplies from OR cabinet				
Check for package integrity				
Open supplies using aseptic technique				
Identify and select appropriate positioning supports				
Position OR bed				
Raise/lower				
Lateral				
Fowlers/semi-Fowlers				
Jackknife				
Lock/unlock wheel base				
Position specialty table (specialty)				
Position specialty table (specialty)				
Position specialty table (specialty)				
Gather x-rays				
Set up/balance operating microscope				
Set up video recorder or video printer (eg, Mavigraph)				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Prepare nitrogen tanks				
Post signage for laser use				
Select protective garb for the team				
Appropriate surgical attire				
Blood/body fluids protection				
Laser use				
Prepare/set hypo/hyperthermia devices				
Place/set warming light for children				
Preparing Instruments				
Demonstrate ability to clean and organize instruments and equipment for wrapping				
Demonstrate ability to correctly package (date, wrap, label) supplies for sterilization				
Muslin wrap				
Plastic wrap				
Paper wrap				
Dual peel				
Demonstrate correct use of washers and sterilizers				
Ultrasound washer and dryer				
Instrument washer/sterilizer or disinfector				
Steam autoclave (gravity and high vacuum)				
Gas autoclave and aerator				
Sterrad				
Steris				
Select proper mode of sterilization for instruments and equipment				
Practice use of monitoring methods for sterilization				
Mechanical				
Chemical				
Biological				
Operate various sterilizers				
Demonstrate knowledge of the use of chemical disinfection/sterilization				
Choose appropriate items for disinfection/sterilization				
Choose appropriate chemical for disinfection				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Sponge, Instrument, Sharps Count				
Initial				
Second				
Third (when internal cavity is closed)				
Fourth				
Confinement/counting used sponges				
Take appropriate action when counts are incorrect				
Surgical Scrub				
Policy followed				
Timed				
Anatomical				
Gowning				
Self				
Other Team Members				
Gloving				
Self				
Closed				
Open				
Others				
Open				
Setting Up a Sterile Field (Refer to procedure checklist for specific setups)				
Creating a sterile field/Delivering sterile items to field				
Draping a Mayo stand				
Draping a side table				
Draping a patient				
Maintaining a Sterile Field				
Movement within the sterile parameters				
Isolating sterile field from traffic paths				
Correction of breaks in technique				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Receiving the Patient				
Identify patient				
Ask patient to state name, doctor, surgical procedure, and operative site				
Check identification band and compare name and number with chart and name plate				
Check for surgical site markings				
Assess need for hair removal by				
Policy and procedure				
Operative procedure				
Physician's specifications				
Provide physical comfort for patient				
Pillows				
Blankets				
Anatomical positioning on stretcher				
Decrease noise level				
Check the chart for				
Operative consent				
Preoperative checklist				
Allergies				
Vital signs				
History and physical				
Laboratory results				
Diagnostic tests				
Availability of blood as necessary				
Nursing process record				
Transport patient safely from holding area to OR bed				
Side rails up				
Safety belt applied				
Extremities protected				
Use principles of body mechanics when				
Lifting				
Transferring				
Positioning				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Transfer patient safely to OR bed by				
Securing stretcher wheels				
Using adequate number of personnel				
Placing patient in correct body alignment				
Maintaining patient privacy by preventing undue exposure				
Protecting extremities				
Protecting patient equipment (eg, Foley, IV)				
Warming device				
Intraoperative Phase				
Secure safety strap across patient's thighs				
Pad heels, elbows, and other areas as appropriate with appropriate padding				
Operate mechanical equipment correctly				
Operate electrical equipment correctly				
Stand at patient's side during induction to assist, provide protection, and comfort				
Administer medications correctly				
Report malfunctioning equipment and instruments to appropriate individuals; label, and remove from room according to procedure and policy				
Monitor patient's stability				
Vital signs: pulse, blood pressure, respiration, temperature				
EKG monitor				
Fluid balance				
Changes following administration of medications				
Provide for self and team safety by				
Correctly disposing of sharps				
Demonstrating an understanding of the fire policy and disaster plan				
Ensuring knowledge of traffic patterns in OR and in corridors				
Verifing location of shut-off valves				
Handling hazardous and contaminated materials properly (chemical & radioactive substances)				
Using Material Safety Data Sheets (MSDS)				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Placing Positioning Attachments				
Gardner-Wells tongs				
Gardner-Wells donut				
Stereotactic head frame				
Shoulder braces				
Shoulder traction				
Arm boards				
Raised armboard				
Arm table				
Kidney brace				
Sandbags				
Vacuum pack				
Towel rolls				
Pillows				
Egg crate				
Orthopedic positioning board				
Footboard				
Candy-cane stirrups				
Allen stirrups				
Leg holder				
Leg holder for arthroscopy				
Leg holder for prepping				
Wilson frame				
Cloward saddle				
Laminectomy seat				
Chest rolls				
Other:				
Position Patient to Promote				
Circulatory homeostasis				
Respiratory homeostasis				
Neuromuscular homeostasis				
Patient privacy				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Exposure for operative procedure				
Administration of anesthesia				
Protection from pressure ulcers				
Position Patient for Surgery				
Determines appropriate position for procedure				
Positioning equipment used properly				
Supine				
Both arms at sides				
One arm at side, one on arm board				
Both arms on armboards				
Fowlers				
Semi-Fowlers				
Lateral				
Chest				
Kidney				
Jackknife				
Lithotomy				
Prone				
Cloward saddle				
Wilson frame				
Specialty table				
Knee-chest with laminectomy seat				
Sims				
Documents position and supports used and outcomes				
Electrosurgery Unit				
Applies electrosurgery dispersive pad appropriately according to policy and procedure				
Sets machine at appropriate settings				
Monitors loosening or displacement of dispersive pad during procedure				
Documents use of ESU according to policy and procedure				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Preparing the Patient				
Expose the area of the incision				
Shave the area of the prep as directed				
Type of prep solution				
Iodine/Alcohol				
Wash/paint prep				
Other:				
Type of prep				
Craniotomy				
Facial				
Ear				
Eye				
Neck				
Shoulder				
Arm				
Whole arm				
Lower arm				
Bilateral				
Breast				
Biopsy				
Radical				
Axillary				
Chest				
Kidney/Sympathectomy				
Abdominal				
Abdominal/vaginal				
Abdominal/perineal				
Abdominal/perineal/rectal				
Hernia/Appendectomy				
Iliac crest donor				
Perineal				
Vaginal				
Posterior				
Thoracic				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Lumbar				
Leg				
Foot				
Lower leg				
Upper leg				
Total knee				
Bilateral				
Hip				
Assist with Draping				
Abdominal				
Vaginal				
Upper extremities				
Lower extremities				
Prone				
Lateral				
Craniotomy				
Others:				
Connect/Set Electrosurgical Unit				
Monopolar electrosurgery				
Bipolar electrosurgery				
Argon beam coagulator (ABC)				
Connect Suction				
Connect/Set Power-driven Equipment (specific to each procedure according to procedure checklist)				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Documentation				
Document according to policy and procedure				
Intraoperative record				
Anesthesia record (local)				
Charge sheets				
Laboratory sheets				
Unusual occurrence sheet				
Classify wounds appropriately				
Use of Communication Devices				
Intercom				
Telephone				
Paging system/wireless phones				
Handling Blood/Body Fluids				
Self-protective wear				
Contaminated items				
Spills				
Specimens				
Uses appropriate containers/solution				
Labels correctly				
Confines for handling/transport				
Follows policy and procedure for handling culture				
Follows policy and procedure for special tests				
Documents specimens in appropriate places				
Blood loss estimate				
Anticipation of Surgical Team Needs				
In scrub role				
In circulating role				
Prioritizes nursing actions; organizes nursing activities in logical sequence				
Responds appropriately to unanticipated needs/urgent situations				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Blood Administration				
Ordering blood				
Verifying type/donor numbers				
Assisting with administration				
Documentation				
Administration of Medication				
Verify order				
Verify patient allergies				
Prepare/mix medications				
Aseptic adding to IV				
Aseptic transfer to sterile field and verifies with scrub person				
Implement Practices to Prevent Infection				
Practice principles of aseptic technique				
Check package integrity				
Open sterile items without contamination				
Pour solutions correctly				
Place furniture within the sterile field				
Drape or assist with draping without contamination				
Monitor self in and out of sterile field				
Monitor others in and out of sterile field				
Recognize and report to appropriate individuals breaks in aseptic technique in self and others				
Take correction action to remedy contamination errors				
Practice aseptic principles				
Prep the patient according to policy and physician's preference				
Insert urinary catheter without contamination				
Start IVs when indicated				
Practice principles of cleanliness and sanitation				
Demonstrate satisfactory personal hygiene measures				
Report breaks in health hygiene in self and others				
Use safe practice with tissues and specimens within the sterile field				
Confine contamination to area around sterile field				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Prevent cross contamination (patient to patient, room to room, staff to patient, patient to staff)				
Demonstrate distinction between clean and sterile procedures				
Minimize flow of traffic in and out of perioperative suite				
Minimize talking and noise level in perioperative suite				
Function in the Scrubbed Position During the Surgical Procedure and Demonstrate a Knowledge of:				
Identification of instruments				
Passing surgical instruments in functional position				
Clamps and grasping instruments				
Sutures				
Blades (use no-touch) and scissors				
Retractors				
Preparing and passing suture ties				
Preparing and passing needles				
Cutting				
Noncutting				
Preparing hemostatic agents				
Preparing surgical drains and catheters				
Preparing surgical dressings				
Demonstrate Ability to Function During Urgent and Emergency Situations by:				
Practicing life-saving support measures as needed				
Demonstrating an understanding of emergency equipment and medications				
Following procedure for acquisition and administration of blood and blood products				
Implementing stat orders appropriately				
Demonstrating knowledge of fire extinguisher use and location of emergency exits				
Demonstrating knowledge of the fire and disaster plan				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Assist with Decreasing the Operative Time of the Patient by:				
Using physician preference cards				
Practicing unfamiliar skills and preparing/researching procedure				
Anticipating needs of the team				
Verifying administration of preoperative medications for subsequent patients as appropriate				
Sending promptly for subsequent patient in appropriate manner				
Using proper resource personnel				
Keeping appropriate individuals informed of changes in patient's condition, length of surgery, etc.				
Preparing/Applying Dressings				
Cast materials				
Plaster				
Soft				
Sterile dressings, tape				
Braces				
Spray film				
Securing/attaching/protecting drains				
Removing/Confinement of Drapes				
Disposing in proper containers, using proper techniques				
Checking for instruments				
Preparing Patient for Transfer				
Cleanse skin around incision area				
Clean dry gown, blankets, sheets as needed				
Assist anesthesia personnel				
Remove positioning devices and other intraoperative equipment				
Reposition patient safely				
Patient reassessment				
Transfer patient to OR stretcher safely and quickly				
Lock stretcher wheels				
Use adequate number of personnel/safe lifting technique				
Place patient in correct body alignment				

S = Satisfactory NI = Needs Improvement AO = Assisted only	S	NI	AO	DATE
Maintain patient privacy by preventing unnecessary exposure				
Protect extremities				
Protect patient equipment (eg, Foley, IV)				
Handle transport monitors				
Handle portable oxygen tanks				
Transfer Patient				
Complete documentation				
Assist with stretcher/bed				
Postoperative Nursing Activities				
Handoff communications to PACU nurse				
Distribute chart forms, x-rays per policy				
Assist with cleaning room/equipment				
Practice principles of sanitation				
Ensure items used for patient remain in room with patient until completion of procedure and transport to PACU				
Ensure terminal disinfection of all instruments used for patient				
Ensure proper between-case room cleaning				
Ensure terminal cleaning of room following completion of day's schedule				
Communicate with health care team				
Leave room in good order				
Clean and stock room for following procedures and/or at the end of the day				

Signature of Appraiser	Title	Date
Signature of Appraiser	Title	Date
Signature of Appraiser	Title	Date

Perioperative RN Basic Skills Self Assessment

This is a self assessment that can be used when orienting experienced perioperative nurses to your facility

Name _____

Instructions: *Place a C and/or an S in each box to indicate level of proficiency in the circulating* (C) and scrub (S) roles. Rate your skills from 1 to 4 using the following scale.

1. No experience.	You have never done the stated task/skill.
2. Minimal experience	You have performed the task/skill infrequently.
3. Moderate experience	You can perform the task/skill independently with help of resource person.
4. Extensive experience	You can perform the task/skill proficiently without assistance.

Tasks/Skills	1	2	3	4
Perioperative Patient Assessment				
Patient interview				
Develop nursing diagnosis and care plan				
Monitoring Ventilation, Circulation, Intake, Output, and Temperature				
Assist anesthesia personnel during induction				
Application of cardiac monitor electrodes				
Application of antiembolitic compression units				
Kendall boots				
Ace wrap				
TED hose				
Operate defibrillators				
Read cardiac monitors				
Use of intra-aortic balloon pump				
Use of automatic blood pressure monitor				
Administration of blood and blood products				
Urinary bladder catheterization				
Aseptic connection of drainage devices				
Monitoring patient under conscious sedation/local anesthetic				
Practice Aseptic Technique				
Proper surgical attire				
Surgical hand scrub				

Tasks/Skills	1	2	3	4
Gowning and gloving				
Closed gloving – self				
Open gloving – self and others				
Creating and maintaining a sterile field				
Preoperative skin preparation				
Standard and universal precautions				
Decontaminating instructions				
Wrapping and packaging items for sterilization				
Verification of the sterilization process				
Handling Equipment				
Electrosurgical units				
Monopolar (indicate types)				
Bipolar				
Argon beam coagulator				
Microscopes				
Steam sterilizer				
Sterrad				
Steris				
EKG monitor				
Lasers				
CO2				
KTP				
Argon				
YAG				
Laparoscopes				
Pneumatic tourniquet				
Powered surgical instruments				
Craniotome				
Archbars				
Arthroscope				

Tasks/Skills	1	2	3	4
Irrigation and aspiration				
Occutome				
Vitrectomy unit				
Cell saver				
Hypo/Hyperthermia units				
Fiberoptic light sources and cords				
Chest drainage units (indicate types)				
Stereotactic units				
Sternal saw				
Fracture table				
Midas Rex				
OR beds				
Positioning devices (indicate types)				
Specialty table (indicate type)				
Gastrointestinal Surgical Procedures				
Appendectomy				
Bowel resection				
Colectomy				
Colostomy				
Sigmoid resection				
Low anterior resection				
Cholecystectomy (open)				
Colon interposition				
Esophageal resection				
Esophagoscopy				
Gastrectomy				
Gastroplasty				
Gastroscopy				
Hemorrhoidectomy				

Tasks/Skills	1	2	3	4
Laparoscopic cholecystectomy				
Liver				
Biopsy				
Resection				
Transplantation				
Pancreatectomy				
Splenectomy				
Transthoracic hiatal herniorrhaphy				
Vagotomy/Pyloroplasty				
Genitourinary System Surgical Procedures				
Artificial urinary sphincter insertion				
Cystoscopy				
Cystectomy				
Cystotomy				
Hydrocelectomy				
Ileal loop				
Marshall Marchetti Krantz				
Nephrectomy				
Penile prosthesis insertion				
Rigid				
Flexible				
Inflatable				
Prostatectomy				
Perineal				
Suprapubic				
Transurethral resection				
RAZ procedure				
Renal procurement				
Cadaver donor				
Homograft				

Tasks/Skills	1	2	3	4
Ureterolithotomy				
Perineal				
Suprapubic				
Transurethral resection				
RAZ procedure				
Renal procurement				
Cadaver donor				
Homograft				
Ureterolithotomy				
Reproductive System Surgical Procedures				
Abdominal hysterectomy				
Anterior/Posterior repair				
Augmentation mammoplasty				
Breast biopsy				
Breast reconstruction				
Latissimus flap				
Rectus abdominis				
D & C				
Laser laparoscopy				
Mastectomy				
Microscopic tubal reanastomosis				
Pelvic exenteration				
Peritoneoscopy/Laparoscopy				
Reduction mammoplasty				
Tubal irrigation, microscopic				
Tubal ligation				
Vaginal hysterectomy				
Vasectomy				
Vas reanastomosis, microscopic				
Vaginal sling				
Cardiovascular System Surgical Procedures				

Tasks/Skills	1	2	3	4
Coronary artery bypass graft				
Mitral valve replacement				
Aortic valve replacement				
Atrial septal defect (adult) repair				
Atrial septal defect (peds) repair				
Heart recovery (procurement)				
Heart transplantation				
Heart/lung transplantation				
Insert left ventricular assist device				
PDA (infant patient ductus arteriosus)				
Respiratory System Surgical Procedures				
Bronchoscopy				
First rib resection				
Laryngoscopy				
Mediastinscopy				
Pericardial window				
Pneumonectomy				
Thoracotomy				
Tracheotomy				
Lung resection				
Peripheral Vascular System Surgical Procedures				
Abdominal aortic aneurysm (AAA) repair				
Aorta-femoral bypass				
Axillary-femoral bypass				
Carotid endarterectomy				
Embolectomy				
Femoral-popliteal bypass graft				
Insertion vena caval filter				
Saphenous vein ligation/stripping				

Tasks/Skills	1	2	3	4
AAA repair using stent graft				
Neurological System Surgical Procedures				
Burr holes				
Subdural hematoma				
Shunt insertion				
Craniotomy				
Aneurysm				
Tumor				
A-V malformation				
Anterior cervical fusion				
Postcervical fusion				
Laminectomy				
Cervical				
Lumbar				
Thoracic				
Percutaneous rhizotomy				
Stereotactic procedures				
Transphenoida hypophysectomy				
Ventriculo-peritoneal shunt insertion				
Sensory System Surgical Procedures				
Acoustic neuroma excision				
Blepharoplasty				
Cataract extraction				
Corneal transplant				
Enucleation				
Facial nerve decompression				
Glomus tumor excision				
Intraocular lens implant				
Labyrinthectomy				
Mastoidectomy				

Tasks/Skills	1	2	3	4
Myringotomy with ear tube insertion				
Rhytidectomy				
Scleral buckle				
Stapedectomy				
Strabismus repair				
Tonsillectomy and adenoidectomy				
Tear duct exploration				
Tympanoplasty				
Vitrectomy				
Glomus tumor excision				
Intraocular lens implant				
Labyrinthectomy				
Mastoidectomy				
Myringotomy with ear tube insertion				
Rhytidectomy				
Scleral buckle				
Stapedectomy				
Strabismus repair				
Tonsillectomy and adenoidectomy				
Tear duct exploration				
Tympanoplasty				
Vitrectomy				
Musculoskeletal System Procedures/Equipment				
Amputation				
Arthroscopy				
Ankle				
Elbow				
Knee				
Shoulder				
Bunionectomy				
Carpal tunnel release				

Tasks/Skills	1	2	3	4
Closed reduction nasal fracture				
Compression hip nailing				
External fixation devices				
Fred Thompson prosthesis				
Harrington rod insertion				
Hip reconstruction				
With cement				
Without cement				
Intermedullary nailing				
Jewitt hip nailing				
Knee reconstruction				
Knowles pins insertion				
Ligament reconstruction				
Mandibular osteotomy				
Maxillary osteotomy				
ORIF of fractures				
Shoulder reconstruction				
Silastic implants				
Skeletal traction				
Tendon repair				
Tibial osteotomy				
Zygomatic fracture				
Endocrine/Lymphatic System Surgical Procedures				
Adrenalectomy				
Axillary node dissection				
Parathyroidectomy				
Radical neck dissection				
Staging laparotomy				
Thyroidectomy				

Orientation and Continuing Education in Hospitals

Department of Health and Senior Services (CSR)

19 CSR 30-20.110 Orientation and Continuing Education in Hospitals

PURPOSE: This rule specifies the requirements for orientation and continuing education programs in hospitals.

(1) There shall be an orientation and continuing education program for the development and improvement of necessary skills and knowledge of the facility personnel.

(2) The orientation program shall be of the scope and duration necessary to effectively prepare personnel new to a unit for their assigned duties and responsibilities based on job descriptions. Temporary personnel shall participate in an orientation prior to providing direct patient care.

(3) Educational programs shall be conducted using internal or external resources and shall be planned and documented. Documentation on the topic, presenter, date/time of presentation and the program attendance shall be available.

(4) Teaching material and suitable references shall be identified and supplied as needed for the staff of each department or unit that treats patients.

(5) The orientation and continuing education program shall participate in the performance improvement process and shall provide evaluation opportunities appropriate to its goals and objectives.

(6) The continuing education program shall include, as appropriate for the job, but not be limited to:

(A) Problems and needs of specific age groups, chronically ill, acutely ill and disabled patients;

(B) Prevention and control of infections including universal precautions;

(C) Interpersonal relationships and communication skills;

(D) Fire prevention, safety and accident prevention;

(E) Patient rights, dignity and privacy issues;

(F) Licensed nursing personnel training on basic cardiac life support and choking prevention and intervention; and

(G) Any other educational need identified through the quality improvement activities and those generated by advances made in health care science and technology.

(7) Competency of all employees shall be evaluated annually based on job description and necessary job skills and knowledge.

AUTHORITY: sections 192.006 and 197.080, RSMo 2000.

** This rule previously filed as 19 CSR 30-20.021(3)(L). Original rule filed June 27, 2007, effective Feb. 29, 2008.*

**Original authority: 192.006, RSMo 1993, amended 1995 and 197.080, RSMo 1953, amended 1993, 1995.*

Contributors

National Committee on Education 2004 – 2005

Elizabeth Lynette Gentz, RN, BSN ,CNOR	Chair
Mich Joy Ann Crouse, RN, CNOR	
Michele J Brunges, RN	
Jane H. Flowers, RN, MSN, CNOR	
Dona Laing, RN, MSN, CEN, CNOR	
Marilyn L. Sanderson, RN, BSN, CNOR	
Charlotte L. Guglielmi, RN, BSN, CNOR	Board Liaison
Susan D. Root, RN, MSN, CNOR	Staff Consultant

Other Contributors

Pat Hickey, RN, BSN, MS, Dr.Ph, CNOR
Barbara Rusynko, RN, MSEd, CNOR

National Committee on Education 2011 – 2012

Victor P. Bayley, BSN, RN, CNOR	Chair
Jay W. Bowers, BSN, RN, CNOR	
Jill A. Coleman, RN, MSN, CNOR	
Sydney A. Fulbright, PhD, MSN, RN, CNOR	
Vanessa E. Lyons, MSN, RN, CNOR	
Kevin J. Metzing, RN, BS, CNOR	
Judith A. Seltzer, MS, RN, CNOR	
Ruth P. Shumaker, BSN, RN, CNOR	
Angela K. Walsh, MA, BSN, RN, CNOR	
Jane A. Kusler-Jensen, MBA, BSN, RN, CNOR	Board Liaison
Carol A. Schramm, RN, MSN, CNOR	Advisor, Past Chair
Susan D. Root, MSN, RN, CNOR	Staff Consultant
Kim Simkins	Administrative Support